**KINDERGARTEN DEMOGRAPHIC INFORMATION: PLEASE PRINT** and verify the following information concerning your family.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | | | | **Cedar Falls Community Schools (*Student Demographic Information*)** | | | | | | | | | | | | | | | | | | |
| **Household Name *(This is usually the family’s last name):*** | | | | | | | | | | | | | | **Racial Codes** | | | |  | | | | |
|  | | | | | | | | | | | | | | **A** Asian | | | | **I** American Indian/ Alaskan Native | | | | |
| Address: | | | | | | | | | | | | | | **B** Black | | | | **W** White | | | | |
|  | | | | | | | | | | | | | | **H** Native Hawaiian/ Other Pacific Islander | | | | | | | | |
| Main Phone: | | | | | | | | | | | | | | **(Add all that apply to the Racial Code Section below)** | | | | | | | | |
| **Student Information** | | | | | | | | | | | | | | | | | | | | | | |
| Full Legal Name *(Last, First, Middle)* | Nickname | | Gender | | Birthdate | | | Special Ed | | Preschool Experience | | | School Transportation (bus) | | | | Ethnicity *Hispanic/Latino* | | | | Racial Code(s) | Foster Care |
|  |  | | M □ F □ | |  | | | IEP: Y □ N □ | | Y □ N □ | | | Y □ N □ | | | | Y □ N □ | | | |  | Y □ N □ |
|  |  | | M □ F □ | |  | | | IEP: Y □ N □ | | Y □ N □ | | | Y □ N □ | | | | Y □ N □ | | | |  | Y □ N □ |
| **Siblings: (School Age)** | | | | | | | | | | | | | | | | | | | | | | |
| Full Legal Name *(Last, First, M.I.)* | | | Gender | | Attending Building | | | | | | | Grade | Does the sibling live in the same household? | | | | If not, whom do they live with: | | | | | Foster Care |
|  | | | M □ F □ | |  | | | | | | |  | Y □ N □ | | | |  | | | | | Y □ N □ |
|  | | | M □ F □ | |  | | | | | | |  | Y □ N □ | | | |  | | | | | Y □ N □ |
|  | | | M □ F □ | |  | | | | | | |  | Y □ N □ | | | |  | | | | | Y □ N □ |
| **Primary Household Members:** *Parent(s) or guardian(s) that live in the home with the student* | | | | | | | | | | | | | | | | | | | | | | |
| Name *(Last, First)* | Gender | Relationship | | | | | Guardian | | Employer | | | | | | Parent Cell Phone | | | | Parent Email | | | **Active Military** |
|  | M □ F □ |  | | | | | Y □ N □ | |  | | | | | |  | | | |  | | | Y □ N □ |
|  | M □ F □ |  | | | | | Y □ N □ | |  | | | | | |  | | | |  | | | Y □ N □ |
| **Second Household:** *Parent/Guardian(s) not living with student* **(PLEASE CHOOSE ONE)** Joint Custody **□** Non-Custodial **□** | | | | | | | | | | | | | | | | | | | | | | |
| Name *(Last, First)* | Gender | Relationship | | | | | Guardian | | Address | | | | | | | Parent Cell Phone | | | | Parent Email | | **Active Military** |
|  | M □ F □ |  | | | | | Y □ N □ | |  | | | | | | |  | | | |  | | Y □ N □ |
|  | M □ F □ |  | | | | | Y □ N □ | |  | | | | | | |  | | | |  | | Y □ N □ |
| **Local Emergency Contacts:** *Other than Parent(s)/Guardian(s) –* ***Who reside in the Cedar Valley*** | | | | | | | | | | | ***Medical Personnel:*** | | | | | | | | | | | |
| Name *(Last, First)* | Relationship | | | | | Home/Cell Phone | | | | | Doctor (Name/Phone Number) | | | | | | | Dentist (Name/Phone Number) | | | | |
|  |  | | | | |  | | | | |  | | | | | | |  | | | | |
|  |  | | | | |  | | | | |  | | | | | | |  | | | | |
| **Do you have Internet access?** | **Y □ N □** | | | | | **Does your child/ren have access to a device at home?** | | | | | | | | | | | | **Y □ N □** | | | | |

**Permission is Granted to:** You have my permission for **all** students listed above for the following: **(If permission is not granted, please contact your student’s principal.)**

|  |  |
| --- | --- |
| \*Include my child’s image in video recordings and/or as he/she participates in lessons taught by UNI students and/or professors. | \*Include my child’s image, student work, or photo on district website or media outlet. |
| \*Include my child’s image in video recordings by the Cedar Falls Community School District. | \*Include my child to participate in School and/or District sponsored field trips. |
| \*Include my child’s name in a district-sponsored directory/program. | \*Health Screening |

**Fee Waiver**: **(Application available July 1 prior to new school year)** If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is (must be specific) (e.g. book fees, band fees, and driver’s education). If you sign this waiver, your child(ren) will be considered for a full or partial waiver (list your specific fees). I understand that I will be releasing information that show I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school frees ONLY. I am applying for the Free/Reduced program. **Registration**  **Transportation**

***I certify that I am the parent/guardian of the children for whom this enrollment form lists and all information is true.***

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of parent/guardian: |  | Date: |  |