

# Mountainville Academy

## Little Lions Pre-K Registration



**Student Name:** \_\_\_\_\_

**Preferred Nickname:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Gender:** Male\_\_\_ Female\_\_\_

**Ethnicity:** Is this student Hispanic/Latino? Yes\_\_\_ No\_\_\_

**Please select one or more of the following races:**

Asian\_\_\_ White\_\_\_ Black or African American\_\_\_

Native Hawaiian or Other Pacific Islander\_\_\_

American Indian or Alaska Native\_\_\_ Tribe: \_\_\_\_\_

**Is English the primary language spoken in the home?** Yes\_\_\_ No\_\_\_

If no, what language does your student use most frequently? \_\_\_\_\_

**Mother/Legal Guardian Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Father/Legal Guardian Name:** \_\_\_\_\_

Home Address: (If different than above) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Select the statement below which best describes your relationship to the student:**

\_\_\_ I am the parent (birth or adopted) of this child and the **child lives with both parents.**

\_\_\_ I am the parent (birth or adopted) of this child and am **not currently married to the other parent**, but I have been awarded Physical Legal Custody through the court.

\_\_\_ I am not the parent (birth or adopted) of this child. I am a relative or friend and have been awarded legal guardianship.

\_\_\_ I am a foster parent or proctor parent.

**Your Name (please print):** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Student Health Information

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent Names \_\_\_\_\_

Which of the following over-the-counter medications will you allow to be administered to your child? (headaches, toothaches, minor injuries etc.)

Ibuprofen  Acetaminophen  Neo-Sporin  None, contact me first

Please check all that apply:

- There are NO known health problems.  
 Student has a condition which may result in a classroom emergency.  
 Student has a medical action plan.  
 Medication needs to be administered during school hours.  
 Student has a physical condition which may limit participation in classroom activity or physical education.

Comments: \_\_\_\_\_

Health Conditions:

Allergies  Food: Please list \_\_\_\_\_  
 Environmental: Please list \_\_\_\_\_  
 Medicine: Please list \_\_\_\_\_  
 Asthma  Diabetes  ADHD/ADD  Epilepsy  Heart Condition  Migraines  
 Fainting Spells

Comments: \_\_\_\_\_

Does your child take medication? Yes \_\_\_ No \_\_\_

If yes, does the medication affect his/her behavior? Yes \_\_\_ No \_\_\_

\*\*Does the medication need to be given at school? Yes \_\_\_ No \_\_\_

(A signed [Physicians' Authorization for Medication in School](#) form, available from the school office, must be on file for any student taking medication, whether physician prescribed or over-the-counter, during school hours. This must be renewed yearly. Per Utah statute, students in possession of prescribed, over the counter, or illegal drugs for personal use, sale, or supplying another student are subject to suspension and/or expulsion.)

<b>Vision</b> <input type="checkbox"/> Known eye condition (other than corrective lenses) <input type="checkbox"/> Wears glasses <input type="checkbox"/> Worn at all times <input type="checkbox"/> Wears contacts <input type="checkbox"/> Worn at all times	<b>Hearing</b> <input type="checkbox"/> Known hearing problem <input type="checkbox"/> Uses hearing aid <input type="checkbox"/> Has tubes in ears
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency & Release Information

\_\_\_\_\_  
Student' Last Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
Phone

## Parent/Guardian Information:

Name	Email	Phone Number
(Mother)		
(Father)		

**Emergency Release Contacts** - In the event my child becomes ill, has an emergency and I cannot be reached, you may contact and release my child to:

Name	Phone Number	Relationship

\*Is there information on file preventing certain individuals from checking this student out?  
Yes \_\_\_ No \_\_\_ Comments: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_