

# Early Learning Academy Registration Packet 2020-2021



## INTERBORO SCHOOL DISTRICT



***Registration Office Hours beginning February 26, 2020: M-Th 9am-1pm, Wednesdays 4-7pm, closed Fridays***

***If you have any questions regarding necessary residency documents, please call Patti O'Shea***

***610-461-6700 ext. 1279***

ISD will begin to accept PreK applications on February 26<sup>th</sup>. Applicants will be informed of acceptance beginning on April 22, 2020. Slots will be filled based on prioritized need. A prioritized waiting list will be maintained once the District's 51 PKC slots are filled.

## Interboro Learning Academy Registration PreK Counts Checklist for the 2020 – 2021 School Year

In order to register for Interboro's PreK Counts Program, the following documentation is required:

<input type="checkbox"/>	Completed Interboro Early Learning Academy Registration Packet
<input type="checkbox"/>	Student's State Issued Birth Certificate (student must be 4 by Sept. 1, 2020)
<input type="checkbox"/>	Student's Immunization Records
<input type="checkbox"/>	<b>Proof of Residency</b> <i>If you are an ISD homeowner, please bring in 1 of the following:</i> <ul style="list-style-type: none"> <li>• Current Property/School Tax Bill</li> <li>• Current Mortgage Statement</li> </ul> <i>If you are renting within the ISD:</i> <ul style="list-style-type: none"> <li>• Current Lease (Must list ALL Tenants including children. If you have a month to month lease, you will need to provide a letter from your landlord stating your lease is current and list all tenants including children.</li> <li>• Lease Verification Form completed in its entirety (Found on page 17 of the registration packet)</li> <li>• Please be advised that all leases are verified by landlords/owners, prior to the completion of the registration process.</li> </ul> <i>If you are living with an ISD homeowner:</i> <ul style="list-style-type: none"> <li>• Multiple Occupancy (MO) Packet (Print this from our Forms section of the Registration Page or pick up one at the Registration Office)</li> </ul>
<input type="checkbox"/>	Proof of financial eligibility for PreK Counts program– Documentation that your family income is at or below 300 percent of the Federal Poverty Guidelines (W2, current tax forms, and/or one month's pay stubs for all members of the household)
<input type="checkbox"/>	Picture ID with correct name/address (PA driver's license or PA ID) <ul style="list-style-type: none"> <li>• Update Card and Picture ID together is acceptable</li> <li>• Internet Address Change Receipt with Picture ID is acceptable</li> </ul>
<input type="checkbox"/>	1 Current Utility Bill (Water Bill; Gas Bill; Phone Bill; Electric Bill; Cable Bill) <ul style="list-style-type: none"> <li>• Can be a printed bill from an online account; can be a confirmation letter from the utility</li> </ul>

### Additional documentation that families may submit *as applicable*.

<input type="checkbox"/>	Zero Income Declaration (to be completed if family is declaring no income from any source) found on page 18 of the registration packet
<input type="checkbox"/>	Student's IEP, 504 (if applicable)
<input type="checkbox"/>	<b>If you are a <u>single parent without custody papers</u>, you will need to complete the Affidavit of Custody and have it notarized. This form can be found on page 17 of the registration packet. Please bring with you any Custody, Guardianship, or Foster Papers (if applicable)</b>
<input type="checkbox"/>	<b>Any applicable documentation to substantiate risk factors</b>

Early screenings are important. As a PKC provider, Interboro shall ensure all children have had the opportunity to receive the recommended vision, hearing, and health screenings. By August 26, 2020, families are requested to submit the following documentation. If the child's screening is not current (within 180 days of the start of the school year), Interboro SD will provide these services during the school year. Examinations must be dated between February 16, 2020 and August 26, 2020.

<input type="checkbox"/>	Student's Physical Form (See Form on Early Learning Academy Registration Website)
<input type="checkbox"/>	Student's Dental Form (See Form on Early Learning Academy Registration Website)

**STUDENT INFORMATION:**Full First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_ Full Last Name: \_\_\_\_\_ Gender: Male / Female/non-Binary Grade: **PRE K**

Hispanic? Yes / No Race (circle all that apply): Native American Indian/Alaskan Native Native Hawaiian/Pacific Islander Black/AA White Asian

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of PA Residence: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR \_\_\_\_ Born in PA \_\_\_\_ New Citizen to US

Previous Schooling: \_\_\_\_ No formal schooling/home with parent \_\_\_\_ Approved Day Care \_\_\_\_ Home Day Care/Babysitter

Address of Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student resides with (circle one): Mother &amp; Father Mother Only Father Only Guardian Foster Parent

Previous Address: \_\_\_\_\_

Does your student have an IEP? Yes / No

Does your student have a 504? Yes / No

Has your student ever received Early Intervention Services? Yes/No If yes, through which Intermediate Unit/County \_\_\_\_\_ if exited, date \_\_\_\_\_

Please circle any additional services your student is receiving: ESL (English Second Language) Title I Services Other: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:***Primary Parent / Guardian is the adult who registered the student, will be the first contact, will receive all communications, and be assigned the Parent Portal Access Information for the student*

Primary Parent / Guardian (who student lives with) Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Status (Circle One): Single Married Separated Divorced Guardian Foster Parent If Married... Name of Spouse: \_\_\_\_\_

Address of Primary Parent / Guardian: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Parent / Guardian Email Address: \_\_\_\_\_

*Other Parent / Guardian: This parent will be listed as a 2<sup>nd</sup> parent, granting them Education Access (HAC, mailings & attend educational meeting).*

Other Parent / Guardian Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address of Other Parent / Guardian: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_


Other Parent / Guardian Email Address: \_\_\_\_\_

**OTHER PEOPLE LIVING WITH STUDENT:**

Name	Age	Relationship to Student	Do they attend a school in Interboro SD?	If "Yes"... what school?
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	

PRIMARY PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REGISTRATION COORDINATOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OFFICIAL USE ONLY	OFFICIAL USE ONLY	OFFICIAL USE ONLY	OFFICIAL USE ONLY	OFFICIAL USE ONLY	OFFICIAL USE ONLY
<p>Residency Status:   <input type="checkbox"/> Resident      <input type="checkbox"/> MO (Not Homeless)      <input type="checkbox"/> Homeless Family      <input type="checkbox"/> Military Family      <input type="checkbox"/> Foster Child</p> <p>Student Status:      <input type="checkbox"/> Regular      <input type="checkbox"/> Guardianship (COURT)      <input type="checkbox"/> Guardianship (Superintendent)</p> <p><u>Student Registration Item Checklist:</u>      <u>Parent Registration Item Checklist:</u>      Homeowner      Renter      MO</p> <p><input type="checkbox"/> Birth Certificate      <input type="checkbox"/> Proof of Residency: Lease &amp; LVF      Settlement Paperwork      Mortgage Statement      Tax Bill</p> <p><input type="checkbox"/> Current Immunizations      <input type="checkbox"/> Photo ID with Correct Address (or with Update Card / Internet Receipt)</p> <p><input type="checkbox"/> Former ISD Student      <input type="checkbox"/> Utility Bill      <input type="checkbox"/> Add'l mail      <input type="checkbox"/> 30 days to turn in the ** documents- date: _____</p> <p>Notes: _____</p>					
<p>Additional Documents:   <input type="checkbox"/> Multiple Occupancy Packet      <input type="checkbox"/> Guardianship Packet approved by Superintendent      <input type="checkbox"/> IEP/504/GIEP Paperwork</p> <p>                                 <input type="checkbox"/> Lease Verification Form/Landlord Letter      <input type="checkbox"/> Foster Paperwork/Fact Sheet      <input type="checkbox"/> Homeless Paperwork/Fact Sheet</p> <p>                                 <input type="checkbox"/> Custody Order/CYS Paperwork      <input type="checkbox"/> Other Items: _____</p> <p>____ Scanned to Bldg/Nurse ____ Daily Sheet      ____ entered in Eschool      ____ Scanned ELL      ____ Scanned Spec Ed      ____ Scanned Foster/Homeless/Military</p> <p>____ Uploaded to Eschool      ____ lease verified      ____ check residency if applicable      ____ send 30 day letter</p> <p>First Day of School: ____ / ____ / ____      District Enrollment Date: ____ / ____ / ____      SIS Student Number: _____</p>					
<p><b>To be completed by Curriculum Office:</b></p> <p><b>Grade: PRE K Building Assigned: ____ HIGH SCHOOL (1600) ____ KA(900)</b></p>					



# INTERBORO SCHOOL DISTRICT

900 WASHINGTON AVENUE

PROSPECT PARK, PA

MAINTAINED BY THE BOROUGH OF GLENOLDEN, NORWOOD, PROSPECT PARK AND TINICUM

REGISTRATION OFFICE

PHONE: 610-461-6700|FAX: 610-583-1678

## PUPIL SERVICES OFFICE

\_\_\_\_\_  
Student's Name PreK  
Grade

1. Does your child currently receive any Special Services?

My child \_\_\_\_\_DOES \_\_\_\_\_DOES NOT receive any special services. **If no, please skip questions 2-8 and sign below.**

2. Does he/she have a **current** Individualized Education Plan (IEP) \_\_\_\_\_Yes \_\_\_\_\_No

3. **Special Education and/or related services:**

**IEP includes:**

\_\_\_\_\_Speech/Language Therapy \_\_\_\_\_Physical Therapy  
\_\_\_\_\_Occupational Therapy \_\_\_\_\_Positive Support Plan

4. Does he/she have a **current** Evaluation or Reevaluation Report (ER/RR) \_\_\_\_\_Yes \_\_\_\_\_No

5. Does your child have a **current** 504 Service Agreement \_\_\_\_\_Yes \_\_\_\_\_No

6. Does your child have a **current** Gifted Individualized Education Plan \_\_\_\_\_Yes \_\_\_\_\_No

7. Has your student ever received **Early Intervention Services**? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, through which Intermediate Unit/County \_\_\_\_\_  
if exited, date \_\_\_\_\_

8. Did he/she receive either of the below services at their former school:

ESL (English Second Language) \_\_\_\_\_Yes \_\_\_\_\_No Title I Services \_\_\_\_\_Yes \_\_\_\_\_No

Please provide the Registrar with a copy of all documents pertaining to your child's special services **prior** to his/her 1<sup>st</sup> day of school. Requests for records will also be made and program determination and location will be made once received.

***(All registrants must sign and acknowledge that they have read this document)***

I \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_, acknowledge that the questions above are answered to the best of my knowledge and understanding.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed with Registration Coordinator

\_\_\_\_\_  
Date



# INTERBORO SCHOOL DISTRICT

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REGISTRATION OFFICE

PHONE: 610-461-6700|FAX: 610-583-1678

## CUSTODY AGREEMENT/COURT ORDER REGISTRATION FORM

\_\_\_\_\_  
Student's Name                  Student's Grade

1. Is the student living full-time with both parents/guardian in the Interboro School District?  
\_\_\_\_ Yes    \_\_\_\_ No    If yes, skip questions 2-5 and sign below.

If no, please explain in detail:

\_\_\_\_\_  
\_\_\_\_\_

- 2. Is there a custody agreement or court order?    \_\_\_\_ Yes    \_\_\_\_ No
- 3. Who has physical custody?    \_\_\_\_ Mother    \_\_\_\_ Father    \_\_\_\_ Joint    \_\_\_\_ Guardian
- 4. Who has legal custody?    \_\_\_\_ Mother    \_\_\_\_ Father    \_\_\_\_ Joint    \_\_\_\_ Guardian
- 5. Who has educational rights?    \_\_\_\_ Mother    \_\_\_\_ Father    \_\_\_\_ Joint    \_\_\_\_ Guardian

Any single parent who does not have a Legal Court Order will need to provide a notarized letter, signed by both parents explaining the living/visitation arrangements.

The attached Affidavit of Custody is to be used when the paternal parent is registering the child but is not listed on the birth certificate and there are no court documents. This form is to be notarized.

Please provide the Registrar with a copy of all notarized documents pertaining to custody and court orders **prior** to his/her 1<sup>st</sup> day of school in order to start on the agreed start date.

**Sign below acknowledging that the above information is correct.**

I \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_,

**acknowledge that the questions above are answered to the best of my knowledge and understanding.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed with Registration Coordinator

\_\_\_\_\_  
Date



INTERBORO SCHOOL DISTRICT  
**Health History Form**

DATE \_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_

FULL NAME \_\_\_\_\_ Male \_\_\_ Female \_\_\_

ADDRESS \_\_\_\_\_

Guardian's / Mother's Name: \_\_\_\_\_

Guardian's / Father's Name: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

DOES YOUR CHILD HAVE:

Frequent Colds ..... yes no  
 Frequent sore throats ..... yes no  
 Allergies (list)..... yes no  
 .....  
 Asthma ..... yes no  
 Speech Difficulties..... yes no  
 Earaches ..... yes no  
 Frequent Nightmares ..... yes no  
 Vision/Hearing Loss..... yes no  
 Poor Eating Habits..... yes no  
 Emotional Problems..... yes no  
 Frequent Bed-wetting ..... yes no  
 Epilepsy ..... yes no  
 Diabetes ..... yes no  
 Difficulty Sleeping ..... yes no

HAS YOUR CHILD HAD:

Tonsillectomy & Adenoidectomy ..... yes no  
 Head injury (unconscious)..... yes no  
 Convulsions..... yes no  
 Chicken Pox..... yes no  
 Scarlet Fever..... yes no  
 Tuberculosis (self or family)..... yes no  
 Rheumatic Fever..... yes no  
 Pneumonia..... yes no

DEVELOPMENTAL PATTERNS

Did your child crawl..... yes no  
 Does your child stumble, fall or bump  
 into things frequently..... yes no  
 Easily understood by others..... yes no  
 Age child spoke words \_\_\_\_\_  
 Age child spoke in sentences \_\_\_\_\_  
 Age child walked \_\_\_\_\_

1. List hospitalizations, operations, serious accidents: \_\_\_\_\_  
 \_\_\_\_\_

2. Is your child currently under medical treatment or on medication? Yes \_\_\_ No \_\_\_  
 If yes, please explain or list medications: \_\_\_\_\_  
 \_\_\_\_\_

3. Is there any information concerning your child's health that you or your child's doctor feel should be known by the school? Yes \_\_\_ No \_\_\_  
 If yes, please explain: \_\_\_\_\_

# HOME LANGUAGE SURVEY\*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: INTERBORO SCHOOL DISTRICT Date: \_\_\_\_\_

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English?  
(Do not include languages learned in school.)

Yes  No

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime?

Yes  No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian):

Parent/Guardian signature: \_\_\_\_\_

\*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



# 2020 PA Pre-K Counts Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address	County	
City	State PA	Zip Code
School District of Residence		
Home Phone	Work Phone	Email Address

Child's Date of Birth	Current Age (must be 4 by 9/1/2020) <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Race (optional)</b>	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
<b>Ethnicity (optional)</b>	
<input type="checkbox"/> Hispanic	<b>Primary Language</b>
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____ (please specify)

Last Name (Legal Guardian)	First Name (Legal Guardian)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Relationship to Child</b>	<b>(Select)</b>
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

<b>Role</b>	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____ (please specify)

**Household/Family Size** (*required*) list all members of the household (including the child) and relationship to child

- 1 \_\_\_\_\_       4 \_\_\_\_\_       7 \_\_\_\_\_  
 2 \_\_\_\_\_       5 \_\_\_\_\_       8 \_\_\_\_\_  
 3 \_\_\_\_\_       6 \_\_\_\_\_       \_ \_\_\_\_\_

**Household Income** (*required*) check box:( must submit W2, current tax forms, and/or one month's pay stubs for all members of the household)

- Less Than \$5,000       \$5,001-\$10,000       \$10,001-\$15,000  
 \$15,001-\$20,000       \$20,001-\$25,000       \$25,001-\$30,000  
 \$30,001-\$35,000       \$35,001-\$40,000       \$40,001-\$45,000  
 \$45,001-\$50,000       \$50,001-\$60,000       \$60,001-\$70,000  
 \$70,001-\$100,000       More Than \$100,000

*Note: If a family is at or below 100% of federal poverty level, the child is eligible for Head Start. Head Start may better serve the needs of some children and families due to the additional services they can offer. Interboro School District will notify you if you are eligible for Headstart and require a sign off to acknowledge receipt of this information.*

<https://www.dciu.org/HeadStart>

### 2020 Federal Poverty Level Guidelines

300%			
Family Size	Annual	Monthly	Weekly
1	\$38,280	\$3,190	\$736
2	\$51,720	\$4,310	\$995
3	\$65,160	\$5,530	\$1,253
4	\$78,600	\$6,550	\$1,512
5	\$92,040	\$7,670	\$1,770
6	\$105,480	\$8,790	\$2,028
7	\$118,920	\$9,910	\$2,287
8	\$132,360	\$11,030	\$2,545
<b>Each Additional</b>	<b>\$13,440</b>	<b>\$1,120</b>	<b>\$258</b>

**Other Child Eligibility Risk Factor Criterion** (Must check all that apply):

<input type="checkbox"/>	<b>Behavioral Supports:</b> A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	<b>Individualized Education Plan (IEP):</b> A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<input type="checkbox"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<p><b>Homeless:</b> A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <p>A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;</p> <p>B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;</p> <p>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<input type="checkbox"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print Name)

**OFFICIAL USE ONLY      TO BE COMPLETED BY INTERBORO SD BUSINESS OFFICE      OFFICIAL USE ONLY**

**Actual Annual Verified Gross Household (Family) Income:**      \$ \_\_\_\_\_

\*Attach copies of documents used to verify income prior to enrollment

Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See **Federal Poverty Level Guidelines** relative to family size (must be verified prior to enrollment).

\_\_\_\_\_  
Staff Verifying Income and Risk Factors (Signature)

\_\_\_\_\_  
Date

***Interboro Early Learning Academy  
Parent Input Packet ~ 2020-2021***

Child's Name \_\_\_\_\_ Please Circle: Male Female

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Name you would like your child to be called in school \_\_\_\_\_

How old will your child be when she/he starts Pre K : \_\_\_\_\_ Years \_\_\_\_\_ Months

Person completing this checklist \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Student's Address \_\_\_\_\_ Town \_\_\_\_\_

Parent/Guardian email address (Home) \_\_\_\_\_

Parent/Guardian phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

***Please take the time to answer these questions carefully and accurately. The information that you provide will help the school staff plan for your child's strengths and needs.***

**Developmental Stages:**

At what age (approx.) did your child: Attempts to zip coat \_\_\_\_\_

Walk \_\_\_\_\_ Talk \_\_\_\_\_  
Independently zips coat \_\_\_\_\_

Toilet Train \_\_\_\_\_ Dress Self \_\_\_\_\_  
Attempts to tie shoes \_\_\_\_\_

Does your child wear a pull-up or diaper? \_\_\_\_\_  
Independently ties shoes \_\_\_\_\_

**Pre- School Experience:**

1. My child **attends/has attended a pre-school program:** Yes \_\_\_\_\_ No \_\_\_\_\_ How many years? \_\_\_\_\_
  - a. Name of Program \_\_\_\_\_ Days per Week \_\_\_\_\_ Full Day or Half Day
2. My child **attends a day care program.** Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. In a private home b. Day care center Days per Week \_\_\_\_\_ Full Day or Half Day

Please describe your child's preschool experience:

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3. My child has been evaluated by the DCIU Early Intervention Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**(If you responded yes, please complete questions 5 and 6)**

4. My child is receiving services from the DCIU Early Intervention Program? Yes \_\_\_\_\_ No \_\_\_\_\_

5. My child received services from the DCIU Early Intervention Program in the past? Yes\_\_\_\_ No\_\_\_\_

6. Has your child ever received or participated in the following:

Check	Services	Current	In the Past	Age	DCIU	Private
	Speech Therapy					
	Occupational Therapy					
	Physical Therapy					
	Learning Support					
	Social Skills /Play Therapy					
	Behavior Counseling					
	Psychological Evaluation					

**Exposure to Literature**

7. How often do you read to your child? \_\_\_\_\_

8. My child has approximately \_\_\_\_\_ books in her/his personal library?

9. What is your child’s favorite book? \_\_\_\_\_

10. My child visits the library in our community? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Does your child enjoy playing outside ? \_\_\_ Yes \_\_\_No  
 What types of physical activities does he/she like to play?

\_\_\_\_\_

12. How much time does your child watch television/play video games each day?

30 minutes \_\_\_\_\_ 30 minutes to 3 hours \_\_\_\_\_ More than 3 hours \_\_\_\_\_

13. List any educational experiences your child has had outside your home? Ex. Library programs, museums, family trips, zoo, plays, etc.

\_\_\_\_\_  
 \_\_\_\_\_

**Medical Information:**

13. My child has the following medical issues: \_\_\_\_\_  
\_\_\_\_\_

14. My child has had the following childhood illnesses?  
Respiratory (RSV) Yes \_\_\_\_\_ No \_\_\_\_\_ Chronic Ear Infections Yes \_\_\_\_\_ No \_\_\_\_\_  
Whooping Cough Yes \_\_\_\_\_ No \_\_\_\_\_ Asthma Yes \_\_\_\_\_ No \_\_\_\_\_  
Food Allergies? Peanuts \_\_\_\_\_, Tree Nuts \_\_\_\_\_, Milk/Dairy \_\_\_\_\_, Fruits \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

15. My child is taking the following medication prescribed by a pediatrician?  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_

16. Has your child ever been exposed to toxic substances such as lead, pesticides, inhalants etc?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Please Explain \_\_\_\_\_

17. My child was born premature? No \_\_\_\_\_ Yes \_\_\_\_\_, How many weeks? \_\_\_\_\_  
Indicate any complications that might impact learning or school performance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Related Services Information:**

18. Are you concerned about any of the following areas pertaining to your child?  
Speech and Language No \_\_\_\_\_ Yes \_\_\_\_\_ why? \_\_\_\_\_  
Hearing No \_\_\_\_\_ Yes \_\_\_\_\_ why? \_\_\_\_\_  
Vision No \_\_\_\_\_ Yes \_\_\_\_\_ why? \_\_\_\_\_

Primary Language spoken by student \_\_\_\_\_

Primary Language spoke in home by parents \_\_\_\_\_

**Behavioral Observations:**

19. How would you best describe your child?

- \_\_\_ Quiet            \_\_\_ Outgoing            \_\_\_ Attentive            \_\_\_ Social            \_\_\_ Persistent
- \_\_\_ Shy            \_\_\_ Curious            \_\_\_ Playful            \_\_\_ Assertive            \_\_\_ Independent

20. Does your child exhibit any of the following behaviors? Please provide as accurate a picture of your child as possible.

- Defiance towards adults? No \_\_\_\_\_  
Yes \_\_\_\_\_ Please Explain? \_\_\_\_\_
- Aggressive or violent behavior toward others? No \_\_\_\_\_  
Yes \_\_\_\_\_ Please Explain? \_\_\_\_\_
- Frequent uncontrolled outbursts? No \_\_\_\_\_  
Yes \_\_\_\_\_ Please Explain? \_\_\_\_\_
- Withdrawal or inability to relate to others? No \_\_\_\_\_  
Yes \_\_\_\_\_ Please Explain? \_\_\_\_\_
- Difficulty separating from you for a short period of time? No \_\_\_\_\_  
Yes \_\_\_\_\_ Please Explain? \_\_\_\_\_
- Difficulty interacting/ playing well with other children? No \_\_\_\_\_  
Yes \_\_\_\_\_ Please Explain? \_\_\_\_\_

AdditionalComments/Observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Listening Skills:**

21. Can your child:

Listen to a complete story: Yes \_\_\_\_\_ No \_\_\_\_\_

Complete a single step direction or request (Please pick up your toys):

Yes \_\_\_\_\_ No \_\_\_\_\_

Complete two step directions or request (Please get your bicycle and put it in the garage):

Yes \_\_\_\_\_ No \_\_\_\_\_

Complete three step directions or request (Please bring me the newspaper, turn on the light, and feed the dog) Yes \_\_\_\_\_ No \_\_\_\_\_

Explain further, if

necessary \_\_\_\_\_

\_\_\_\_\_

22. If applicable, please list **first and last names** and **ages** of other children living in your home.

_____	_____
_____	_____
_____	_____

23. If applicable, please list **first and last names** and **ages** of child's siblings that reside in another home.

_____	_____
_____	_____
_____	_____

24. Please use the space below to tell us anything else that you believe would help the school team better meet your child's educational strengths and needs:

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INTERBORO SCHOOL DISTRICT  
STUDENT INFORMATION

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Homeroom/Teacher \_\_\_\_\_

Parent or Guardian Information (Circle one)  
Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Parent or Guardian Information (Circle one)  
Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

Person with whom child lives if other than parent (specify) \_\_\_\_\_

Will someone usually be home during the day? Yes \_\_\_\_\_ No (Circle one) \_\_\_\_\_

If unable to reach parent/guardian in case of emergency/illness contact (Neighbor, relative with transportation)  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ Cell/Work \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ Cell/Work \_\_\_\_\_

**\*\*Change of address must be verified with documentation at the administration building\*\***  
(Over)

Medical conditions (check all that apply) \_\_\_\_\_ Family Doctor \_\_\_\_\_  
\_\_\_\_\_  
Asthma \_\_\_\_\_ Phone \_\_\_\_\_  
Medication allergy (If yes please name) \_\_\_\_\_ Family Dentist \_\_\_\_\_  
Seizures \_\_\_\_\_ Phone \_\_\_\_\_  
Diabetes \_\_\_\_\_ Does Your Child Have? Health Insurance Y \_\_\_ N \_\_\_  
Dental Insurance Y \_\_\_ N \_\_\_  
Other, please explain \_\_\_\_\_

Food Allergy? (If yes, please name), \_\_\_\_\_ Bee Sting Allergy? Yes / No (please circle)  
Requires EpiPen? Yes / No (please circle) Requires EpiPen? Yes / No (please circle)  
Requires Benadryl? Yes / No (please circle) Requires Benadryl? Yes / No (please circle)  
**\*\*If yes, please supply to school nurse with Doctor's orders as per school policy.**

List any medications your child takes on a daily basis with dose & time. (Please contact the school nurse if it will be necessary to take medication at school) \_\_\_\_\_

Do we have permission to give your child the following?: PLEASE INITIAL EACH CHOICE  
\_\_\_ Tylenol \_\_\_ Chloraseptic (throat) Spray \_\_\_ Anbesol \_\_\_ Visine \_\_\_ Sting Kill (Bee Sting Relief)  
\_\_\_ Tums \_\_\_ Topical Antibiotic Ointment \_\_\_ Caladryl \_\_\_ Burn Spray

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

**\*\*\* SPECIFIC MEDICAL INFORMATION WILL BE SHARED WITH SCHOOL PERSONNEL WHO HAVE CONTACT WITH YOUR CHILD IF IT IS DEEMED NECESSARY FOR THE SAFETY OF YOUR CHILD OR IF A MEDICAL CONDITION IMPACTS YOUR CHILD'S EDUCATION\*\*\***

# THE FOLLOWING PAGES ARE TO BE COMPLETED ONLY IF APPLICABLE

- *Affidavit of Authority/Custody*
- *Zero Income Declaration*
- *Lease Verification Form*



INTERBORO SCHOOL DISTRICT

# Affidavit of Authority / Custody

*(This form is to be used by Single Parents / Guardian with no Custody Paperwork or for Parent whose name is not listed on Birth Certificate)*

**Student's Full Name:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_ **Student's Grade:** \_\_\_\_\_

BE IT KNOWN, that on this \_\_\_\_\_ day of \_\_\_\_\_  
(Day) (Month) (Year)

I, \_\_\_\_\_ hereby state and declare that I am  
the  
(Parent's/Guardian's Name)

Parent/Guardian and claim to have custody of  
\_\_\_\_\_  
(Student's Full Name stated above)

**Parent/ Guardian  
Signature:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

Sworn to and subscribed before me, a  
Notary Public, on this day \_\_\_\_\_ of  
\_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_  
Notary Public

# Zero Income Declaration Letter

*To be completed only if the family does not receive income from any source.*

**Name (Parent/Guardian)** \_\_\_\_\_  
**Name (Child)** \_\_\_\_\_  
**Program Name** \_\_\_\_\_  
**Program Year** \_\_\_\_\_

I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from (please describe):

- I agree to notify the above program about changes in my income within 30 days of the change.
  
- I certify that the information submitted is accurate and true to the best of my knowledge. I understand that by completing, signing, and dating this form, I declare I have no household income and that the information I am providing is correct. I understand that providing false information may result in denial of services.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer Signature \_\_\_\_\_  
Date



INTERBORO SCHOOL DISTRICT  
Lease Verification Form

**ONLY REQUIRED TO BE COMPLETED BY RENTERS**

Student Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Residing at: \_\_\_\_\_

Name of Property Management,  
Complex, or Landlord: \_\_\_\_\_

Phone # of Property Management,  
Complex, or Landlord: \_\_\_\_\_

Term of Lease: Start on \_\_\_/\_\_\_/\_\_\_ End on \_\_\_/\_\_\_/\_\_\_

Please note that if you are presenting a lease that is month to month, you may be required to supply the school district with a copy of a current utility bill each month.

Names of All Occupants (Should include your student(s) and that match the Lease)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**I am aware that all information will be confirmed by the Landlord and/or Management Company and I affirm that the above information is accurate.**

Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
_____ <u>Attached Public Access County Sheet</u>	
_____ Verified by	_____ title:
Cleared? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ISD Contact: _____	Residency Office Initial: _____