



Francisco Miranda
Registrar

Registration Office, 980 Pemart Avenue • Peekskill, NY 10566
fmiranda@peekskillschools.org (914) 739-0682 x 7535 FAX: (914) 737-0113

PRE-K REGISTRATION CHECKLIST

1. PARENT/GUARDIAN'S DRIVER'S LICENSE OR PASSPORT
2. TWO PROOFS OF RESIDENCY IN PEEKSKILL, SUCH AS:
 - CON EDISON BILL
 - WATER BILL
 - LEASE
 - PRINTED RENT RECEIPT STATEMENT (NO HANDWRITTEN RECEIPTS)
 - NOTARIZED LANDLORD CERTIFICATION
 - DEED OR MORTGAGE STATEMENT

If you cannot produce the above required documents, you may submit a notarized letter stating that you are living with a Peekskill resident who has one of the above documents, a copy of which must also be submitted.

(PHONE/CABLE BILL/REGULAR MAIL ARE NOT ACCEPTED)

3. ORIGINAL BIRTH CERTIFICATE OR PASSPORT
4. CERTIFICATE OF IMMUNIZATIONS
5. PROOF OF TUBERCULOSIS TESTING (PPD)
6. UP-TO-DATE PHYSICAL EXAMINATION

An appointment card indicating an upcoming physical exam can be used if an up-to-date physical examination is unavailable.
7. RECENT REPORT CARD OR TRANSCRIPT; NAME, ADDRESS, PHONE, FAX OF PREVIOUS SCHOOL ATTENDED (IF AVAILABLE)
8. IF SPECIAL EDUCATION SERVICES ARE REQUIRED, BRING MOST RECENT IEP

NOTE: MUST MAKE APPOINTMENT. IT IS OPTIONAL FOR THE CHILD TO BE PRESENT AT THE TIME OF REGISTRATION



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Pre-Kindergarten Registration Form – Student Census/Enrollment Information

Page 1 of 13

Student ID# _____

Student Census / Enrollment Information

Please Print

Student's Full Legal Name: _____

Last

First

Middle

Suffix

Grade: _____ Gender: M F Date of Birth: _____

Month

Day

Year

City/State/Country of Birth: _____

Current Address: _____ Apt/Floor: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ Apt/Floor: _____

City: _____ State: _____ Zip: _____

Current Home/Cell Phone Number: _____

Ethnicity (For State Reports)

1. Is the student Hispanic/Latino? *A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin-regardless of race.* Yes No

2. If yes, please also check from the appropriate group designation below.

3. For all other students, please check one or more:

American Indian or Alaskan Native

A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Black

A person having origins in any of the Black racial groups of Africa.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

White

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Multiracial

A person who is non-Hispanic and reported with more than one racial group.

Parent/Guardian Signature: _____ Date: _____



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Pre-Kindergarten Registration Form – Student Census/Enrollment Information Page 2 of 13

Student ID# _____

Student Lives With: Please check one box

- Both Parents Mother Only Father Only Mother/Stepfather
 Father/Stepmother Relatives _____ Other _____

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. There must be applicable legal documents (custody papers), a copy of which should be provided to the school. In the event of an emergency situation, the school will provide the necessary form(s) for the parent/guardian to complete.

Parent/Guardian Information

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____

Parent/Guardian Information

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____

The Peekskill Field Library

I give permission for the school district to provide my child's information for membership to the Field Library.
The information shared will be on pages 1-2 ___ Yes ___ No

I would like to receive emails from the Field Library about events and other news ___ Yes ___ No

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____

Parent Not Living with the Student (If Applicable)

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____

Sibling(s) (If Applicable)

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____

Sibling(s) (If Applicable)

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Other Emergency Contact Information

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____



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Pre-Kindergarten Registration Form – Student Census/Enrollment Information Page 5 of 13



NEW YORK STATE EDUCATION DEPARTMENT
 Emergent Multilingual Learners Language Profile for
 Prekindergarten Students¹

*Dear Parent or Guardian,
 Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other _____

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

Parent/Guardian Signature: _____ Date: _____



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<p>7a. At what age did your child begin to speak in short sentences?</p> <p>In what language?</p> <p>7b. At what age did your child begin to speak in full sentences?</p> <p>In what language?</p>
<p>8. In what language does your child pretend play?</p>
<p>9. How has your child learned English so far (television shows, siblings, childcare, etc.)?</p>
<p>Language Outside the Home/Family</p>
<p>10. Has your child attended any nursery, Head Start or childcare program? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, in what language was the program conducted?</p> <p>In what language does your child interact with other people in the nursery or childcare setting?</p>
<p>11. How would you describe your child's language use with friends?</p>
<p>Language Goals</p>
<p>12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?</p>
<p>13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, in what language(s)?</p>
<p>Emergent Literacy</p>
<p>15. Does your child have books at home or does he or she read books from the library?</p> <p>In what language(s) are these books read to him or her?</p>
<p>16a. Can your child name any letters or sounds in English? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>16b. Can your child recognize letters or symbols in another language? <input type="checkbox"/> yes <input type="checkbox"/> no</p>

Parent/Guardian Signature: _____ Date: _____



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<p>If yes, in what language(s)?</p>
<p>17a. Does your child pretend to read? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure</p> <p>If yes, in what language(s)?</p> <p>17b. Does your child pretend to write? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure</p> <p>If yes, in what language(s)?</p>
<p>18. Does your child tell the stories from his/her favorite books or videos? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, in what language(s)?</p>
<p>19. Does your child's childcare or nursery program describe goals for his or her learning? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If so, what goals do they describe?</p>
<p>20. Please describe anything special you did to prepare your child to begin Prekindergarten.</p>

¹ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____

Special Services Information

Is your child receiving special education services? Yes No

Does your child have a current 504 Plan? Yes No

If yes, please indicate if related to: Academics Health

Was your child in any Gifted/Talented programs? Yes No if yes, please list _____

Has your child ever received Academic Intervention Services? Yes No

Does your child receive any other services (Remedial Reading, etc.)? Yes No

If yes, please indicate _____

Does your child participate in sports? Yes No If yes, please indicate _____

Previous School Information (If Applicable)

Last School Attended: _____

Grade: _____ School Year: _____ City: _____ State: _____

List Any Pre-School and/or Nursery Schools Previously Attended:

School name	School Address	Grade	Dates Attended

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____ This form will be given to the Nurse after registration.

Doctor/Primary Care Provider

Name: _____

Telephone: _____ Extension: _____

Hospital: _____

Date of Last Visit: _____ Name of Dentist: _____

In an emergency situation, the student will be transported to the nearest hospital and/or if the parents' hospital of choice is on divert, the Emergency Personnel will select the alternative site.

If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911. However, the Peekskill City School District will in no case accept financial responsibility for care.

Health Concerns

Parents/Guardians are responsible for providing full details on any medical condition to the school nurse

Does your child wear glasses? Yes No Does your child wear contacts? Yes No

If yes, name of eye doctor: _____

Has your child been seen by a psychologist, psychiatrist or neurologist or social worker? Yes No

If so, explain:

Medical consent to contact your health care provider when necessary? Yes No

In compliance with the Family Education Rights and Privacy Act (FERPA), the Board of Education is committed to protecting the rights and privacy interests of parents/guardians and students. For more information, please refer to the District's Board Policy 5500.

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____ This form will be given to the Nurse after registration.

Medical Alerts (Asthma, Allergies, etc.)

Medical Alert 1: _____

Medical Alert 2: _____

Medication Information

Is your child taking any medication regularly? Yes No

If yes, please list the medication(s): _____

Is your child allergic to any medication(s)? Yes No

If yes, please list the medication(s): _____

Indicate allergic reaction: _____

Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

Current Medications

Name	Dose	Time Taken	Doctor	Reason

Immunization Information

*In order for your child to attend school, immunization documentation needs to be on file at the school by the first day of attendance. If immunization documentation is **NOT** complete, the student **MUST** see the school nurse or designee before enrollment can be completed.*

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____ This form will be given to the Nurse after registration.

Health Questionnaire

HAS THIS CHILD EXPERIENCED ANY OF THE FOLLOWING:

Yes	No		Yes	No	
___	___	Head Injury	___	___	Hypertension
___	___	Loss of Consciousness	___	___	Diabetes
___	___	Headache	___	___	Stomach Aches
___	___	Seizures	___	___	Constipation / Diarrhea
___	___	Attention Deficit Disorders	___	___	Dietary Restrictions
___	___	Visual Problems	___	___	Bed Wetting
___	___	Anemia	___	___	Menstrual Cramps (Severe)
___	___	Nose bleeding	___	___	Motion Sickness
___	___	Chronic Ear Infections	___	___	Skin Problems
___	___	(More than 2 years)	___	___	Lyme Disease
___	___	Hearing Difficulties	___	___	Lead Poisoning: Date Tested ___
___	___	Frequent Sore Throat	___	___	Chicken Pox or (Vaccine ___)
___	___	Asthma / Wheezing	___	___	Sickle Cell Anemia
___	___	Heart Problems / Murmur	___	___	Weight Problem

Does your child have any other medical alerts? Yes No (If Yes, please explain)

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Parent/Guardian Signature: _____ Date: _____



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Pre-Kindergarten Registration Form – Student Census/Enrollment Information Page 13 of 13

Student ID# _____ This form will be given to the Nurse after registration.

Parent/Guardian Informed Consent Form

Potassium Iodide Administration During School Hours In The Event Of a Nuclear Emergency

Reason for Taking Potassium Iodide

In the event of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine may be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, Potassium Iodide (KI) floods the thyroid with non-reactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium Iodide needs to be given before or shortly after exposure to radiation. Potassium Iodide works only to prevent the thyroid from absorbing radioactive iodine.

Potential Side Effects of Potassium Iodide

It is possible to experience any or all of the following side effects when taking Potassium Iodide:

Upset stomach, Rash, Allergic reaction - A reaction can range from mild (rash, metallic taste in the mouth, sometimes stomach upset and diarrhea) to severe (fever, joint pain, swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention).

Risks of Taking Potassium Iodide

Taking Potassium iodide is safe for most people*. Potassium Iodide should not be taken if someone:

Is allergic to Iodine, Has Graves' Disease, Has any other thyroid illness, Takes thyroid medication

* Parents/guardians are requested to contact their child's physician if they have specific questions regarding the safety of KI administration to their child prior to returning this consent form to the school nurse.

Administration of Potassium Iodide

Potassium Iodide will only be given:

In the event of a radiological emergency

When it is recommended by public health officials

If a parent/guardian signs a consent form for a child under the age of 18 years

Informed Consent: Please complete the following information and return to the school nurse at your child's school.

Child's Name: _____ Age: _____ Date of Birth: _____

I do not consent to have my child receive Potassium Iodide in the event of a nuclear emergency

I consent to have the school nurse or his/her designee administer Potassium Iodide to my child

Parent/Guardian Name: _____ Telephone Number: _____

Parents Address: _____

If consent is given, can your child swallow pills? Yes No

If No, please explain below:

Parent/Guardian Signature: _____ Date: _____



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Release of Information

The registrar of the Peekskill City School District, New York is requesting all records including academic records, health records, birth certificates, etc. Send these records to the attention of the Registrar.

If the student is receiving Special Education Services, please forward all confidential evaluations (i.e. **PSYCHOLOGICAL, SOCIAL HISTORY, EDUCATIONAL, SPEECH/LANGUAGE, PHYSICAL, etc. including IEP** to the attention of the Director of Special Education.

STUDENT(s) _____ DOB _____

SCHOOL NAME/ADDRESS _____

RECORDS COMING FROM: _____

Phone #: _____ Fax #: _____

IF STUDENT ATTENDS SPECIAL EDUCATION CLASSES, PLEASE LIST ADDRESS AND PHONE # OF SPECIAL EDUCATION OFFICES BELOW:

Phone #: _____ Fax #: _____

Signed Consent for Records: I have been told that in order to protect the limited confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be in effect for 1 year after the date of my signature, unless specified. I also understand that I may revoke this authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact treatment. HIV-related information contained in the parts of the record will not be released through this consent. A separate consent is required to release HIV-related information.

Parent/Guardian Signature

(Date)

SEND RECORDS TO:

Registration Office
Uriah Hill School
980 Pemart Avenue
Peekskill, NY 10566
Phone (914) 739-0682 x 7535
Fax (914) 737-0113

If Special Education:
CSE/CPSE Chairperson
Peekskill City Schools
1031 Elm Street
Peekskill, New York 10566
Phone (914) 737-3300 x 1525
Fax (914) 788-7584