

**Community School Corporation of  
Southern Hancock County**

4711 S. 500 W., P.O. Box 508  
New Palestine, Indiana 46163  
(317) 861-4463



**Pre-Kindergarten  
Enrollment Packet  
2018-2019**

**Monday/Tuesday/Wednesday/Thursday**

## Checklist

Your application package is considered complete when each of the following is included:

- Registration Form
- Information Summary
- Pre-Kindergarten A.M. / P.M. Session Request Form
- Tuition Fees Form
- Proof of Immunizations
- CHIRP Consent
- Health History Form
- Home Language Survey
- Copy of Original Birth Certificate

Please submit your completed application package, in person or by mail, including each of the above items to New Palestine Elementary School at 4801 South 500 West, P.O. Box 538 New Palestine, Indiana 46163.

*Note: By signing my name on the parent signature lines in this application, I certify the statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my application.*

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Packet Complete:

- Registration Form
- Information Summary
- Pre-Kindergarten A.M. / P.M. Session Request
- Tuition Fees
- Proof of Immunizations
- CHIRP Consent
- Health History Form
- Home Language Survey
- Birth Certificate

# REGISTRATION FORM

*Please list STUDENT name EXACTLY as it appears on birth certificate, including middle name*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Level Entering: \_\_\_\_\_

**Ethnicity (circle one):** American Indian or Alaskan Native   Black/African American   Asian/Pacific Islander   Hispanic   White   Multiracial

**Check what may apply:**   Special Education IEP \_\_\_\_\_   504 \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: (   )

County of Residence: \_\_\_\_\_ School District of Residence: \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_

**Student resides with:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (please note) \_\_\_\_\_

**Release student to Non-Custodial Parent?** Yes \_\_\_\_\_ No \_\_\_\_\_ (legal documentation required if NO)

**Any individuals legally barred from contact with student?** Yes \_\_\_\_\_ No \_\_\_\_\_ (legal documentation required)

**Parent/Guardian Contact 1 Information: Relationship to Student:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_ **Home #: (   )** \_\_\_\_\_ **Cell #: (   )** \_\_\_\_\_

**Work #: (   )** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Parent/Guardian Contact 2 Information: Relationship to Student:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_ **Home #: (   )** \_\_\_\_\_ **Cell #: (   )** \_\_\_\_\_

**Work #: (   )** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Emergency Contacts** (used when Parent/Guardian cannot be reached):

**Name/Home Phone/Cell Phone/Work Phone/Relationship:**  
1 \_\_\_\_\_

2 \_\_\_\_\_

**Siblings in Southern Hancock: (Name/School/Grade)**  
\_\_\_\_\_

## Information Summary Pre-Kindergarten Program

Please read the following statements regarding the Pre-Kindergarten program at Community School Corporation of Southern Hancock County (CSCSHC). Please sign at the bottom stating that you have read and understand all requirements.

- Children must be four (4) years old on or before August 1<sup>st</sup>. A birth certificate must be presented at the time of enrollment.
- The Pre-Kindergarten curriculum will be developmentally appropriate for four year olds. The emphasis will focus on kindergarten readiness in areas such as language development and personal/social growth.
- This is a fee-based program.
  - Pre-Kindergarten fee of \$1,600.00 payable in 1, 2, or 9 installments (see Pre-Kindergarten Fees).
  - A \$160.00 non-refundable deposit is due at the time of registration.
  - If payment is not received within 2 weeks of due date, the child may be withdrawn from the program.
  - Any NSF check or declined credit card will require future payments paid by cash or money order.
  - Payment amounts remain the same regardless of the number of days actually attended.
- Transportation will not be provided.
- Pre-Kindergarten classes will meet Monday through Thursday.
- Parents may request A.M. or P.M. (not both). Requests will be accommodated to the best of our ability. A.M. class times are from 8:20 a.m. to 11:20 a.m. P.M. class times are from 12:15 p.m. to 3:15 p.m.
- Two-hour delay schedule times are from 10:20 AM to 12:20 PM, and from 1:15 PM to 3:15 PM. Teachers will provide eLearning packets for days missed due to inclement weather.
- The Pre-Kindergarten program will be based on the corporation calendar. The calendar is available on our website at [corp.newpal.k12.in.us](http://corp.newpal.k12.in.us).
- State law requires proof of up-to-date immunizations. See "School Immunizations Required".
- Parents are welcome to volunteer in the classroom. Please communicate your interest to the teacher.
- We require a criminal history report for all staff and parent volunteers. Parents/volunteers may access this through the school website [www.newpal.k12.in.us](http://www.newpal.k12.in.us). Choose the parent drop down tab and select volunteer/field trip chaperone request, which will take you to Safe Visitor, our background check site.
- There is an optional school day program, PreK Plus, available the remainder of a student half day Mon-Thurs and all day Friday (school hours only). Any fee charged for the PreK Plus program will be in addition to tuition and fees.
- There is an optional before and after school day care program available at NPE through the **YMCA**. Any fee charged by the **YMCA** will be in addition to CSCSHC's tuition and fees.

---

Parent Signature

---

Date

## Pre-Kindergarten Session Request

Community School Corporation of Southern Hancock County will offer both morning and afternoon sessions of Pre-Kindergarten. We will try our best to accommodate your request for a particular session.

Tentative schedule:

**Morning session:** 8:20 A.M. - 11:20 A.M. (Mon, Tue, Wed, Thu)

**Afternoon session:** 12:15 P.M. - 3:15 P.M. (Mon, Tue, Wed, Thu)

\_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ No Preference

### **PreK Plus Program**

Please indicate below if you are interested in an extended day program (PreK Plus), which is available Monday-Thursday as well as Friday during school hours. The cost for the PreK Plus program is a flat fee of \$160.00 per month. Registration questions should be directed to: Nikko Loman at 317-861-5287, [nloman@newpal.k12.in.us](mailto:nloman@newpal.k12.in.us).

(If morning PreK, then Plus hours will be 11:20 am - 3:30 pm; If afternoon PreK, then Plus hours will be 8:30 am - 12:15 pm)

\_\_\_\_\_ I am interested in the **PreK Plus** extended day option.

### **YMCA Before/After School Program**

Before and after school care is also available through the YMCA. Registration questions should be directed to Erin Kelly at 317-504-1403, [ekelly@indymca.org](mailto:ekelly@indymca.org).

(Before school hours: 6:30-8:30 am; after school hours: 3:30-6:00 pm)

\_\_\_\_\_ I am interested in the **YMCA** extended day option.

All application materials must be submitted as a package (See attached checklist). Materials will not be accepted separately.

## Pre-Kindergarten Fee and Payment Options

<b>A non-refundable \$160.00 deposit is due at the time of registration. This deposit will be applied to the May payment.</b>	
<b>Payment Options:</b> (Please check one)	
<b>Option 1__</b>	<input type="checkbox"/> Deposit: \$160.00 <input type="checkbox"/> Full payment \$1,440.00 due August 1, 2018
<b>Option 2__</b>	<input type="checkbox"/> Deposit: \$160.00 <input type="checkbox"/> 1 <sup>st</sup> Payment due August 1, 2018 - \$720.00 <input type="checkbox"/> 2 <sup>nd</sup> Payment due December 1, 2018 - \$720.00
<b>Option 3__</b>	Nine Installments: <input type="checkbox"/> Deposit: \$160.00 <input type="checkbox"/> August 1, 2018 - \$160.00 <input type="checkbox"/> September 1, 2018 - \$160.00 <input type="checkbox"/> October 1, 2018 - \$160.00 <input type="checkbox"/> November 1, 2018 - \$160.00 <input type="checkbox"/> December 1, 2018- \$160.00 <input type="checkbox"/> January 1, 2019 - \$160.00 <input type="checkbox"/> February 1, 2019 - \$160.00 <input type="checkbox"/> March 1, 2019 - \$160.00 <input type="checkbox"/> April 1, 2019 - \$160.00

**PreK Plus Payments** are based on a flat fee system of \$160.00 per month. If you use the PreK Plus program one day a week or five days a week the amount is the same--\$160.00 per month.

PreK Plus payments are due the 1<sup>st</sup> of each month.

**School Immunization Requirements**  
**Indiana State Department of Health (ISDH)**  
**2018-2019 School Year**

- 3 - Hep B (Hepatitis B)
- 4 - DTaP (Diphtheria, Tetanus & Pertussis)
- 3 - Polio (Inactivated Polio)
- 1 - MMR (Measles, Mumps & Rubella)
- 1 - Varicella

**\*Proof of immunizations must be provided at time of enrollment. \***

**\*A copy of original birth certificate must be provided at time of enrollment.\***

## CHIRP CONSENT AND RELEASE OF INFORMATION

I, \_\_\_\_\_, give Community School Corporation of Southern Hancock County, permission to view and input the following information concerning my child,

\_\_\_\_\_ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).

### **Name, Date of Birth, Parent/Guardian Name, Telephone Number, Address, Dates of Immunizations**

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me, or my child, of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office Medicaid policy and policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
School



# STUDENT HEALTH HISTORY 2018-2019

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

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please indicate if the student has or has had the following diseases/health problems (this does NOT include immunizations)

	HAS HAD:		HAS:
Diphtheria	_____	Asthma	_____
German Measles	_____	Epilepsy	_____
Measles	_____	Diabetes	_____
Smallpox	_____	Migraines	_____
Whooping Cough	_____	Other	_____
Mumps	_____		
Chicken Pox	_____		

Does the student have any allergies (to medications, foods, etc.)? If so, please indicate:  
\_\_\_\_\_

Is the student currently on medications? If so, please name and indicate medications:  
\_\_\_\_\_

Has the student had any surgeries? If so, please indicate type and date of surgery(s):  
\_\_\_\_\_

Has the student experienced a serious accident? If so, please indicate type of accident and date:  
\_\_\_\_\_

Does the student have a vision or hearing defect? If so, indicate type of defect:  
\_\_\_\_\_

Does the student have any chronic physical conditions not listed above? If so, please indicate:  
\_\_\_\_\_

Is there any other health/medical information the school should be aware of regarding this student? If so, please indicate:  
\_\_\_\_\_

## PLEASE NOTIFY THE CLINIC THROUGHOUT THE YEAR IF ANY OF THE ABOVE CHANGES

BY SIGNING BELOW, THE PARENT AGREES THAT SIGNIFICANT MEDICAL INFORMATION MAY BE SHARED WITH APPROPRIATE STAFF.

I give permission for the school to obtain the services of the indicated physician or hospital in case the named student suffers illness or accident and the family cannot be reached, or is not immediately available, when help is urgently needed.

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

All application materials must be submitted as a package (See attached checklist). Materials will not be accepted separately.

# SOUTHERN HANCOCK COUNTY

4711 South 500 West – PO Box 508 – New Palestine, Indiana 46163  
317-861-4463 – Telephone / 317-861-2142 – Fax

## Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

### Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the student? \_\_\_\_\_
2. What language(s) is spoken most often by the student? \_\_\_\_\_
3. What language(s) is spoken by the student in the home? \_\_\_\_\_
4. Was your child born in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, please list country of birth: \_\_\_\_\_

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

**Parent/Guardian Name:** \_\_\_\_\_

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

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

### For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: \_\_\_\_\_

Date: \_\_\_\_\_