



**Wheeler Central Public Schools
Giggles and Grins Preschool
Student Registration Checklist**

· 600 Randolph St · Bartlett, NE 68622 ·
· Ph. 308-654-3273

The checklist below serves as a reference for parents and guardians regarding the required information necessary prior to enrolling a student at Wheeler Central Public Schools.

- Application for Student Admission
- Immunization Records
- Birth Certificate



Wheeler Central Public Schools Application for Student Admission

· 600 Randolph St · Bartlett, NE 68622 ·
· Ph. 308-654-3273 ·

Today's Date:					
Student's Estimated Start Date:					
Student Information					
Legal Name (First, Middle, Last)		Preferred Name			
Physical Address					
City/State/Zip					
Mailing Address					
City/State/Zip					
Transportation Needed	Yes	No			
	Morning	Afternoon	Both		
	Daily	Monday	Tuesday	Wednesday	Thursday
Home Phone #		Cell Phone #			
Date of Birth		Gender	Female	Male	
Social Security #		Grade			
Place of Birth		Primary Language			
Primary Language					
Child's Physician	Name: Phone: Address				
Child's Dentist:	Name: Phone: Address				

Parent/Guardian Information

Adult #1			Legal Custody	Yes	No
Relationship		OK to Pick Up	Yes	No	
E-Mail Address		Cell Phone #			
Work Place		Military Service	Yes	No	
Work Phone #		E-Mail Address			
Adult #2			Legal Custody	Yes	No
Relationship		OK to Pick Up	Yes	No	
E-Mail Address		Cell Phone #			
Work Place		Military Service	Yes	No	
Parental Status - circle all that apply Married Divorced Single Father Deceased Father Remarried Mother Deceased Mother Remarried					
Should there be a duplicate mailing for this child to another parent? If yes, please complete section below for duplicate mailings:			Yes	No	
			Non-Custodial	Shared Custody	
Adult #1			Relationship :		
Street Address					
City/State/Zip					
Home Phone #		Cell Phone #			
E-Mail Address					
Work Place		Work Phone #			
Adult #1			Relationship :		
Street Address					
City/State/Zip					
Home Phone #		Cell Phone #			
Work Place		Work Phone #			

Emergency Contact Information - other than Parent or Guardian

Name		OK to Pick Up: Yes No	
Street Address			
City/State/Zip		Home Phone #	
Relationship		Cell Phone #	
E-mail Address			
Work Place		Work Phone #	
Name		OK to Pick Up: Yes No	
Street Address			
City/State/Zip		Home Phone #	
Relationship		Cell Phone #	
E-Mail Address			
Work Place		Work Phone #	

Student Race and Ethnicity Information

Part A.	Is this student (or Are you) Hispanic/Latino?
	No, not Hispanic/Latino
	Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
The above part of the question is about ethnicity, not race. No matter what you selected above, <u>please continue to answer the following</u> by marking one or more boxes to indicate what you consider your student's (or your) race to be.	
Part B.	What is the student's (or your) race? (<i>Choose one or more</i>)
	American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
	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.)
	Black or African American (A person having origins in any of the black racial groups of Africa.)
	Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Additional Student Information

Has this child received Special Education Services?	Yes	No
If yes, is there a current IEP, MDT?	Yes	No
Is this child a ward of the State or Court?	Yes	No
Has this child been expelled from school (either public or private in any state)?	Yes	No
If yes, has the term (time period) of expulsion been completed?	Yes	No
Is this child homeless?	Yes	No
Is this child migrant?	Yes	No
Is this child a single parent?	Yes	No

Health Questions (If you answer yes to any of the questions, please explain.)

Is your child allergic to any medications?	Yes	No
Does your child have any food allergies?	Yes	No
If yes, does your child use an epi pen?	Yes	No
***If yes, please contact the School Nurse to complete an action plan.		
Does your child have any other allergies or sensitivities?	Yes	No
If yes, does your child use an epi pen?	Yes	No
***If yes, please contact the School Nurse to complete an action plan.		
Does your child have any asthma or breathing difficulties?	Yes	No
If yes, does your child use an inhaler?	Yes	No
If yes, how often?		
***Students with asthma or severe breathing difficulties must contact the School Nurse to complete an action plan.		
Is your child diabetic?	Yes	No
If yes, does your child use insulin?	Yes	No
If yes, what type, dose, and time?		
*** Students with diabetes must contact the School Nurse to complete an action plan.		
Has your child ever had a seizure or convulsion?	Yes	No
If yes, please contact the School Nurse to complete an action plan.		
Does your child have any cardiac/heart conditions?	Yes	No
Has your child been diagnosed with any chronic disease or condition?	Yes	No
Does your child have any hearing problems or frequent infections?	Yes	No

Does your child require any special equipment/medical supplies such as hearing aids, nebulizers, peak flow meter, glucose monitors, etc?	Yes	No
Does your child take any prescription medications?	Yes	No
Please list names and doses of all medications.		
If yes, will any of these medications be administered at school?		
***If yes, please contact the school nurse to complete appropriate forms.		
Does your child take any over the counter medications routinely?	Yes	No
***If yes, please contact the school nurse to complete appropriate forms.		
Has your child had any surgical procedures or operations?	Yes	No
Has your child had the varicella (chicken pox) disease?	Yes	No
If yes, what year?		
Does your child have any psychiatric, behavioral, or emotional concerns?	Yes	No
Please lists any other medical concerns:		
Can the above information be shared with staff members that work with your child?	Yes	No

I _____ (parent's name) authorize my child,
_____ (child's name) to be enrolled in the Wheeler Central Public Schools
Preschool program "Giggles & Grins" for the 2024-2025 school year.

I give my permission to the Wheeler Central Public Schools/Giggles & Grins Preschool staff to take my child to a physician or contact appropriate emergency medical personnel in the event of an emergency when I cannot be reached.

I understand the Wheeler Central Public Schools does provide liability insurance for the staff and all volunteers, but my child is NOT covered by accident insurance while at Wheeler Central Public Schools/Giggles & Grins Preschool.

I UNDERSTAND THAT I AM RESPONSIBLE TO PAY FOR ALL TIMES AT WHICH MY CHILD IS REGISTERED FOR PRESCHOOL, WHETHER OR NOT MY CHILD IS IN ATTENDANCE/PRESENT AT THE PRESCHOOL. THIS INCLUDES THE ENTIRE TERM FOR WHICH I HAVE ENROLLED MY CHILD – FALL SEMESTER, SPRING SEMESTER, OR BOTH SEMESTERS. I AM ALSO RESPONSIBLE FOR MAINTAINING A POSITIVE BALANCE IN MY STUDENT'S LUNCH ACCOUNT.

Parent's Signature _____ Date _____

I would like to be considered for a position on the parent advisory committee: Yes _____
No _____