

Public Preschool Registration Materials

Date:

___ 1st Request
___ 2nd Request
___ 3rd/Final Request

Dear: _____

Prior to attending Preschool each child must have a copy of the following materials on file with the teacher/program before August 1, 2011.

- Registration Form
- Student Information/Emergency Contact Card
- Tuition Contract - (return if applicable)
- Medical Evaluation (current and signed by physician)
- Medical Conditions
- Request for Administration of Medication (if applicable)
- Birth Certificate (new students only)
- Social Security Card (new students only)
- Permission for photos/videos, class roster, screening/assessment
- Custody Papers (if applicable)
- Interest Survey
- Nutrition Form
- Free/Reduced - (return if applicable)
- Family Needs Assessment
- Child History
- School Calendar - (informational form does not need to be returned)
- Alternate Transportation Form
- New Student Transportation Form

Registration forms can be mailed to the school *prior to* May 1, 2011
Haskins Elementary Preschool
405 N. Findlay Street
Haskins, Ohio 43525

Also, please send a complete change of clothes for your child in the event that his/her clothes become wet or soiled. Make sure to put clothes in a bag labeled with your child's name. Change of clothes can be dropped off with registration materials or sent with your child on the first day of school.

*****SORRY:** If we do NOT have all required paperwork and payments by May 1, 2011, we will place your child's name at the bottom of the waiting list.

REGISTRATION FORM

OTSEGO LOCAL SCHOOLS

P.O. Box 290

Tontogany, Ohio 43565-0290

419.823.4381

419.823.3035 (fax)



Policy requires that we have on file:

1. Copy of birth certificate
2. Copy of social security card
3. Copy of immunization record
4. Copy of any court ordered custody papers
5. Proof of residency

Elementary Registrant: Please be aware that your child may be assigned to any of the Otsego elementary buildings. *Please initial that you have read this.*

Building _____

Date _____

- Male
 Female

Birth Certificate Student Name _____

Grade _____

First Middle Last

Name student uses _____

Birth place _____

First Last

City/Town State

Social Security Number _____

Birth date _____

Address _____

Home Phone _____

Street P.O. Box #

Cell Phone _____

City/Town State Zip

Other Contact Phone _____

Email Address _____

Race _____ Native Language _____

Student resides with: Father Mother Step-father Step-mother Guardian

Other (explain) _____

Parent residence if court placement _____

Parents/ Current Guardians:

Mother _____

Place of Employment _____

(include maiden name)

Work Number _____

Father _____

Place of Employment _____

Work Number _____

School last attended _____

Address _____

Any special programs serving this student? _____

Current IEP Speech Special Needs Tutoring Occupational Services Reading Intervention

Adapted Physical Educ. Gifted Other _____

Any significant medical or health problems?(specify) _____

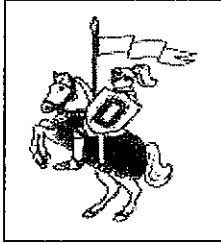
Other children at home:

Name Gender Birth date Grade

I grant the Otsego School District permission to release my child's cumulative file information and photograph to the proper authorities in the event of a missing child emergency. Yes No

Parent/Guardian Signature _____

2011-2012



Return this form to:
Otsego Public Preschool
 405 N. Findlay Street
 Haskins, Ohio 43525

2011-12
 State
 Required

Otsego Local Schools Preschool Tuition Contract

Child _____ Home Phone _____

Parent/Guardian(s) _____ Work/Cell _____

Address _____ City/State/Zip _____

The Ohio Department of education requires all parents of typically developing children to provide basic income level information.

Special needs children will not be billed, but are still asked to fill out the info below
 Please complete this checklist:

1. Does anyone in your household have a case number?(Medicaid, Healthy Start, Food Stamps, AFDC)
 - If yes, you **MUST** write in a case# _____
 - If no, please continue with the checklist.
2. Number of people in your household _____
3. Circle your total family income below according to the number of family members in your household.
4. If you qualify to pay a reduced tuition rate, please write your yearly family income\$ _____
5. **Important:** If you qualify to pay a lower tuition rate, you **MUST** attach verification of income (W-2 forms, tax form 1040 or 1040A from previous year, check stub(s), free or reduced lunch eligibility).

**If this line is left blank,
 typically developing children
 will be charged tuition.**

If income verification isn't provided, typically developing children will be billed \$202.50 per

OTSEGO PRESCHOOL SLIDING TUITION SCALE
 United States Department of Health and Human Services
 2011 FEDERAL POVERTY GUIDELINES
 Total Gross Family Income(Before Deductions)

1	\$10,890	\$13,613	\$16,335	\$19,058	\$20,147	\$21,780
2	14,710	18,388	22,065	25,743	27,214	29,420
3	18,530	23,163	27,795	32,428	34,281	37,060
4	22,350	27,938	33,525	39,113	41,348	44,700
5	26,170	32,713	39,255	45,798	48,415	52,340
6	29,990	37,488	44,985	52,483	55,482	59,980
7	33,810	42,263	50,715	59,168	62,549	67,620
8	37,630	47,038	56,445	65,853	69,616	75,260

***Annual Family Income**
 For family units with more than 8 members, add \$3,820 for each additional member.

Monthly (9 prnts.)	\$0.00	\$50.63	\$101.25	\$151.88	\$172.13	\$202.50
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Based on daily fee--\$27.00 per day (this includes lunches and snacks)
 Monthly Fee based on 7.5 days per month
 Annual Fee based on 68 days per year
 August and June fees are included in 9 month billing calculations

Preschool Tuition Schedule for

Typically Developing Children

(If your child is in our Special Needs program, please disregard this notice. Tuition is charged for Typically Developing Children only)

Tuition Due Dates:

For September -----	Due August 18
For May -----	Due September 1
For October -----	Due October 1
For November -----	Due November 1
For December -----	Due December 1
For January -----	Due January 1
For February -----	Due February 1
For March -----	Due March 1
For April -----	Due April 1

For those who qualify to pay tuition, a set of invoices will be mailed in early August.

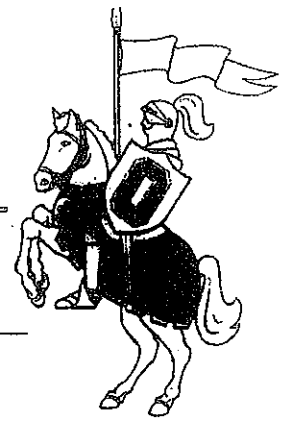
Tuition for the last month of school, May, is collected at the beginning of the school year. If a child withdraws early, May's tuition will be reimbursed after the parent contacts us regarding the preschooler's withdrawal date.

If tuition is not paid by the 15th of each month, preschool services will be suspended, and the child will not be able to attend preschool until all due tuition is paid in full.

If your income changes during the year, please contact us within one month at 419.823.1591. We will help you adjust your tuition payments accordingly.



Otsego Local Schools



Child Medical Statement

Childs' Name _____ Date of Birth _____

Limitations or health condition (including allergies, medications, dietary restrictions)

Immunizations	Please circle one	
	Complete for age	Yes
In Process	Yes	No

Exempt from Immunizations	Please circle one	
	Religious conviction	Yes
Health concern	Yes	No
Other: _____		

This child has been examined and is in suitable condition to participate in group care

Signature of examining Physician/ Physicians Assistant or Advanced Practice Nurse (circle one)	Date of exam
Address :	
Phone:	

Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program			Reason not completed (Check which applies)		
Assessments/Screenings	Completed Please circle one		Date Completed	Health professional decision	Examples: religious conviction, insurance coverage, other
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead	Yes	No			
Hemoglobin	Yes	No			

Height _____ Weight _____

Otsego Local Schools



Child Medical Statement

Childs' Name _____ Date of Birth _____

DENTIST'S REPORT

The following services have been performed:

(Please check)

- _____ radiographs
- _____ oral prophylaxis
- _____ fluoride treatment
- _____ restorations

The following statements are applicable:

(Please check)

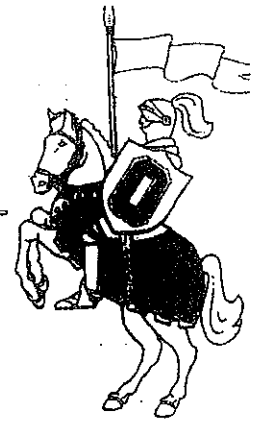
- _____ all necessary services have been performed.
- _____ no restorative services are required at this time.
- _____ further treatment is indicated.
- _____ future appointments have been arranged.

Comments:

Date: _____

(Signature of examining dentist)

Otsego Local Schools



PHYSICIAN REPORT

IMMUNIZATIONS

Vaccines	Requirements for Pre-Schools	Requirements for Kindergarten
DPT Diphtheria, Tetanus, Pertussis	4 doses of DTaP, DTP, or DT or any combination.	5 doses of DTaP, DTP, or DT, or any combination, if the 4 th dose was administered prior to the 4 th birthday.
Polio	3 doses of OPV or IPV or any combination of OPV or IPV.	4 doses if a combination of OPV or IPV was administered. 4 doses of all OPV or all IPV is required if the 3 rd dose of either vaccine was administered prior to the 4 th birthday.
MMR Measles, Mumps, Rubella	1 dose of MMR administered on or after the 1 st birthday.	2 doses of MMR. Dose 1 must be administered on or after the 1 st birthday. The 2 nd dose must be administered at least 28 days after dose 1.
Hib Haemophilus Influenzae Type b	3 or 4 doses depending on the vaccine type and the age when the child began the 1 st dose and the last dose is after 12 months or 1 dose if given on or after 15 months of age.	None.
Hep B Hepatitis B	3 doses of Hepatitis B	3 doses of Hepatitis B. The 2 nd dose must be administered at least 28 days after the 1 st . The 3 rd dose should be given at least 16 weeks after the 1 st dose and at least 8 weeks after the 2 nd dose. The last dose in the series (3 rd or 4 th dose) should not be administered before age 24 weeks.

Varicella (e.g. Var. MMRV) Give SC. **Varicella vaccine.** (minimum age: 12 mo.)

*Administer the second dose of varicella vaccine at age 4-6 years. Varicella may be administered before age 4-6 years, provided that ≥ 3 months

have elapsed since the first dose and both doses are administered at age ≥ 12 months. If second dose was administered ≥ 28 days following the first dose, the second dose does not need to be repeated.

SCREEN TESTS

	DATE	RESULT	
MUSCLE BALANCE			
FARSIGHTEDNESS			
COLOR			
DISTANCE ACUITY		Right	Left
HEARING			
TUBERCULIN	Date	Test	Result

PHYSICAL ASSESSMENT

Check One:

- Entirely within normal limits
- Abnormalities as follows:

Is there any reason why the student cannot carry out a full program of school work?

Yes _____ No _____

Date _____

(Signature of examining physician)

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States *

For those who fall behind or start late, see the catch-up schedule

Vaccine	Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹		HepB											
Rotavirus ²				RV	RV	RV ²							
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	see footnote ³						
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴							
Pneumococcal ⁵				PCV	PCV	PCV					PPSV		
Inactivated Poliovirus ⁶				IPV	IPV								
Influenza ⁷													
Measles, Mumps, Rubella ⁸									see footnote ⁸				
Varicella ⁹									see footnote ⁹				
Hepatitis A ¹⁰											HepA Series		
Meningococcal ¹¹											MCV		

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
 - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
 - Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.
- ## 2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)
- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
 - The maximum age for the final dose in the series is 8 months 0 days.
 - If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- ## 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)
- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
 - Administer the final dose in the series at age 4 through 6 years.
- ## 4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)
- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
 - TriHibit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.
- ## 5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
 - Administer PPSV 2 or more months after last dose of PCV to children aged 2 years of older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(No. RR-8).

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
- HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.



MEDICAL CONDITIONS

For the safety of your child please advise us if your child has a medical condition and or physical disability that may limit their participation during a normal school day. We would like to share this information with all the teachers, aides, and bus drivers. (Ex. Bee sting, seizures, specific learning limitations, etc.) Please fill out the form below and return to the school office.

Name _____

Grade/Teacher _____

Date _____

Parent Signature _____

Medical and/or physical limitations or concerns: _____

** If your child does not have medical concerns, please write N/A and sign:

Otsego Local Schools

REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATION, FOOD SUPPLEMENT, FLOURIDE SUPPLEMENT, OR MODIFIED DIET

NOTE: A separate form must be completed for each medication.

SECTION I: PARENT REQUEST FOR ADMINISTRATION OF MEDICATION OR SUPPLEMENT

I hereby request and give permission to the authorized staff member to administer the following medication to my child:

Name of Child	Age of Child	Name of Medication or Supplement to be administered	
Dosage	Time(s) of Dosage	Signature of Parent/Guardian	Date

SECTION II: PHYSICIAN'S OR DENTIST'S INSTRUCTIONS:

Name of Child: _____ is under my care and should receive

Name of Medication or supplement _____

Dosage: _____

Specific instructions for administration: _____

Possible side effects: _____

Signature of Physician/Physician Assistant/Clinical Nurse Specialist/Certified Nurse or Dentist	Phone #
Please Print Physician's/Dentist's Name	Date

SECTION III: LOG OF MEDICATION OR SUPPLEMENT ADMINISTERED BY AUTHORIZED STAFF MEMBER

Date and Time of Dosage	Amount of Dosage	Signature of Authorized Staff Member

The following are three different permission slips. Please read all sections and sign each section as indicated. (Necessary for licensing)

Assessment/Screening Permission Slip

Throughout the year, the students may be assessed through different means. The students may also go through screening processes. Please sign and return this form for permission for the school to assess and screen your child.

Child's Name

Parent's Signature

Date

Photographed or Videotaped Permission Slip

Your child may be photographed or videotaped throughout the 2011-2012 school year. These videos and photos will be used for school related activities only.

___ Yes, my child has permission to be photographed and videotaped.

___ No, please do not photograph or videotape my child.

Child's Name

Parent's Signature

Date

Roster Permission Slip

We will be making a class roster with each child's name and phone number on the list. Other students' parents will have access to this roster for planning, class parties, cards, etc. Please fill out and return.

___ No, Please do not include my child on the list.

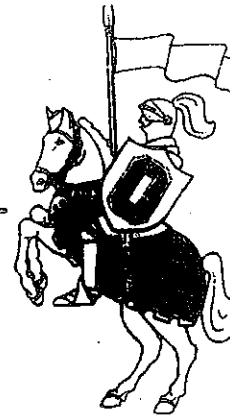
___ Yes, Please include my child's name and number on the list.

Child's Name

Parent's Signature

Phone #

Otsego Local Schools



Interest Survey

Parent Involvement

The Otsego Preschool Program invites all parents to become actively involved with their child's preschool program. Our goal is to work with parents as partners, communicating regularly to build mutual understanding and greater consistency for the children.

Parents can assist us directly in the classroom activities, participate in parents workshops, or become a member of the advisory council.

Name _____ Telephone Number _____

Parent Survey

Classroom Assistance: (Please indicate the areas in which you are willing to help us out.)

- Co-Op Parenting (working on a regular basis and reducing tuition)
- Volunteering to help out in the class
- Helping with special events
- Field trips
- Preparing materials at home
- Sharing hobbies, interests, or skills
- Other _____

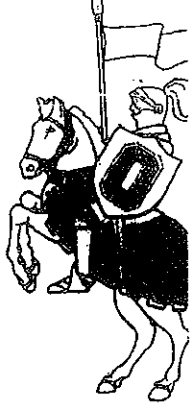
Parent Education: (Please indicate your interest in attending workshops or parent groups.)

- Yes, I'm interested

Suggested topics:

- Discipline
 - Language development
 - Special education process
 - Kindergarten readiness
 - Other _____
- Thanks, not now

Otsego Local Schools



Child Interest Survey

Child's Name: _____ Date: _____

Preschool children learn best when they have had first-hand experiences and when they are highly interested. In order to maximize children's learning at the preschool age, teachers construct learning activities based on the children's experiences and interest. We need your assistance in helping us create the best learning environment for your child by identifying some of your child's experiences and interests.

1. What are your goals in having your child attend preschool? _____

2. What are your child's favorite activities? _____

3. How does your child spend most of his time? _____

4. What television programs are favorites? _____

5. What experiences has your child had that have been especially meaningful? (vacation, family event, moving etc.) _____

6. What holidays does your family celebrate? _____

Any special customs? _____

7. Are there any family/cultural traditions/food that we might include in our class program? If yes, please explain: _____

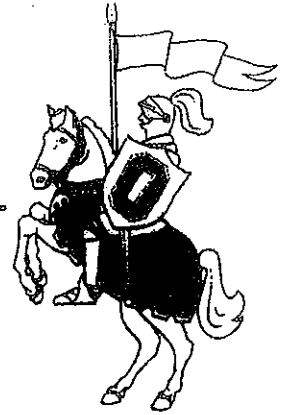
8. Which topics might be of special interest to your child?

- Community helpers (policeman, fireperson, dentist, doctor, etc.)
- Transportation

- Nursery rhymes
- Animals
- Food

Please add other interests: _____

Otsego Local Schools



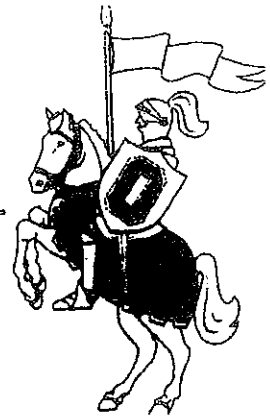
Nutrition

Child's Name: _____

1. Does your child take vitamins?
Do they contain iron?
Are they prescribed?
 Yes No
 Yes No
 Yes No
2. Has your child had any food intolerance characterized by vomiting, diarrhea, colic, weight loss, or skin rash?
What? _____
 Yes No
3. In your opinion, does your child have a weight problem?
 Yes No
4. What foods does your child like? _____
5. What foods does your child dislike? _____
6. How is your child's appetite? _____
7. Approximately how many times a day does the child drink milk? Please circle: once a day 2x 3x 4x 5x more
8. How much water does the child drink in one day? _____ Cups
9. Is your child on the WIC program? Yes No
From which health department does your child receive WIC? _____
Why is your child on WIC?
 Inadequate diet Underweight
 Anemic or low iron Overweight
 Short for age
10. How many times a month do you eat out? _____
Where: McDonald's Burger King Ponderosa or Ranch
 Wendy's Denny's Pizza
 Bob Evans Chinese Restaurant Other
11. What did your child eat yesterday?
A. Breakfast: _____
 A.M. Snack: _____
B. Lunch: _____
 P.M. Snack: _____
C. Dinner: _____
 Evening Snack: _____

Was this a regular intake? Yes No

Otsego Local Schools



Family Needs Assessment

The Otsego Preschool is a comprehensive preschool program focusing on families. Please indicate any areas of concern and we will help you obtain appropriate community resources.

AREAS OF NEED	CONCERN	INFORMATION GIVEN/ REFERRED TO:	MORE FOLLOW-UP NEEDED; SPECIFY
MEDICAL/HEALTH			
<input type="checkbox"/> 1. Medical/Dental Services for family members			
BASIC NEEDS			
<input type="checkbox"/> 2. Housing			
<input type="checkbox"/> 3. Heating Assistance			
<input type="checkbox"/> 4. Telephone Service			
<input type="checkbox"/> 5. Home Insulation			
<input type="checkbox"/> 6. Family Nutrition			
<input type="checkbox"/> 7. Clothing			
EMPLOYMENT/EDUCATION			
<input type="checkbox"/> 8. High School Diploma GED or Other Education			
<input type="checkbox"/> 9. Job Search/Training			
FAMILY CONCERNS			
<input type="checkbox"/> 10. Literacy Skills			
<input type="checkbox"/> 11. Counseling/Family Inter-Relationships			
<input type="checkbox"/> 12. Parenting Skills			
<input type="checkbox"/> 13. Chemical Abuse			
<input type="checkbox"/> 14. Household Management/ Budgeting			
<input type="checkbox"/> 15. Child Care			
<input type="checkbox"/> 16. Other Needs*			

* Does your family need assistance in any area not listed here? Please specify: _____

MEDICAL HISTORY continued

Does your child have an ongoing medical service provider? Yes No
 Has your child ever had wheezing or asthma? Yes No
 If yes, how is it treated? (e.g. medication, breathing machine) _____

Is your child allergic to anything? Yes No
 If yes, please explain _____
 If yes, what should we do for a reaction? _____

Is your child on any type of medication? Yes No
 If yes, please explain _____

Please describe any other health concerns: _____

Has your child had chicken pox? Yes No

Nutrition

Is there any food your child cannot eat for medical, religious, or personal reasons? Yes No
 What _____

Does your child eat or chew things (ex. paper, dirt, eraser) that are not food? Yes No
 What _____

Is your child on a special diet? Yes No
 If so, what kind? _____

Does your child have trouble chewing/swallowing? Yes No
 Do you have any concerns about your child's nutritional status or eating habits? If yes, please explain _____
 What are your child's favorite foods? _____

Immunization Record

Enter month/day/year of each immunization. This information is required by the first day of attendance.

DPT	*	*	*	*		5th dose between 4-6 yrs.
OPV	*	*	*			4th dose between 4-6 yrs.
MMR**	*		Measles	Mumps	Rubella	
HIB	*	*	*	(hibtiter*)		3 doses Pedvax 4 doses hibtiter
HBV	*	*	*			

* Required immunizations prior to entrance into preschool.
 ** If measles, mumps, rubella not given as MMR, give dates for each immunization.

**OTSEGO LOCAL SCHOOLS
CALENDAR 2011-2012 SCHOOL YEAR**

Adopted March 22, 2011

Actual Days of Instruction

FIRST SEMESTER

August 22	Staff Workday	
August 23	DISTRICT INSERVICE (No Classes)	
August 24	Opening Day of School for Students	
September 5	LABOR DAY (No School)	
September 22	Two hour delay for AM Inservice	
October 10	DISTRICT INSERVICE (No Classes)	
October 28	End of first nine weeks	48 days
November 10	CONFERENCES (No Classes)	
November 11	CONFERENCES (No Classes)	
November 23	DISTRICT INSERVICE (No Classes)	
November 24 & 25	THANKSGIVING VACATION (No School)	
December 21 – January 2, 2012	CHRISTMAS HOLIDAY (No School)	

January 16	MARTIN LUTHER KING DAY (No School)	
January 19	End of second nine weeks	<u>46 days</u>
January 20	Teacher Workday (No classes)	94 days

SECOND SEMESTER

January 25	Two hour delay for AM Inservice	
February 8	DISTRICT INSERVICE (No Classes)	
February 20	PRESIDENTS' DAY (No School)	
March 23	End of third nine weeks	44 days
April 6-15	Spring Break (includes Good Friday)	
May 28	MEMORIAL DAY (No School)	
May 31	End of fourth nine weeks	<u>42 days</u>
	Last day for students	
June 1	Teacher Workday (No School)	86 days

Graduation – May 27, 2012

Days of Instruction	180	includes 2 conf. days
Teachers' Inservice	1	Nov. 23; plus Aug. 23, Oct. 10 and Feb. 8 (waiver days) Sept. 22 and Jan. 25 two hour delays
Teachers' Workdays	3	Aug. 22, Jan. 20, June 1
TOTAL DAYS	<u>184</u>	

**** If the school system exceeds the calamity day limit, the make-up days will be added to the end of the school year beginning with Friday, June 1, 2012 as required by Am sub, H.B. 638.). The Jan. 20 workday will be rescheduled after the conclusion of the first semester exams if exams are delayed because of a district-wide calamity day.**

***** In the event of a three-hour delay the school day will be extended one hour. The junior/senior high day will end at 3:30 pm with a 4:30 pm dismissal for the elementary schools.**

The alternate location requested must be located along an existing (current year) bus route and will be granted on a space available basis only. Only requests for a minimum of five days will be considered.

Student Name _____ School _____ Grade _____

Home Address _____ Home Phone # _____

Parent/Guardian _____ Work Phone # _____

AM Pick up

Name _____ Phone # _____

Address _____

Midday Kindergarten Pick up/Drop off

Name _____ Phone # _____

Address _____

PM Drop off

Name _____ Phone # _____

Address _____

Requested beginning date _____

In case of emergency contact:

Name _____ Phone # _____

Requests must be turned into the Transportation Department by **June 15** to be included in the bus route for the next school year.

Request made during the school year must be at the Otsego Transportation Bus Garage **48** hours before the change is to occur. Students will be picked up and dropped off at their appointed bus stop until the transportation supervisor has given approval for the location listed above.

Parent/Guardian Signature

Date

My Preschool or Kindergarten child may be released at the bus stop to the following individuals in addition to the parents/guardians:

Name _____ Relationship _____ Name _____ Relationship _____

Name _____ Relationship _____ Name _____ Relationship _____

An adult must be present for the driver to release a preschool or kindergarten student from the bus.

-For Transportation Department use only-

Approved _____

AM Bus # _____ MS Shuttle # _____

Not Approved _____

PM Bus # _____ Kdg Bus # _____

Date Received _____

Transportation Supervisor Signature

Otsego Local Schools Transportation Department

New Student Registration/Change of Address

This form must be filled out and returned on the day of registration. If your child needs to be taken to an alternative location for childcare, you must fill out an Alternate Transportation Request form.

Student's Name _____ Grade _____

Street Address _____ P.O. Box _____

City _____ Home Phone _____

Nearest cross roads _____

Identifying features of your home (color, fences, etc.) _____

Date Transportation is to begin _____ Birthday _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Emergency Contact Name _____ Phone _____

Any medical conditions or instructs? Please explain _____

My Preschool or Kindergarten child may be released at the bus stop to the following individuals in addition to the parents/guardians:			
Name _____	Relationship _____	Name _____	Relationship _____
Name _____	Relationship _____	Name _____	Relationship _____
An adult must be present for the driver to release a preschool or kindergarten student from the bus.			

-For Transportation Department Use Only-

Date Received _____

AM Bus _____

PM Bus _____

Kdg. Midday Bus _____

Bus Stop Location _____ Pick Up Time _____