

DAMAR ENHANCEMENT PRESCHOOL

2014 - 2015

Damar Enhancement Preschool is a program
for 3 to 5-year-old children.

Sponsored by USD #269.

Services available for children with special needs.

Morning and afternoon sessions: Monday - Thursday

Classes begin Monday, August 25, 2014



For more information about enrollment, contact Damar Grade School
785-839-4265

ENROLL TODAY! Please complete this application and return to the
Damar Elementary School, PO Box 38, Damar, KS 67632 or call 785-839-
4265

Parent _____ Phone _____

Address _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Please mark preference ~ AM Class _____ PM Class _____

(We will try to honor your preference, but no guarantee.)

USD 269, Rooks County Kansas, does not discriminate on the basis of race, color, national origin, sex, age, disability, or handicap in admission or access to or treatment or employment in its programs and activities. If you have questions regarding the above, please contact the Title IX Coordinator of the Section 504 Coordinator: Mr. Larry Lysell, Superintendent of Schools, 402 3rd, Damar, KS 67632 (785-839-4265)

Damar Enhancement Preschool
2014 – 2015

CHECKLIST

_____ School Physical (First time students)

_____ Social Security Card

_____ Birth Certificate

_____ Immunization Record

_____ Sign up for classroom parties

_____ Set up bus transportation (if needed)

_____ Enrollment Forms

USD #269 – DAMAR ELEMENTARY SCHOOL PUPIL ENROLLMENT RECORD

Student's Name _____ Grade _____ Age _____
First, Middle & Last

Social Security # _____ Birthdate _____ Sex _____

FAMILY DATA

Father

Mother

| | | |
|---------------------|-------|-------|
| Name of Parent | _____ | _____ |
| Home Address | _____ | _____ |
| Mailing Address | _____ | _____ |
| Birthdate | _____ | _____ |
| Home Phone | _____ | _____ |
| Occupation | _____ | _____ |
| Place of Employment | _____ | _____ |
| Business Phone | _____ | _____ |
| Education | _____ | _____ |

FAMILY STATUS: (Choose One) Married Divorced Separated Single

ETHNICITY: (Choose One) Hispanic/Latino Not Hispanic/Latino

RACE: (Choose one or more, regardless of ethnicity) American Indian or Alaska Native Asian
 Native Hawaiian or Other Pacific Islander Black or African American White

Brothers

Birthdate

Sisters

Birthdate

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Previous School Attended (Name & Address)

Please turn page over for more . . .

Our Family Doctor is _____ Phone # _____

Our Family Denist is _____ Phone # _____

Our e-mail address is _____

Our cellular phone number is _____

In case of an emergency, give the names of two other persons to notify if the parents cannot be reached.

1. Name _____
Relationship _____
Phone # _____

2. Name _____
Relationship _____
Phone # _____

Does your child have any health problems or physical limitations that the school staff should be aware of?
If so, please explain:

Does your child have any allergies? _____ If yes, what are they? _____

Has your child had chicken pox, scarlet fever, roseola, meningitis, hepatitis, etc. or any other diseases we
should know about? IF so, which ones _____

Has your child had a physical exam this year? _____ Dental _____ Eyes _____ Hearing _____

If your family doctor is not from Plainville and you cannot be reached, may the school take your child to
the Plainville hospital or doctor's office for emergency treatment?

Yes _____ No _____

If your answer is NO to the above question, please explain how you want to provide emergency medical
care for your child.

Date _____ Parent/Guardian's Signature _____

**Preschool
Parent Information Form**

Child's Name _____ Birth Date _____

Address _____ PO Box _____

Mother's Name _____

Address _____

Father's Name _____

Address _____

Statistical Information

Education: Please check the parent's level of education

Mother:

Father:

- | | |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> GED | <input type="checkbox"/> GED |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> College Degree | <input type="checkbox"/> College Degree |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Please check one that applies to child's family:

- Single
 Married
 Foster Parent
 Relative
 Other _____

Were you or your spouse a teen parent (19 or younger)? Y N

Child's Primary Language: _____

Parent/Guardian Signature

Date

INTERNET PHOTO & NAME RELEASE

The web-development/advanced computers class is updating the school web pages. To enhance our web pages, we would like to include photos with names of our students participating in various school activities. In order to include photos with names on our web pages, we need a signed Internet Photo Release Form from each parent. Due to some potentially harmful affects of publishing pictures on the web, you may ask that your child's picture not be included on the district web pages.

INTERNET PHOTO/NAME RELEASE

Please check your following preference.

Include photo
without name

Include photo
with name

No photo on
page

Child's Name

Parent/Guardian Signature

Date

DISTRICT STUDENT INSURANCE

1. STUDENT INSURANCE

Covers all students PK – 12 during extra curricular events and during school hours. This policy covers up to \$25,000.00 per jury. If student has personal insurance coverage, your policy will be requested to pay first. Student Insurance will cover the remaining portion up to the maximum benefit if all forms are filed correctly.

Claim form must be filed with Student Insurance within 30 days following the injury.

2. REGULAR KSHSAA INSURANCE

Covers athletes and cheerleaders (Grades 7-12) medical and liability from \$10,000 during 52 weeks of the school year. This covers students while practicing, participating in, or traveling to and from activities under the jurisdiction of the KSHSAA.

Covers other 7-12 Grade students participating in sanctioned KSHSAA activities (debate, quiz bowl, FFA, forensics, etc.) Liability only – no medical coverage from \$10,000 to \$5,000,000 during 52 weeks of the school year.

\$35,000 accidental death benefit and \$35,000 dismemberment benefit on students in grades 7-12.

All Claims must be filled within 30 days from the date of injury.

3. OPTIONAL EXTENDED CATASTROPHIC INSURANCE

This coverage extends to all (K-12) students (non-KSHSAA) participating in school activities excluding gym class, field trips, and intramurals. Also certain classroom accidents (not involving classroom negligence) are covered from \$10,000 to \$2,000,000 in medical benefits.

All claims must be filed within 30 days from the date of injury.

I hereby state that I have read the forgoing statement regarding school insurance coverage.

Parent/Guardian's Signature

Date

AUTHORIZATION FOR RELEASE OF HEALTH CARE INFORMATION

School: _____

Grade _____

Name of Student: _____

Address: _____

Phone: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Relationship to Student: _____

Address (if different than above): _____

Phone (if different than above): _____

I hereby authorize _____ to release immunization information in his/her/their possession relating to the above-named Student to:

_____ County Health Department

_____ (Health Provider/Physician)

_____ (USD _____ / School Official)

Kansas Immunization Registry (Immunization information disclosed to the registry will be used for purposes of assessment and reporting to prevent disease.)

I affirm that I am authorized to consent to release of medical information on behalf of the Student. I understand that this authorization will expire when the Student is no longer enrolled in the above-named school and that I may revoke this authorization in writing at any time.

Parent / Guardian Signature: _____ Date: _____

**AUTHORIZATION FOR MEDICATION /PROCEDURES
TO BE ADMINISTERED AT SCHOOL & FIELD TRIPS
Parent/Legal Guardian to Complete**

Name of Student _____ Date of Birth _____
School _____ Grade _____ Teacher _____

I grant permission for the school nurse or a delegated staff to administer medication/treatment to my child at school as indicated by my child's physician accordingly below. I understand that I must provide any prescribed medication in its original labeled container.

I give permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment in question and other pertinent issues related to student's diagnosis, condition or treatment when deemed necessary by the school health professional.

I hereby give my permission for _____ to take the listed prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee or contract health provider who administers any drug to my student in accordance with written instructions from physician or dentist, or over the counter medication provided by parent/legal guardian, shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of the administering such drug. All medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of medication, the dosage and number of days to be administered at school. All over the counter medication is to be brought to school in the original container ex. (Tylenol, cough drops, ibuprophen).

Parent/Legal Guardian Signature Parent/Legal Guardian (Print name) Today's Date

Physician to Complete

Current Diagnosis (es): _____

Physician Medication and/or Treatment orders: (please specify)

| Medication/Treatment | Dosage | Time/Frequency |
|----------------------|--------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Special Instructions: _____

Length of time administration required in school _____

Physician Signature Physician (Printed name) Today's Date

Physician Phone Number

2014 – 2015 SCHOOL SUPPLIES FOR DAMAR ELEMENTARY SCHOOL

Please mark all supplies with the student's name.

PRESCHOOL

- 1 -full size Backpack (NO ROLLERS PLEASE)
- 6-Elmer's Glue Sticks
- 1-Box Crayons (12 or more Colors)
- 1-Pkg Washable markers
- 1-Plastic container to hold crayons
- 1-Paint Shirt
- 1-Large box of Kleenex
- 1-Pair of Scissors (Bound Tip Fiskars or Crayola)
- 1-4-pack of Playdough -- Large
- 1-Toothbrush & Toothpaste (Month of February)
- 2-pkg Antibacterial Wipes
- 1-regular bottle of Elmer's Glue (washable)
- 1-Roll Paper Towels
- 1-Set of child's clothes including underpants & socks put in Lg. Ziplock Bag
(Please Mark Clothes)

KINDERGARTEN

- 1-pkg dry erase markers (4)
- 12-Glue Sticks
- 6-#2Pencils
- 1-box 8 Crayons
- 1-large Eraser
- 1-box primary wide Crayola markers
- 3-large boxes of Kleenex
- 1-pair of scissors
- 2-pkg of Handi -Wipes (100 count)
- 1-Backpack (NO ROLLERS PLEASE)
- 1-Pkg White Copier Paper
- 1-Beach Towel
- 1-pkg 100 blank 3x5 index cards
- 1-Box of Graham Crackers

FIRST GRADE

- 1-School Box or Zipper Gag (For Small Items)
- 1-container of Handi-wipes(100ct)
- 1-Pkg. 100 ct blank 3 x 5 index cards
- 1-Backpack (NO ROLLERS, PLEASE)
- 2-Box of 24 regular size crayons
- 1-Regular size bottle of Elmer's Glue
- 2-Large soft Erasers
- 2-Large boxes of Kleenex
- 3-Pkg of #2 Pencils (No Eversharp's)
- 1-Pair of Scissors—Fiskars
- 1-Paint Apron (No Shirt)
- 1-Pair of GYM Shoes
- 3-Plastic Folders w/pockets
- 1-Box of Crayola Markers wide point/classic color
- 4-Large Glue Sticks (Non-Liquid)
- 1-Pkg dry erase markers(4)

SECOND GRADE

- 1-School supply zipper pouch
- 1-Clipboard
- 1-Large pkg. of #2 yellow pencils (No eversharp's)
- 1-Bottle Elmer's Glue
- 4-Large Glue Stick
- 2-Large Soft Erasers
- 1-Box of 24 regular size Crayons
- 1-Paint Apron (No Shirt)
- 1-Mead Composition Notebook (wide ruled,
Black & //White Cover, Pages sewn together)
- 1-Pair of Gym Shoes
- 5-Folders with 2 pockets
- 2-Large boxes of Kleenex
- 1-Box of Crayola Markers wide point/classic color
- 1-Pkg dry erase markers(4)
- 1-Backpack (NO ROLLERS PLEASE)

THIRD GRADE

- 1-Backpack (NO ROLERS, PLEASE)
- 1-Box of Regular size Crayons(24)
- 1-pair of Scissors-Fiskars
- 1-Clipboard
- 1-Pkg of Post-it Notepads
- 1-Box Dry Erase Markers
- 1-Pkg of Notebook Paper-wide-lined
(NO HARD BACK NOTEBOOKS)
- 1-Pkg of regular sized Pencils (No Eversharp's)
- 1-Large bottle of Elmer's Glue
- 1-Red Ink Pen
- 1-Pair of Gym Shoes
- 3-Pocket Folders
- 1-Box of Colored Pencils (8)
- 3-Large boxes of Kleenex
- 1-Box of Crayola Markers-wide/classic colors (8)

FOURTH GRADE

- 5-#2 Pencils (No Eversharp's)
- 1-Large Eraser
- 3-Large boxes of Kleenex
- 1-Red Ink Ball-Point Pen
- 1-Small bottle of Elmer's Glue
- 1-Pkg Dry Erase Markers (4 ct)
- 2-Pkg of wide-lined Notebook Paper
- 1-Post-it-Notepad-Small
- 1-1/16 standard/metric ruler
- 1-Pair of Gym Shoes
- 1-1 in 3-ring binder for Science
- 1-Small box of crayons
- 1-Pair of Scissors 6-in
- 1- Inexpensive calculator
- 1-Box of colored pencils (16)
- 4-Pocket folders (No Trapper Keepers)
- 1-Mead Composition Notebook (wide ruled,
Black & White Cover, pages sewn together)
- 1-Backpack (NO ROLLERS, PLEASE)

FIFTH GRADE

- 1-pkg of Dry Erase Markers (4)
- 2-pkgs. of Wide-Lined Notebook Paper
- 5-#2Pencils
- 1-Blue Ink Pen
- 3- Large Boxes of Kleenex
- 1-Large Eraser
- 1-Post-It-Notepad
- 3-Poclet Folders
- 1- 1/16 standard/metric ruler
- 1-Box of Colored Pencils (8)
- 1-small bottle Elmer's Glue
2-Elmer's Glue Stick
- 1-Pair of Scissors 6-in blade
- 1-Pair of Gym Shoes
- 1-Pkg antibacterial Wipes
- 1-Backpack (No Rollers Please)