

2022-2023
Fair Garden Early Learning Center
Enrollment Packet

Child's Name: _____ Date of Birth: ____/____/____ Age: ____
Month Day Year

Guardian Name: _____ Phone: _____



Documentation to be Provided

- _____ Birth Certificate (must be certified copy)
- _____ Proof of Residence (utility bill, deed, lease agreement, notarized statement) Attach to Pink Form
- _____ Tennessee Immunization Certificate
- _____ Proof of Physical
- _____ Custody Papers (If applicable)
- _____ Proof of Income (W2 Form, Pay Stub, Tax Return, Gov't Assistance Letter)



To Be Filled Out and Returned

- _____ New Student Enrollment Form
- _____ Proof of Residence (Pink Form)
- _____ Medical Profile
- _____ Emergency Medical Release
- _____ Personal Data Questionnaire
- _____ Student Media Release Form
- _____ Access to Electronic Media
- _____ Digital Learning and Citizenship
- _____ Parent Compact Form
- _____ Voluntary Pre-K Information Packet
- _____ Home Language Survey
- _____ Migrant Occupational Survey
- _____ Shades of Development Interest Form
- _____ Talking About Touching: A Personal Safety Curriculum

For Office Use Only:

Date Received: _____

Time: _____

Packet Complete: Y N

Date Packet Complete: _____

Zoned School: _____

PK3 _____ PK4 _____

Room: _____



Knox County Schools

expect more
achieve more

Targets for Kindergarten Entry

A five-year-old with these skills is **READY** to succeed at school.

Letters and Sounds:

- Enjoys being read to and can retell a story
- Recognizes letters (upper and lower case) and some letter sounds
- Repeats the first sound in a word
- Speaks in complete sentences
- Prints his or her first name

Math:

- Counts in order from 1-20
- Recognizes numbers and quantities to 5
- Names and sorts items by color, shape and size
- Understands concepts such as more, less, same, above, below, big, small

Social:

- Settles in to new groups or situations
- Can concentrate on a task for 5 minutes
- Follows simple directions
- Shows kindness and concern for others

***Reading together every day
helps your child
master these skills.***

Fair Garden Early Learning Center

Preparing for Pre-K

We want your child to have the best first school experience they can. Helping your child come prepared will allow them to relax and enjoy their time at school.

Here are some tips to help with this new adventure:

- **Potty-Train Now** – We expect our three and four-year-old to be potty-trained, so start now if your child is not quite there. Make it fun (use cheerios in the toilet), be consistent (make a schedule), be patient, and offer an incentive (one on one time with parent, sticker chart to show progress towards reward, time on an iPad, etc.)
- **Practice dressing and undressing** using many different types of clothing.

Ex. T-shirts, shorts, pants, shoes, socks, clothes with buttons, snaps, belts, and zippers.

- **Practice recognizing letters in their name** – color and write letters when they find them in a magazine, book, or on a sign.
- **Read! Read! Read!** – Please take time to read to your child every day. This will help your child gain more knowledge, have more quiet time with you, and help them learn to sit for longer periods of time.
- **Develop a consistent bedtime routine** – Sleep is a vital need, essential to a child's health and growth. Sleep promotes alertness, memory, and performance. Children who get enough sleep are more likely to function better and are less prone to behavioral problems and moodiness. A bedtime routine makes it easier for your child to relax, fall asleep, and stay asleep through the night. Make bedtime the same time every night!
- **Children ages 3-5 need 11-13 hours of sleep a night**



KNOX COUNTY SCHOOLS
NEW STUDENT ENROLLMENT

FOR OFFICE USE ONLY	
Student ID	_____
Homeroom	_____
School	_____
Bus Number	_____

Enrollment Date: _____ Grade _____

Student Name: _____
Last Name First Name Middle Name

Student PIN Number: _____

Date of Birth: _____

Birthplace / City: _____

Birth County: _____

Birth State: _____

Birth Country: _____

Mother's Maiden Name: _____

Gender: ☐ Female ☐ Male

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: (check all that apply)

☐ Asian

☐ Black

☐ American Indian

☐ Pacific Islander

☐ White

Military Dependent: ☐ Reserve ☐ National Guard
(if applicable) ☐ Active Military

Related Students attending any Knox County Schools (in same household) -- Please include Last Name, First Name, and Birthdate

_____	_____
_____	_____

Please list all legal guardians individually. If the student has more than two guardians, please use the additional space provided at the end of the form for the other contacts.

Main Contact: _____

Relationship: _____

Address: _____

*Primary Phone #: _____

Emergency #: _____

Employer: _____

Work #: _____

Other #: _____

*Cell: _____

Primary E-mail: _____

Alternate E-mail: _____

Contact: _____

Relationship: _____

Address: _____

*Primary Phone #: _____

Emergency #: _____

Employer: _____

Work #: _____

Other #: _____

*Cell: _____

Primary E-mail: _____

Alternate E-mail: _____

**This is the telephone number that receives automated telephone calls.*

Notes (Individuals other than parent/guardian who may pick up the child.)

Name _____ Phone Numbers _____

Name _____ Phone Numbers _____

Name _____ Phone Numbers _____

Name _____ Phone Numbers _____

KNOX COUNTY SCHOOLS

PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

School student(s) zoned to attend _____

Parent / Guardian Name _____ Phone _____

Current Address _____ Zip _____

Former Address _____ Zip _____

In order to verify residency within the attendance zone of the requested school, **one current document** as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

☐ Deed/Lease/Rental Agreement

☐ Utility Bill

☐ Notarized Statement

If proof of residence is provided by a notarized statement from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner _____ Phone _____

Address of Renter/Owner _____

WARNING: *Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.*

I, _____ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school within two weeks.

Signature of Parent / Guardian _____ Date _____

School Official's Signature _____ Date _____

KNOX COUNTY SCHOOLS
Student Medical Profile

This information will be used by the school nurse to provide care for your child.

Date: _____

Student's Name: _____
(Last) (First) (Middle)

Grade: _____ Homeroom: _____

Did the Student require medical care/hospitalization at birth or at any other time? ____ Yes ____ No. If yes, please explain: _____

Does the student require a daily medical procedure performed by a school nurse? If so explain: _____

What medications, if any, does the student take? _____

Does the student seem to have vision, hearing or speech problems? ____ Yes ____ No. If yes, please explain: _____

The student has a history of (Check any that apply): C= Current P= Past

C P	C P	C P	C P
<input type="checkbox"/> <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> <input type="checkbox"/> Shunts/hydrocephalus
<input type="checkbox"/> Amputation(s)	<input type="checkbox"/> <input type="checkbox"/> Celiac disease	<input type="checkbox"/> <input type="checkbox"/> "G" / "J" feeding tubes	<input type="checkbox"/> <input type="checkbox"/> Skin problems
<input type="checkbox"/> <input type="checkbox"/> Asthma/reactive airway disease	<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> <input type="checkbox"/> Heart defects	<input type="checkbox"/> <input type="checkbox"/> Stomach problems
____ Requires inhaler (Please provide school)	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> <input type="checkbox"/> Swallowing problems
<input type="checkbox"/> <input type="checkbox"/> Allergies:	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> <input type="checkbox"/> Migraine headache	<input type="checkbox"/> <input type="checkbox"/> Tracheotomy
____ Bee stings	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular dystrophy	<input type="checkbox"/> <input type="checkbox"/> Traumatic Brain Syndrome
____ Food: _____		<input type="checkbox"/> Spina bifida	<input type="checkbox"/> <input type="checkbox"/> Traumatic spinal injury
____ Latex		<input type="checkbox"/> <input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> <input type="checkbox"/> Urinary problems
____ Requires Epi-pen (please provide school)		<input type="checkbox"/> <input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> <input type="checkbox"/> Other: _____
		<input type="checkbox"/> <input type="checkbox"/> Seizure disorder	

If any are checked above, please explain: _____

It is important for teachers and principals to have your child's special medical information so that any emergency can be handled appropriately. Summarize any special medical conditions: _____

Does your child require any special dietary accommodations? ____ If you answered yes and you want your child to eat at school please obtain and have your child's doctor fill out the dietary accommodations form.

Form completed by: _____ Date: _____

Relationship to the student _____

KNOX COUNTY SCHOOLS

MEDICAL RELEASE

This form is used to record parental permission for medical and surgical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

Print Student's Name

hereby grant to the Knox County Board of Education, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Knox County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STATE OF TENNESSEE, COUNTY OF _____

SUBSCRIBED and sworn to before me, a Notary Public, this _____ day of _____, 20 _____.

My commission expires _____

Notary

Medical Insurance Company _____ Policy # _____

☐ If not covered by medical insurance, please check box.

Student's Address _____ Phone _____

Date of Birth _____

Father _____ Home Phone _____

Business _____ Business Phone _____

Mother _____ Home Phone _____

Business _____ Business Phone _____

Family Physician's Name _____ Phone _____

Address _____ City _____ ST _____

Allergies or Special Conditions _____

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

☐ Copy to the office Date _____

☐ Original is retained by teacher and taken on the field trip.

KNOX COUNTY SCHOOLS
PERSONAL DATA QUESTIONNAIRE

Dear Parents:

Children spend only a small portion of their time each day at school, the rest of the time is spent at home with Mother, Father, brothers, sisters and friends. Knowing what a child is like at home, and knowing what a child's home is like is important to teachers if they are to understand and teach your child as an individual. Help us to work with your child in the best possible way, take the time to carefully think about and answer the questions on this form.

1. Child's full name _____ Sex _____
First Middle Last

The name by which your child wants to be called _____

2. Place of birth: City _____ County _____ State _____

Birthdate _____ Birth Certificate Number _____
Month Day Year

3. Home and Family: Address _____

How long have you and your child lived at the present address? _____

Does your child have a room of his own? _____ Shares room with _____

4. Father's name _____ Birth Date _____
First Middle Last Month Day Year

Present occupation: (Please be specific - if a salesman, salesman of what, for who)

What type of activities does the father and child do together? _____

5. Mother's name _____ Birth Date _____
First Middle Last Month Day Year

Present occupation: _____

What type of activities does the mother and child do together? _____

Child lives with: Both parents Mother Father Other (Circle)

6. Please list names and birthdates of other children in the family (list in order of birth, from oldest to youngest.)
(Put a check mark if not living with the family.)

Name	Sex	Birthdate	At what school, in what grade?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Grade Level _____

Student ID _____

Knox County Schools Student Media Release Form

I, as the parent/guardian of _____, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.

Name of child's school:

Parent/legal guardian:

(print)

(signature)

Date: _____

KNOX COUNTY SCHOOLS

ACCESS TO ELECTRONIC MEDIA

The Knox County Schools uses various forms of electronic media for instructional purposes and makes electronic media accessible to students to assist them in their academic pursuits. To govern the use of these important instructional assets students and staff are expected to adhere to the Knox County Schools' Guidelines for Acceptable Use of Electronic Media.

I have read the terms of Knox County Schools' Guidelines for Acceptable Use of Electronic Media. I understand that this access is designed for educational purposes.

As the parent or guardian of the below identified student, I hereby **WITHHOLD PERMISSION** to access electronic media except for directly supervised educational and assessment activities.

Student Name (please print) _____

Parent/Guardian Signature _____

Date _____

Fair Garden Early Learning Center

400 Fern Street

Knoxville, Tennessee 37914

Phone: (865) 594-1320 Fax (865) 594-1155

Tara Spikes, Principal



Digital Learning and Citizenship

STUDENT INTERNET SAFETY (from Policy I-222)

Students will receive instruction in the safe and responsible use of the Internet as a part of any instruction using devices that provide access to the Internet. Internet Safety instruction for students will include but not be limited to appropriate online behavior, interaction with others while using social networking websites or chat rooms, and awareness of the impact and consequences of cyberbullying. Students must abide by all laws, the Acceptable Use Policy, and all district security policies when using the district network.

At Fair Garden, as a parent, I received information on ClassDojo about digital family resources and digital citizenship. I was provided with sites to help make me digitally aware (Kids Safe Browsers and Sites, Common Sense Media, Family Online Safety Institute, and Tips & Resources). I have read the information that was provided to me. My child was provided with age-appropriate information about technology and internet safety by his or her classroom teacher at Fair Garden, before using technology at school.

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____

Teacher's Name: _____

Date: _____



Mission Statement: Serve Children

Empower Parents

Strengthen Families

Support Communities

Fair Garden Preschool Parent Compact 2022-2023

What is a School-Parent Compact?

A school-parent compact is a written commitment that outlines how the entire school community – teachers, families, and students will share the responsibility for improved academic achievement.

Our Fair Garden School-Parent:

- We will provide high-quality instruction by using the curriculum the district has provided with fidelity and differentiating instruction to meet the needs of each of our Fair Garden students.
- We will participate in professional development to promote continuous professional growth and reflect on our own individual classroom practices regularly.
- We will provide a culturally responsive and positive school culture, by the implementation of PBIS and culturally responsive strategies in our classrooms.
- We will hold parent conferences school-wide in the fall, spring, and upon a parent's request or need observed by staff
- You will receive performance level reports for your child at the end of each nine weeks. These reports will include performance levels in the following areas:

Alphabet Knowledge, Sounds, Math, Number Readiness, and Work Habits, and Behavior

We want each of you to take an active engaged role in your child's education by reading information that's shared, reaching out to your child's teacher, and reinforcing learning at home.

Parent/Guardian Signature

Date



2022 US Health and Human Services Poverty Guidelines

*Annual income levels reflect **185%** of the 2021 US Health and Human Services Poverty Guidelines

Size	*Annual Income	Monthly	Month	Every two weeks	Weekly
1	\$23,828.00	\$1,985.67	\$992.83	\$916.46	\$458.23
2	\$32,227.00	\$2,685.58	\$1,342.79	\$1,239.50	\$619.75
3	\$40,626.00	\$3,385.50	\$1,692.75	\$1,562.54	\$781.27
4	\$49,025.00	\$4,085.42	\$2,042.71	\$1,885.58	\$942.79
5	\$57,424.00	\$4,785.33	\$2,392.67	\$2,208.62	\$1,104.31
6	\$65,823.00	\$5,485.25	\$2,742.63	\$2,531.65	\$1,265.83
7	\$74,222.00	\$6,185.17	\$3,092.58	\$2,854.69	\$1,427.35
8	\$82,621.00	\$6,885.08	\$3,442.54	\$3,177.73	\$1,588.87
For each additional person, add:					
	\$8,339.00	\$694.92	\$347.46	\$320.73	\$160.37

This chart is to be used when reviewing the Pre-K Income Eligibility application to determine if family meets income qualifications for “economically disadvantaged”. Families making at or below the annual income amount, based on household size, meet the income eligibility criteria for participation in the Voluntary Pre-k program for the 2021-2022 school year. Verification must include total income of all household family members as indicated on Pre-K Income Eligibility Application.

THIS CHART MAY NOT BE USED FOR ELIGIBILITY FOR FREE or REDUCED PRICED LUNCH PROGRAM.

Meeting Income eligibility requirements does not guarantee acceptance into the VPK program due to limited space and the possibility of more students applying than seats available.

Revised

FREQUENTLY ASKED QUESTIONS

SCHOOL HOURS:

5.5 hours each day
Start time varies by school
Monday-Friday
KCS Calendar

TRANSPORTATION:

Transportation is NOT provided

EXTENDED DAY:

After school care is NOT provided

ELIGIBILITY/APPLICATIONS:

Enrollment is limited and open to residents of Knox County. Financial eligibility guidelines are established by the Tennessee Department of Education. Applications may be obtained at knoxschools.org/prek, at all KCS elementary schools, or mailed by request.

For information, please call
865.594.1529.

A DAY AT-A-GLANCE IN PRE-K

Each Pre-K class has 20 students and is staffed by a certified early childhood teacher and a paraprofessional. The class is guided by a state approved curriculum to address the child's needs, interests, and learning styles. The classrooms are highly organized into activity centers to maximize learning and meet the individual instructional needs.

Although schedules may vary in each classroom, a daily routine helps the children develop a sense of security and independence. Teachers provide opportunities for students to:

learn, think, cooperate, problem solve, listen to stories, use puppets, interact with music and movement, participate in outdoor play, and eat nutritious meals.

Schedules are structured to maximize the instructional time providing developmentally appropriate practices through individual, small group and whole group activities.

The prekindergarten curriculum is geared towards developmentally appropriate instruction for all children. The students are provided a rich learning environment, which strengthens academic and social skills. Early literacy, math and basic school readiness are built into all aspects of the Pre-K experience.

The Voluntary Pre-K year is a valuable time for students to learn how to express themselves, make meaningful decisions, and get along with others. Excellent attendance is expected in order for our preschool experience to benefit children's social and cognitive development and prepare our youngest learners for a successful school experience.

KCS | KNOX COUNTY SCHOOLS

Voluntary Pre-K | P. 865.594.1529 | F. 865.594.9579 | knoxschools.org/prek
Dr. Beth Lackey, beth.lackey@knoxschools.org | Teresa Parsons, teresa.parsons@knoxschools.org

Today's Date _____

TN Care Yes No SNAP Yes No

Knox County Schools Voluntary Pre-K Application 2022-2023

Child's Name _____ Goes by _____

Birth Date _____ Gender: Male _____ Female _____

Home Address _____
Street Address and Apt. # _____
City/State/Zip Code _____

Phone Numbers: _____
Home _____ Cell _____ Work _____

Parent's Name _____

Email Address: _____

Person completing this form: Mother ____ Father ____ Step-Mother ____ Step-Father ____
Adoptive Parent ____ Foster Parent ____ Other (specify) _____

What is the first language your child learned to speak? _____

What language does your child speak most often outside of school? _____

What language is spoken most often when at home? _____

Preferred Pre-K Location:

#1 _____ #2 _____ #3 _____

**** PLEASE REMEMBER TRANSPORTATION IS NOT PROVIDED****

Please circle all of the following items that relate to your child:

Child in state custody History of abuse/neglect

Attends or has attended Head Start

History in Family of Depression/Mental Illness Homeless Prenatal drug/alcohol exposure

Military Parent KIA/MIA/POW Premature baby

History in Family of Substance Abuse Parent incarcerated

Child in custody of other than parent Single parent

Teen Parent Death of parent/sibling

Parent is student Child has disability/ IEP

Military Parent Deployed *Parent as Teachers* Program Participant Military Parent Lives in

Title 1 zone

No regular group experience (*Less than 4 hours a day - 2 times per week*)

Other at-risk factors:

_____ Does your child
receive books from the Imagination Library? Yes _____ No _____

Printed name of person filling out form: _____

Please fax to (865-594-9579) or mail complete application to: **Knox County School / Voluntary Pre-K**

P.O. Box 2188

Knoxville, TN 37901

Application taken by: _____ Date: _____



For Office Use Only

Please Circle One

Income Eligible: Yes / No

If yes, and enrolled, student should be classified as (L) in student information system

2022-2023

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program.
this application is not a guarantee of acceptance into the VPK program.

Submission of

Name of Student:	_____	Date of Application:	_____
SSN of Student:	_____	Date of Birth of Student:	_____
Name of Applicant:	_____	Relationship to Student:	_____
Mailing Address:	_____		
City:	_____	State:	_____
Zip Code:	_____		
Home Phone #:	() _____	Work Phone #:	() _____
Cell Phone #:	() _____		

Part A - Family Information

Please list information for all other household members

Section 1

Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.			
2.			
3.			
4.			
5.			

Section 2

Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.	
2.	
3.	
4.	
5.	

Total # of household members: _____

Part B - Program Participation

Please check (✓) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(✓)		(✓)		(✓)		(✓)		Case #
	Early Head Start		Foster Care		Migrant		Families First (TANF)	
	Head Start		Homeless		Food Stamps / EBT			

*If submitting proof of qualifying for any of the above programs, you do **NOT** need to complete Part C.



KNOX COUNTY SCHOOLS

Home Language Survey

The Tennessee Department of Education requires *all* schools to identify the language of *every* student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only **ONE TIME** at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

Student Information

First Name	Middle Name	Last Name	M <input type="checkbox"/>	F <input type="checkbox"/>
		Gender		
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (grades K-12)		
Date first entered the United States	THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS. This information gives us insight into the knowledge and skills your child is bringing to our schools. This information may enable the district to receive additional federal funding to provide support for your child			

School Information

Enrollment Date in New School	Name of Former School and Town	Last Grade attended
-------------------------------	--------------------------------	---------------------

Questions for Parents/Guardians

1. What is the first language this child learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/>
2. What language does this child speak most often outside of school?	If yes, what year did this student 1 st qualify for ELL? Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language?
3. What language do people usually speak in this child's home?	
Parent/Guardian Signature: X	Today's Date: (mm/dd/yyyy)

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.

Tennessee Parent Occupational Survey



Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. **The information provided below will be kept confidential.**

Today's Date _____

Parent/Guardian First & Last Name _____

Student First Name _____

Student Last Name _____






School Name _____

Student Grade _____

1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.

____ NO

____ YES. Check all that apply:

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation  <input type="checkbox"/>	Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.  <input type="checkbox"/>	Dairy/Cattle Raising: feeding, milking, rounding up.  <input type="checkbox"/>
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting  <input type="checkbox"/>	Forestry: soil preparation, planting, cutting trees; does not include landscaping.  <input type="checkbox"/>	Other: Any other agriculture or fishing work, please list here: _____ _____

2. In the past 3 years, has your family moved to another state, city, school district, and/or county?

____ NO

____ YES. My family has moved within the past 3 years. Indicate how long ago below.

_____ Years

_____ Months

_____ Weeks

If you answered "Yes" to question 1, please complete the information below.

A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address _____

Apt # _____

City _____

Zip Code _____

Telephone Number _____

Language _____

Email Address _____

Best Day of Week and Time to Call _____

For School Use Only: Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: ldr@tn-mep.net

Student State ID: _____

Enrollment Date: _____

District ID: _____

Student: _____

Teacher: _____

SHADES Interest Form

____ No, I am not interested in an after-school extended preschool program at this time.

____ Yes, I am interested in applying for an after-school extended preschool program for the 2022-2023 school year. I understand it is a separate application process from the Preschool enrollment, and there is a weekly fee associated with the extended child care program.

If you are interested in SHADES, complete the section below:

Date Received: _____

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Contact Phone Number (s): _____

Contact Email Address: _____

***Please make sure your contact information is up date. You will be contacted in to either fill out paperwork, or be on the waiting list.**

***Note: SHADES of Development accept Families First Vouchers/Certificates**

Fair Garden Early Learning Center



Dear Fair Garden Family;

Fair Garden Preschool uses the *Talking About Touching: A Personal Safety Curriculum* to teach children skills that will help them keep safe from dangerous or abusive situations. Children also learn how to ask for help when they need it. We reinforce that children need to always check with their parents or the adults that watch them when they are uncertain about whether something is safe. Children also learn that they have the ability to say whether something is comfortable for them or not and to say "no" if it does not feel right.

Please sign below whether you DO or DO NOT want your child to participate in the touching safety lessons .

If you have any questions, please give me a call or ask your child's teacher to show you the cards that we use. It is a very balanced curriculum that simply teaches children to be assertive and establish boundaries so that others don't take advantage of them.

Sincerely,

Deanna Gnage, LMSW
Fair Garden Social Worker/Counselor

I DO or DO NOT wish for my child (please circle one)
_____, to participate in the *Talking About Touching*
curriculum.

Parent/Guardian Signature: _____

Date: _____

Phone number: _____

Fair Garden Early Learning Center

400 Fern Street

Knoxville, Tennessee 37914

Phone: (865) 594-1320 Fax (865) 594-1155

Tara Howell-Spikes, Principal



Fair Garden Parent Handbook and Important Documentation Confirmation

Date: _____

Please sign and return this paper to Fair Garden. I have read the Fair Garden Handbook and the below important documents. I have signed and returned the following important items to Fair Garden, as per the requirement by the Office Of Early Learning and Literacy Office Of School- Based Support Services.

1. _____ Fair Garden's Policies and Procedures (Parent Handbook)
2. _____ Abuse Information (Parent Handbook)
3. _____ Personal Safety Curriculum
4. _____ Department Of Education Summary (Parent Handbook)
5. _____ Medical Release Form

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____

Classroom Teacher: _____

Please return this page to Fair Garden to your child's teacher to be filed in your child's cumulative record for the state. Thank you. ☺