

2020-2021
Fair Garden Early Learning Center
Enrollment Packet

Child's Name: _____

Date of Birth: _____
Month Day Year



Documentation to be Provided:

- _____ Birth Certificate (must be a 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
- _____ Parent Compact Form
- _____ Voluntary Pre-K Information Packet
- _____ Home Language Survey
- _____ Migrant Occupational Survey
- _____ Shades of Development Interest Form

For Office Use Only:

Date Received: _____

Time: _____

Packet Complete: **Y** **N**

Date Packet Completed: _____

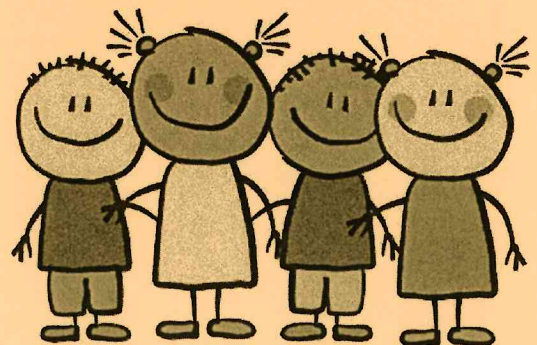
Zoned School: _____

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 olds 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 bed time 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.



Fair Garden Preschool Parent Compact 2019-2020

The following compact outlines how Fair Garden Preschool, our parents, and our students will share responsibility for improving student academic achievement and the means by which the school and our parents will build and develop a partnership to promote student achievement in line with the State's high standards. Fair Garden Preschool and parents of students participating in activities, services and programs funded by Title I, agree to the following provisions of this compact:

FG School Responsibilities

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's Early Learning Developmental standards as follows:

- An instructional coach to support with research based best practices and strategies
- A high quality of developmentally appropriate technology to support student's understanding of basic computer and Kindergarten readiness skills. Outsource after school care to reinforce readiness skills for 4 year olds.

2. Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement. Specifically, those conferences will be held:

- Required Parent Orientation Nights (Monday and Tuesday before school starts)
- FG Parent Teacher Conferences (October)
- FG Parent/Teacher Conferences (March)
- Parent/Teacher Conferences (As needed and at parent request.)

3. Provide parents with frequent reports on their children's progress. Specifically, the school will provide reports as follows:

- School Messenger phone calls
- School Messenger texts
- Progress monitoring information
- Emails to parents
- Text messaging communication (Remind app)
- School website
- Social Media
- Daily Home/School Folders to be signed and returned by parents

4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:

- Email
- Parent/teacher conferences at parent request
- School Support Teams at parent or school request
- Phone calls/messages in office returned within 24 hrs
- Teacher phone calls to update/inform parents (positive calls)

5. Provide parents opportunities to volunteer, participate in, or observe their child's class or activities by communicating with the administrator to facilitate the process.

- Sign up for Fair Garden PEP (Parents Empowering Parents) Group
- Special Event and Classroom Volunteers
- Field trip volunteer opportunities

Parent Responsibilities

We, as parents, will support our children's learning in the following ways:

- Attending the mandatory Parent Orientation in its entirety
- Making sure they attend school daily and on time, if they are not sick
- Establish night time and morning routines to ensure our children are well rested and prepared for learning
- For excused absences, we must turn in dr. notes or excuse notes within 5 days of the child's absence
- Monitoring and limiting early check-outs
- I will keep my contact information (phone numbers, addresses, contacts) updated at all times
- Making sure that folders from their teachers are checked and signed daily
- Monitoring after-school activities to prevent interference with school performance
- Promoting positive use of my child's extracurricular time
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate and participating as appropriate in decisions relating to my child's education
- Volunteering as possible to participate in school-wide events such as Family Engagement Nights, student incentive programs, and recognition assemblies
- Serving, to the extent possible, on policy advisory groups, such as being the Title I School-wide School meeting parent representative, the Title I Policy Advisory Committee, and/or the District wide Policy Advisory Council.

Student Responsibilities

We, as students, will be actively engaged in learning and grow in our abilities to be responsible students and ready to learn. Specifically, we will:

- Help my parents/guardians with my night and morning routines.
- Attend school every day, if not sick
- Come to school ready to learn
- Listen and follow directions
- Follow school and classroom expectations
- Treat others in a respectful and helpful way
- Give my parent/guardian school information from my backpack

Parent(s)

Student's Name

Teacher

Date

KNOX COUNTY SCHOOLS

2020/2021 STUDENT ENROLLMENT FORM

| FOR OFFICE USE ONLY | |
|---------------------|--|
| Student ID | |
| Homeroom | |
| School | |
| Bus Number | |

Enrollment Date: _____ Grade _____

Student Name: _____
Last Name First Name Middle Name

Social Security (optional) OR
 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 _____ |

Student Name: _____
Last Name First Name Middle Name

Alerts (non-medical special instructions) _____

School History

Pre-schools attended (if kindergarten student): _____

Last school attended: _____

Address: _____

Other schools attended: _____

Is this student currently under suspension / expulsion from another school? ☐ Yes ☐ No

Has this student previously received Special Education services? ☐ Yes ☐ No

Has this student previously received services under Section 504? ☐ Yes ☐ No

Is this student currently receiving Special Education services? ☐ Yes ☐ No

Is this student currently receiving services under Section 504? ☐ Yes ☐ No

If YES, list program(s): _____

Does the student stay in any of the following places at night? Check any that apply:

☐ home/apartment owned or rented by the parent(s)/guardian(s)

☐ in a shelter

☐ in a motel / hotel

☐ in a car

☐ at a campsite

☐ in another location that is not appropriate for people (e.g., an abandoned building, no electricity or running water)

☐ temporarily with more than one family in a house, mobile home or apartment (because the family does not have a place of its own)

☐ other (in an arrangement that is not fixed, regular and adequate and is not described by the other choices)

Form completed by _____ Date _____

Relationship to the student _____

List additional contacts on the following page.

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 _____

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):

| | | | |
|---|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Shunts/hydrocephalus |
| <input type="checkbox"/> Amputation(s) | <input type="checkbox"/> Celiac disease | <input type="checkbox"/> "G" / "J" feeding tubes | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Asthma/reactive | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Heart defects | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> airway disease | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Swallowing problems |
| <input type="checkbox"/> Requires inhaler | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Migraine headache | <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> Allergies: | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Traumatic Brain Syndrome |
| <input type="checkbox"/> Bee stings | | <input type="checkbox"/> Spina bifida | <input type="checkbox"/> Traumatic spinal injury |
| <input type="checkbox"/> Food: _____ | | <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> Urinary problems |
| <input type="checkbox"/> Latex | | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Requires Epi-pen | | <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 the student get along well with other people?
 ____ Yes ____ No. If no, please explain: _____

Family physician: _____ Telephone: _____

Form completed by: _____ Date: _____

Relationship to the student

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?

7. When both parents are away from home, who cares for the child? (Like a relative, a friend, a sitter, and so on.)

8. Is anyone other than mother and father living regularly in the home? _____

9. **School Experiences:** Please list any schools your child has attended before entering this school; tell how much time was spent at the schools (hours a day, days a week); and the dates your child attended these schools.

School

Time attended

Dates attended

What was your child's attitudes toward these schools? _____

What other group experiences has the child had outside the home? _____

10. Briefly tell us what **kinds** of things the different family members usually do when they are together with this child:

Father and child: _____

Mother and child: _____

Brothers/sisters and child: _____

Entire family together: _____

11. List as many of your child's favorite play materials, activities or interests as you can: _____

12. What situations most often lead to problems with your child? _____

How do you handle these problems, and how do you feel the school should handle these problems? _____

13. Is there anything which you could tell us about your child which would help his teacher in understanding how he thinks and behaves? Please be as complete as possible; the more we know about your child, the more we can teach him and help him. (For extra space, attach an additional sheet.)

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

DATE

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FATHER'S SIGNATURE

MOTHER'S SIGNATURE

DATE