



Registration Form

Child's Legal Name:

_____ (First) _____ (MI) _____ (Last) _____ (Generation i.e.: Jr., II)

_____ (Date of Birth) _____ (Birth Place) _____ (Social Security Number) _____ (Student Number) _____ (Circle one)
Gender: M F

Ethnicity: Hispanic/Latino Non Hispanic/Non Latino

Race: White Asian Black or African American American Indian/Alaska Native
 Native Hawaiian or other Pacific Islanders

Home Language: Is a language other than English spoken at home?
 Yes No What Language? _____

Dominant Language: Does the student most frequently speak a language other than English?
 Yes No What Language? _____

Native Language: Did the student have a first language other than English?
 Yes No What Language? _____

Do you need communication sent home in a language other than English?
 Yes No If yes, check all that apply: Spanish French Portuguese
 Haitian Creole Vietnamese

Born Outside the United States?
 Yes No Date entered in U.S.? _____

If born out of Country, date entered first U.S. school: ____/____/____ (Mo/Day/Year)

Student lives with:
 Both parents Mother only Father only Parent and step parent
 Legal guardian Foster Parent Other: _____

Residential Address:

(Street Address)

_____ (City) _____ (State) _____ (Zip) _____ (County)

Mailing Address: Check if same as residential

(Street Address)

_____ (City) _____ (State) _____ (Zip) _____ (County)

Has child been identified as exceptional education? N Y (Circle one) IEP / IFSP (Circle one)

Program Participation Prior to Kindergarten: (Check all that apply)

- (V) Voluntary Pre-Kindergarten
- (P) Pre-Kindergarten Program at Private School
- (D) Pre-Kindergarten Program for children with Disabilities
- (L) Readiness Program operated by Local Coalition
- (F) Fee for Public Pre-Kindergarten

- (M) Migrant Pre-Kindergarten
- (S) Other Type of Pre-Kindergarten Program
- (T) Teenage Parent Program
- (H) Head Start
- (C) Title I Pre-Kindergarten
- (N) None

Name of school currently attending: _____ **Grade:** _____

Address of school: _____ **County:** _____

Has student been arrested, resulting in a charge? N Y
 (If yes to previous) **Date:** _____ **Name of school:** _____ **County/State:** _____

Has student been expelled from a previous school? N Y
 (If yes to previous) **Date:** _____ **Name of school:** _____ **County/State:** _____

Currently under Physician's Care? Y N *(Circle one)*

Physician Information:

_____	_____	_____
<i>(Primary Doctor's Name)</i>	<i>(Address)</i>	<i>(Phone)</i>
_____	_____	_____
<i>(Primary Dentist's Name)</i>	<i>(Address)</i>	<i>(Phone)</i>

Preferred Hospital: _____

Funding Information *(Check all that apply)*

- Medicaid HMO Medicaid Kid Care 4C Early Steps Early Head Start Commercial Insurance
- Private Pay Other: _____

Insurance Information If Commercial Insurance, complete the following.

<i>(Policy Holder's Name)</i>		
_____	_____	_____
<i>(Name of Insurance)</i>	<i>(Policy #)</i>	<i>(Group #)</i>

Parent/Guardian Information:

_____	_____
<i>(Parent/Guardian 1 Name)</i>	<i>(Email Address)</i>
_____	_____
<i>(Home Phone)</i>	<i>(Cell Phone)</i>
_____	_____
<i>(Relationship)</i>	

Best time to call: Morning Afternoon Evening

Custody: Y N *(Circle One)* **OK to pick up:** Y N *(Circle One)*

_____	_____
<i>(Parent/Guardian 2 Name)</i>	<i>(Email Address)</i>
_____	_____
<i>(Home Phone)</i>	<i>(Cell Phone)</i>
_____	_____
<i>(Relationship)</i>	

Best time to call: Morning Afternoon Evening

Custody: Y N *(Circle One)* **OK to pick up:** Y N *(Circle One)*

Emergency Contact:

_____ **OK to pick up?** Y N
(Name) (Day Phone) (Relationship) (Circle One)

Primary Parent's Employer: _____ Address: _____
Phone: _____ Occupation: _____

Spouse/Partner's Employer: _____ Address: _____
Phone: _____ Occupation: _____

Marital Status: Divorced Separated Married Single Widowed

Employment Status: Active Military Full Time Part Time Retired Self-Employed
 In School/Training Not Working

Parent Family Income: Below \$10,000 \$10,000-\$14,999 \$15,000-\$19,999 \$20,000-\$29,999
 \$30,000-\$49,999 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000 and above

Military Family Student Survey:

- No Yes Parent is an active duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders.
- No Yes Parent is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement.
- No Yes Parent died as an active duty member of the uniformed service or within one year of injury.

Please check all that apply:

- Parent/Guardian is in Federal Military Services or is a civilian employee
- Parent/Guardian has lived in Florida for the past year or longer
- Parent/Guardian has purchased and occupies as his/her domicile a home in Florida
- Parent/Guardian is a migratory agriculture worker
- Parent/Guardian has filed a manifestation of domicile with the Clerk of the Circuit Courts certifying his/her intention to maintain a permanent home in Florida

How did you hear about UCP of Central Florida?

- Physician School: Seminole County Public Schools Website
Name: _____ School: Osceola Public School System Internet Search
Address: _____ School: Other: _____ Facebook
_____ 4C Twitter
- Hospital: _____ Parent YouTube
- Early Steps Name: _____ Advertisement: Magazine
- Children's Medical Services UCP Staff Member Advertisement: Postcard
- Head Start Name: _____ Advertisement: Flyer
- Early Head Start Former Student Advertisement: Newspaper
- School: Orange County Public Schools Name: _____ Other : _____

As the custodial (custody at least 50% of the time) / enrolling parent I verify that the information provided above is true and correct, and understand that The School District of Orange, Osceola and Seminole Counties will rely upon this information as true and correct. Parent acknowledges that there are legal penalties, including possible criminal penalties, for intentionally providing false information to the School District.

Parent/Guardian Signature: _____ **Date:** _____

Relationship to student: _____