



Mason Central Elementary
Tuition Based Pre-School
Registration Form

OFFICE ONLY

STUDENT ID#: _____
 ENROLLMENT DATE: _____
 MCIR
 CUSTODY PAPERS ON FILE: Y N

Child's Legal Name _____
 (Please also include if your child is Jr., II, III, etc.)

Name child likes to be called in school: _____ Child's Gender (Circle one): Male Female

Child's Date of Birth _____ Child's Place of Birth _____
 City State

Child's Address _____
 Number Road City State Zip

County of Residence _____ School District Child Resides in _____

Custody Arrangements? (Circle one) Y N Legal Custodial Papers Given to School? (Circle One) Y N

With whom does child reside? _____

List of other children in the family and birthdates: _____

Is there anything about this child which you feel the teacher should know?

Does your child have food allergies? _____

Preferred program? ____ AM only ____ PM only ____ All Day



MOTHER'S INFORMATION

Name _____

Address _____

Mailing Address _____

Home Phone Number _____

Cell Phone Number _____

Work Phone _____

Email Address _____

Employer _____

Occupation _____

Marital Status _____

Educational Status _____



FATHER'S INFORMATION

Name _____

Address _____

Mailing Address _____

Home Phone Number _____

Cell Phone Number _____

Work Phone _____

Email Address _____

Employer _____

Occupation _____

Marital Status _____

Educational Status _____

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Race & Ethnicity: (Information required by the State of Michigan)



***Note both questions listed below must be answered.** If either question is unanswered, the United States Department of Education **requires** the school district to supply an answer on your behalf.

1. Is this student Hispanic/Latino? (check the correct box)

Defined as: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

- No, not Hispanic/Latino** **Yes, Hispanic/Latino**



2. What is this student's race? (Check the boxes which apply)

- **American Indian or Alaska Native** *Defined as: A person having origins in any of the original peoples of North and South America, including Central America* **Percentage?** _____
- **Asian** *Defined as: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam* **Percentage?** _____
- **Black or African American** *Defined as: A person having origins in any of the black racial groups of Africa* **Percentage?** _____
- **Native Hawaiian or Other Pacific Island** *Defined as: A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands* **Percentage?** _____
- **White** *Defined as: A person having origins in any of the original peoples of Europe, the Middle East or North Africa* **Percentage?** _____

Home Language Information:



1. What language did your child first learn to speak? _____
2. Does your child speak or understand a language other than English?
NO or **YES** - If yes, what language? _____
3. Is there a language other than English spoken in the home?
NO or **YES** - If yes, what language: _____

*Please note that when indicating a language other than English, please indicate the language, not the country or nationality.

_____ **Yes, I want to receive non-emergency Instant Alerts on my mobile device.**

_____ **Yes, I authorize Mason Consolidated Schools to release my child's immunization record to Michigan Department of Health and Human Services Local Health Department.**

*****Information needed for enrollment. Please note we cannot enroll students without this information:**

1. _____ Birth Certificate
2. _____ Copy of Health Records/Immunization Records/Health Appraisal (MUST BE UP TO DATE)
3. _____ Guardianship/custody papers (if applicable)

Authorization is granted to the school to follow necessary first aid procedures

Signed  _____ Date _____
Parent/Guardian Signature