

# Wallace Community Consolidated School District #195

1463 N. 33<sup>rd</sup> Road  
Ottawa, IL. 61350  
Mike Matteson, Superintendent

Ph: (815) 433-2986  
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Toby Coates, Principal

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## 2019-2020 Preschool Registration Information:

Thank you for your interest in Wallace Grade School's preschool program. We are very proud of the success the graduates of the program have had as they move through the grades here at Wallace.

- We will begin accepting registration packets with deposit for current three year olds on Tuesday, January 22 at 7:30 a.m. Packets were sent home with student on Tuesday, January 15.

Preschool registration will be open to all families on Monday, January 28. Please contact the school for a packet. We will begin accepting registration packets with deposit at 7:30 a.m. on Monday, January 28. Preferences will be honored on a first come, first served basis. Once registration fee and forms are turned in, they will be numbered in the order in which they were received.

Tuition is due by the 15th of each month starting with August 15th and ending with April 15th. If a payment is not made by the 1st day of the next month, the child will not be allowed to attend class.

Tuition for the three year old / two days per week program is \$125  
Tuition for the four year old / three days per week program is \$150

### Other Payment Options:

If paid in full by August 15th, the three year old full year tuition and supply fee is \$1000 and the four year old full year tuition and supply fee is \$1250.

If paid in two payments, due by August 15th and January 15th, the rate for three year olds is two payments of \$525 and the rate for four year olds is two payments of \$650.

Thank you for your interest in our program. If you need more information, please call Wallace Grade School at 815-433-2986.

"The Wallace School family learns and grows together"

# WALLACE GRADE SCHOOL DIST. 195

## PRE-SCHOOL REGISTRATION

**CHILD'S NAME** \_\_\_\_\_

**BIRTHDATE (month/day/year)** \_\_\_\_\_

**PARENTS/GUARDIAN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

### PLEASE CHECK YOUR PREFERENCE:

**Tues./Thur. (3 Yr. olds)**    \_\_\_\_\_ **8:30-11AM**    \_\_\_\_\_ **12:00-2:30PM**

**Mon./Wed./Fri. (4 Yr. olds)**    \_\_\_\_\_ **8:30-11AM**    \_\_\_\_\_ **12:00-2:30PM**

**\*Preferences will be honored on a first come, first serve basis. Once registration fee and forms are turned in, they will be numbered in the order in which they were received.**

**#** \_\_\_\_\_    **Date/Time Received** \_\_\_\_\_

\_\_\_\_\_    **Deposit Received**

# REGISTRATION INFORMATION SHEET COMPLETE BOTH SIDES OF THIS SHEET

2019-20

GRADE \_\_\_\_\_

SEX \_\_\_\_\_

BIRTH CERTIFICATE \_\_\_\_\_

Legal Name of Child: \_\_\_\_\_

Name to be called, if different than above: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## Family Information

Father \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Mother \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

## Legal Guardian

Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Foster Parents \_\_\_\_\_ Other \_\_\_\_\_

Child lives with \_\_\_\_\_ Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Other \_\_\_\_\_

## Family Data

Other Family Members - #/ages Brothers older \_\_\_\_\_ #/ages Brothers younger \_\_\_\_\_

#/ages Sisters older \_\_\_\_\_ #/ages Sisters younger \_\_\_\_\_

Please complete information on back sides. Please provide all information it's important for record keeping purposes.

**Please list any special circumstances the school should be made aware of:**

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**Please provide us with your e-mail address:**

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**I give permission for my child to:**

- |   |   |   |
|---|---|---|
| Y | N | Be included in photos/videos (including newsletter, web pages, newspapers, etc.) during the 2019-20 school year. To be excluded from the yearbook, you must make a separate request.  |
| Y | N | Be included in a student directory (name, address, phone #) that you could be associated with organizations related to school.  |
| Y | N | In the event of a school bus accident, Emergency Medical Service (EMS) personnel must determine which passengers have significant injuries and must be transported to an appropriate hospital. If your child is on a bus during an accident, but in the judgment of the EMS personnel, has not been injured and does not require transfer to a hospital, you, as parent, must indicate here whether you still want your child transported to the hospital or not. If you mark <b>YES</b> , you agree to incur all expenses associated with the transport. If you mark <b>NO</b> , your uninjured child will not be transported to the hospital. |
| Y | N | Would you like to purchase supplementary insurance for your child? If you are interested; please contact the school for an appropriate form. Students having accidents/injuries at school are <b>NOT</b> covered by the district insurance.   |



## PRE-SCHOOL REQUIREMENTS

2019-20

All 3 & 4 year old pre-school students must have a current physical with up-to-date immunizations.

Physicals are only good for 1 year. They are due on/before the 1<sup>st</sup> day of school. Please make sure to fill out the health history/parent signature section on the physical form.

There must be a copy of the student's birth certificate on file in the office.



# **FIELD TRIP PERMISSION FORM**

Each year students at Wallace Grade School participate in several field trips. In order to facilitate planning these trips, we are asking that parents sign a permission slip to allow their child to participate in these school-related events at the beginning of the year. Details of each trip will be sent home with the students as the trips are scheduled.

Please sign this form and return to school with registration information.

I will allow my child, \_\_\_\_\_ to participate in ALL field trips for the 2019-20 school year. I understand that in order to participate, my child's work must be up to date and of good quality.

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Parent/Guardian Signature

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Date

### Home Language Survey

The State requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students that need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: \_\_\_\_\_

1. "Is a language other than English spoken in your home?"

Yes \_\_\_\_\_

What language? \_\_\_\_\_

No \_\_\_\_\_

2. "Does your child speak a language other than English?"

Yes \_\_\_\_\_

What language? \_\_\_\_\_

No \_\_\_\_\_

If the answer to either is yes, the law requires the school to assess your Child's English language proficiency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Illinois State Board of Education  
New U.S. Department of Education Race and Ethnicity Data Standards

**Note:** The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

**Student's Name:** \_\_\_\_\_  
(pre-printed by school district)

**SIS ID:** \_\_\_\_\_  
(pre-printed by school district)

**INSTRUCTIONS:** This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

**Part A. Is this student Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

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

*The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.*

**Part B. What is the student's race?** **Choose one or more.**

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (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.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**Note:** Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.



# Wallace Grade School Preschool Supply List 2019-2020

Supplies are needed on the first day of school.

## 3 YEAR OLD PROGRAM

- (1) box of Crayola brand markers (classic colors)
- (1) pocket folder with name wrote on the front
- (1) set of extra clothing (underwear, socks, and pants labeled in a Ziploc bag)
- (4) glue sticks
- (1) large book bag (please make sure a standard folder easily fits inside)
- (1) box of tissues (girls only)
- (1) baby wipes (boys only)

## 4 YEAR OLD PROGRAM

- (1) box of Crayola brand crayons(classic colors)
- (1) pocket folder with name wrote on the front
- (1) set of extra clothing (underwear, socks, and pants labeled in a Ziploc bag)
- (4) glue sticks
- (1) spiral notebook
- (1) large book bag (please make sure a standard folder easily fits inside)
- (1) lysol wipes

Due to space and volume, we will ask for additional supplies throughout the school year (tissues, lysol wipes, etc) as needed. We also will have a Playdoh signup sheet. This can be bought or homemade. Thank you!



**State of Illinois  
Certificate of Child Health Examination**

Student's Name				Birth Date		Sex	Race/Ethnicity	School /Grade Level/ID#																				
Last		First		Middle		Month/Day/Year																						
Address				Parent/Guardian		Telephone # Home		Work																				
Street		City		Zip Code																								
<b>IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.</b>																												
<b>REQUIRED Vaccine / Dose</b>	<b>DOSE 1</b>			<b>DOSE 2</b>			<b>DOSE 3</b>			<b>DOSE 4</b>			<b>DOSE 5</b>			<b>DOSE 6</b>												
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR										
DTP or DTaP																												
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT												
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV												
Hib Haemophilus influenza type b																												
Pneumococcal Conjugate																												
Hepatitis B																												
MMR Measles Mumps, Rubella																												
Varicella (Chickenpox)																												
Meningococcal conjugate (MCV4)																												
<b>RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose</b>										<b>Comments:</b>          																		
Hepatitis A																												
HPV																												
Influenza																												
Other: Specify Immunization Administered/Dates																												
<b>Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.</b>																												
Signature				Title				Date																				
Signature				Title				Date																				
<b>ALTERNATIVE PROOF OF IMMUNITY</b>																												
<b>1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.</b>																												
<b>*MEASLES (Rubella) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR</b>																												
<b>2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.</b>																												
Date of Disease				Signature				Title																				
<b>3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/>Measles* <input type="checkbox"/>Mumps** <input type="checkbox"/>Rubella <input type="checkbox"/>Varicella Attach copy of lab result.</b>																												
<b>*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.</b>																												
<b>**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.</b>																												
<b>Completion of Alternatives 1 or 3 MUST be accompanied by Labs &amp; Physician Signature: _____</b>																												
<b>Physician Statements of Immunity MUST be submitted to IDPH for review.</b>																												

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

## Health Information for 2019-20

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Food/Insect/or other Allergies: \_\_\_\_\_

Does your child have an Epi-pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have Diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a Seizure Disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have ADD/ADHD? Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Care Physician's name \_\_\_\_\_ Phone# \_\_\_\_\_

Please list any other health conditions that you feel could impact your child while at school:

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Please list any medications (prescription or non-prescription) that your child takes regularly: (Please include inhalers/nebulizers)

Medication	Dosage	Time(s) Taken	Reason for taking
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child been prescribed Eyeglasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Do they wear the eyeglasses full-time? \_\_\_\_\_ Reading only? \_\_\_\_\_