



**River Falls 4 Children**  
Caring. Community. Collaboration.

# 2018-19 Registration



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Student Information					
Legal Name (Last, First, MI)		Mailing Address (Street, City, State, Zip)		Home Phone	
Birth date (mm/dd/yyyy)	Student's Birth Place: County, City & State	Gender		Email address	
		M	F		
Child lives with _____ (Parents, Mother, Father, Other) <b>My Child will be 4 by September 1, 2018 Y or N</b>					
<b>Race &amp; Ethnic Data:</b>					
1. <b>Ethnicity:</b> Are you Hispanic or Latino? ( <i>Select only one</i> ) _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino 2. <b>Race:</b> Select all of the following categories that apply to you: ( <i>You must select at least one of the following.</i> ) ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White ___ Other					
Parent or Guardian					
Relationship to child (Mother, Father, Other)	Name	Address-home (Street, City)	Home/Cell Telephone No.	Place of employment OR where reachable when child is in care	Telephone #
Emergency Contact- The person to be notified when Parent or Guardian cannot be reached. Yes ___ No ___ This person is authorized to pick up the child.					
Relationship to child	Name	Home/Cell Telephone No.	Place of employment OR where reachable when child is in care	Telephone#	



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Physician or Medical Facility		
Name	Address (City, State, Zip Code)	Telephone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize for emergency medical treatment of my child to be used if I cannot be reached immediately		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize for my child to participate in fields trips while in care <input type="checkbox"/> walking <input type="checkbox"/> transported		

Authorized Persons- Persons other than parents/guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None".				
Relationship to child (Mother, Father, Other)	Name	Home/Cell Telephone No.	Place of employment OR where reachable when child is in care	Telephone#
Signature- Parent/Guardian			Date	
Email Address (Print)				
Siblings (Future RF4C students?) Please indicate the age of each sibling: Child 1 _____ Child 2 _____ Child 3 _____				

Please check if you would like postal mailings/information mailed to an additional person other than the primary mailing address. To whom listed above?

### Photo Release Permission

My child's photo may be electronically displayed. NO name will be used. YES \_\_\_\_\_ NO \_\_\_\_\_

My child's work, in whatever format, may be electronically displayed. First name will be used only. YES \_\_\_\_\_ NO \_\_\_\_\_



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## OTHER GENERAL INFORMATION:

1. Will your child need bussing? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Based on where you live, which elementary school will your child attend the following year?  
\_\_\_\_\_ Greenwood \_\_\_\_\_ Westside \_\_\_\_\_ St. Bridget's  
\_\_\_\_\_ Rocky Branch \_\_\_\_\_ Montessori \_\_\_\_\_ Other
3. Do you have older child/ren that has attended one of the following preschools/centers in the past? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, which one?  
\_\_\_\_\_ Abundant Life Learning Center \_\_\_\_\_ UWRF C.H.I.L.D Center \_\_\_\_\_ Little Adventures Child Center  
\_\_\_\_\_ Jacobs Ladder- Ezekiel Lutheran \_\_\_\_\_ Montessori Public School \_\_\_\_\_ The University Preschool
4. Do you need wrap-around care (extended care) for your child? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Does your child, as well as other siblings, currently go to one of the centers listed below for child care?  
\_\_\_\_\_ CHILD Center \_\_\_\_\_ Abundant Life Learning Center  
\_\_\_\_\_ Jacob'sLadder (Ezekiel Lutheran) \_\_\_\_\_ Little Adventures Learning Center
6. If not bussing, do you have an AM/PM preference? AM \_\_\_\_\_ PM \_\_\_\_\_ Explain Why?
7. Are you a resident of River Falls? YES \_\_\_\_\_ NO \_\_\_\_\_  
If not, do you intend to open enroll in the River Falls School District? YES \_\_\_\_\_ NO \_\_\_\_\_  
For more information on Open Enrollment, go to [www.rfsd.k12.wi.us](http://www.rfsd.k12.wi.us)
8. Please check if any of these apply to your son/daughter:  
\_\_\_\_\_ Open Enrollment \_\_\_\_\_ Special Ed/IEP \_\_\_\_\_ English Language Learner
9. Do you have other considerations that would determine your child's placement for RF4C?



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## **BUSSING FOR RURAL STUDENTS:**

If living in a Rural location do you wish to have bus service for your child? Yes \_\_\_\_ No \_\_\_\_

**All rural children will attend RF4C in the morning. They will be bused to their neighborhood school and then transfer onto the RF4C bus**

If qualified for bussing, do you wish bussing? To School \_\_\_\_ From School \_\_\_\_ Both Ways \_\_\_\_

**Westside** Rural children will attend Abundant Life Learning Center

**Rocky Branch** Rural children will attend UWRF C.H.I.L.D Center

**Greenwood** Rural children will attend Jacob's Ladder

## **BUSSING FOR CITY STUDENTS:**

If living within the City Limits, do you wish to have bus service for your child? Yes \_\_\_\_ No \_\_\_\_

**All city children who desire bussing will attend RF4C in the afternoon.**

**Abundant Life Learning Center, Jacob's Ladder Preschool OR Little Minds Learning Center.**

If qualified for bussing, do you wish bussing? To School \_\_\_\_ From School \_\_\_\_ Both Ways \_\_\_\_

Please return all completed forms in **one of four** ways:

1. **Mail** in paperwork (Registration form (4 pgs), Immunizations, Transportation Form, Child Enrollment Form, Health History Form, Child Health Report, Home Language Survey, and a copy of Birth Certificate). **All forms must be completed and turned in in order for registration to be finalized.**

Westside Elementary School Atten: RF4C 1007 W. Pine St. River Falls, WI 54022

2. **In person** at Westside School
3. **Fax** to 715-425-1805
4. **Scan and email** to [becky.mcaleavey@rfsd.k12.wi.us](mailto:becky.mcaleavey@rfsd.k12.wi.us)



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