



5608 Merle Hay Road • P.O. Box 10 • Johnston, IA 50131 • [515] 278-0470 • www.johnston.k12.ia.us
Superintendent: Dr. Corey Lunn

Dear Parents:

Welcome to Johnston Community School District and Little Dragon Preschool!

We are excited that you have chosen to become part of our school family. We know that you will be pleased with the quality of care and education that your child receives during the time with us. Our mission is to strengthen the understanding and cooperation among our home, our school and our community by developing and strengthening the total environment and resources of our school and community. We are dedicated to creating an environment in which each child has necessary boundaries and room to grow. We know that each moment is precious and we strive to make our time with our students count socially, physically, emotionally and academically every day. Our staff is highly qualified, bringing a wealth of early childhood knowledge and years of experience to our program. It is with JOY that we serve your family.

As the coordinator of this fabulous program, it is my priority to establish a culture that fosters a love for learning, an environment that welcomes curiosity, and above all, a collaborative effort of educators and families who have accepted the responsibility of ensuring that our children grow and prosper.

The early childhood educational experience is critical to your child's perspective of how they will view school for the rest of their lives. We will together implement best educational practices founded in knowledge and research of how children learn and develop and build a community of learning that promotes progress and achieves individual growth and goals. As a team, we aspire to provide your child and family access to an extraordinary education.

My office is located in the Administrative Resource Center. If you would like to visit with me about your child and our preschool program, please email me with your questions or to set up a time to meet. If you just drop in to see me, chances are I won't be in as I'll be out in the buildings getting things set up for next school year. Throughout the year, it will also be best to schedule an appointment to ensure that I'm available to meet with you.

Please review the documents included in this packet. You will need to complete all forms and return them to the Administrative Resource Center.

Thank you for sharing your children with us!

With Your Child in Mind,

Joy Duea Palmer
Johnston Community School District
Early Childhood Coordinator
jjpalmer@johnston.k12.ia.us



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Welcome to Little Dragon Preschool! We are excited to have you in our program. In this packet there are some forms that we need you to fill out and **return by the dates below**. This helps us prepare for the 2016-2017 school year.

Due at registration – Registration begins January 27, 2016 at 8:00am

- ✓ **Johnston Schools Registration Fee form** – A **\$60** non-refundable registration fee is due at registration. If you need financial assistance, please fill out the scholarship form enclosed.
- ✓ **Building preference & morning/afternoon**
- ✓ **Parental Emergency Medical Consent Form**
- ✓ **Permission to Release Information Form**
- ✓ **Home Language Survey**



These forms need to be returned prior to the first day of school.

- ✓ **Johnston School District Health Review (Preschool) 2016-2017**
- ✓ **Johnston CSD Physical Examination** – this needs to be dated within the last 12 months and updated every 12 months and **signed by the physician**.
- ✓ **Iowa Department of Public Health Certificate of Immunization** – this needs to be signed by the doctor's office.
- ✓ **Return forms to Little Dragon Preschool**
Johnston Community School District
PO Box 10
Johnston, Iowa 50131
OR bring them to 5608 Merle Hay Road

Thank you! Please email or call if you have any questions.
Joy Palmer, Johnston Community School District
Early Childhood Coordinator

jpalmer@johnston.k12.ia.us
278-0470 X1632

CONFIDENTIAL

Office Use Only:

The child must be four years old by September 15, 2016

Birth Cert.# _____ Immunization: Y or N

Paid \$60 ck # _____ cash _____ Date: _____ Time: _____

**Johnston Community School District
Preschool Registration Form**

2016-2017 (please print when filling out this form)

Student Information

Student Legal Name _____
Legal Last Legal First Middle Nickname

Gender: M F Birthdate: ____/____/____ Birth Country: _____ Grade: Preschool
Month Day Year (If not USA)

Date Entered US: ____/____/____ 1st Date Entered US School: ____/____/____
Month Day Year Month Day Year

Student's Primary Language: _____ Language spoken at home: _____

Student Ethnicity: Is this student Hispanic/Latino? Yes or No (Spanish culture/origin, regardless of race)

Student Race: (check all that apply) White Black/African American Native American/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander

Permission for student to participate in field trips? Yes or No

Primary Household Information (Parent/Guardian Residing with student)

Address _____ Apt/Lot# _____ City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian Residing with Student:

Legal Last Name _____ Legal First Name _____ Gender: M or F

Relationship to Student _____ Cell Phone: _____ Work Phone: _____

Email: _____ Internet access at: Home Work Public Access

Parent/Guardian Residing with Student:

Legal Last Name _____ Legal First Name _____ Gender: M or F

Relationship to Student _____ Cell Phone: _____ Work Phone: _____

Email: _____ Internet access at: Home Work Public Access

Secondary Household – (Parent/Guardian **NOT** Residing with Student)

Address _____ Apt/Lot# _____ City _____ State _____ Zip _____ Home Phone _____

Legal Last Name _____ Legal First Name _____ Gender: M or F

Relationship to Student _____ Cell Phone: _____ Work Phone: _____

Email: _____ Internet access at: Home Work Public Access

Parent/Guardian Signature _____ **Date** _____

**Little Dragon Preschool
Johnston Community School District
Four-Year-Old Registration for 2016-2017**

Office Use Only:

Date received _____ Time _____ Birth Certificate Verification _____

The child must be four years old by September 15, 2016 and not eligible for kindergarten.

There is a **\$60** registration fee payable to Johnston CSD by check or cash at time of registration that will be refunded if placement is not made.

Johnston CSD reserves the right to change any class offering due to space and enrollment limitations. The locations/times of classes may change due to space availability at the schools.

Mark your top three choices for location - #1 for first choice, #2 for second choice, and #3 for third choice.

____ Beaver Creek _____ Horizon(afternoon only) _____ Lawson _____ Wallace

Mark your preference for morning or afternoon: All classes meet M, T, Th, F.
(No preschool on Wednesdays)

____ Morning (9:00-11:45) _____ Afternoon (12:30-3:15)

Student Information

Student Name _____

Gender: M F Birthdate ____/____/____

Address _____

City _____ Zipcode _____

Optional: The Statewide Voluntary Preschool Program that funds our four-year-old program gives first priority to students whose families meet the free/reduced meal program guidelines.

If you feel you meet this priority, complete the following:

____ I have other children enrolled at Johnston CSD that qualify for the free/reduced meal program.

____ I do not have other children attending JCSD. There are ____ people in my family residing at the same address. The total household gross income (monthly) is _____.

This information will be kept confidential and proof of income may be required.



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Little Dragon Preschool 2016-2017

Parental Emergency Medical Consent

PO Box 10, Johnston, IA 50131

(515) 278-0552

I, _____ (mother, father, guardian) of _____,
(mother, father, or guardian first and last name) (child's first and last name)
date of birth _____, do hereby give my permission and consent to the personnel of the Johnston
Community School District program to authorize and secure such emergency medical care and/or treatment as
my above named child might require while under Johnston Community School District supervision. The
Johnston Community School District staff may take steps including any or all of the following if they believe an
emergency situation exists:

1. Call the child's physician
2. Call another physician
3. Call an ambulance and have the child taken to the emergency unit of a hospital.

In case of an emergency every effort will be made to notify parents and to contact the child's physician
immediately. If it is necessary to have the child transported to a hospital, we will call an ambulance to take the
child to the hospital listed on the Johnston School District Health Review or the nearest hospital, unless
instructed by the physician or parent. I agree to pay all of the costs and fees for any emergency medical care or
treatment for my child as secured or authorized under this consent.

Signed _____

Date _____

STUDENT NAME _____

GRADE _____

2016-17 Student Permissions

Staff provide students with specific internet sites that are used in classroom activities/projects; these sites are teacher reviewed and directed for curriculum use. For research projects, effective searching skills are taught and practiced to locate appropriate online resources. Concerning my student having internet access at school:

My student can use teacher reviewed sites under the supervision of the teacher:

_____ Yes, I give permission _____ No, I do NOT give permission

My student can have independent internet access privileges:

_____ Yes, I give permission _____ No, I do NOT give permission

Occasionally, affiliated school organizations such as PTOs, Dragon Scholarship Fund, VPA, BPA, Booster Club, etc. would like to communicate with parents in the district. Concerning the school providing information for communication to parents:

_____ Yes, I give permission _____ No, I do NOT give permission.

GRADES 6-12 ONLY

Concerning my child's name, address, phone number provided to military recruiters.

_____ Yes, I give permission _____ No, I do NOT give permission

Concerning my child's name, address, phone number provided to institutions of higher education.

_____ Yes, I give permission _____ No, I do NOT give permission

Parent's Signature (required) _____ **Date** _____

Please turn over to complete. All permissions must be signed, completed, and returned with your child's registration form.

Release of Student Information to the Media

From time to time, our students are featured in newspaper articles, district newsletters, celebrating special events in our schools, etc. In the Johnston Community School District, student directory information may be released without written consent unless parents or guardians or students under age 18 object in writing.

The Johnston Community School District has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act (FERPA) of 1974. A copy of the school district's policy is available for review in the office of the principal of all of our schools.

This law requires the school district to designate as "student directory information" any personally identifiable information taken from a student's educational records prior to making such information available to the public. The school district has designated the following information as directory information: student's name, photo or likeness (including video), audio files, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received.

You have the right to refuse the designation of directory information with respect to your student. Any student over the age of eighteen or parent not wanting this information released to the public must make an objection in writing by completing the below FERPA form and submitting it to their building principal by September 15. This objection to the release of directory information must be renewed annually.

This is an all or nothing policy. Objection to the release of student directory information means exclusion from ALL school or media publications.

Examples of school or media publications include, but are not limited to:

- A playbill showing a student's role in a drama production
- Annual school yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets such as for wrestling, showing weight and height of team members
- Newspaper articles or television news stories
- Photos, podcasts, videos or information posted on the district website
- Athletic or activity team photos or class photos
- Website articles

My student can be in ALL school or media publications.

_____ **Yes, I give permission** _____ **No, I do NOT give permission***

**If you do not give your student permission, you must fill out the FERPA form below.*

FERPA Student Directory Information Form

Any student over the age of eighteen or parent not wanting student directory information released to the public must make an objection in writing by completing this FERPA form and submitting it to their building principal by September 15. This objection to the release of directory information must be renewed annually.

Johnston Community School District Parental Directions to Withhold Student Directory Information for Education Purposes.

Student Name: _____ Date of Birth: _____
 School: _____ Grade: _____
 _____ Date: _____

(Signature of Parent/Legal Guardian/Custodian of Child)

Johnston Community School District

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

9. Please describe the language understood by your child. (Check only one)
- A. Understands only the home language and no English.
 - B. Understands mostly the home language and some English.
 - C. Understands the home language and English equally.
 - D. Understands mostly English and some of the home language.
 - E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

JOHNSTON SCHOOL DISTRICT HEALTH REVIEW (Preschool) 2016-2017
(This information is CONFIDENTIAL but may be shared with appropriate school personnel as needed)

Student Name: _____ M _____ F _____ Birth Date: _____ Preschool 2's 3's 4's (circle)

HEALTH CONCERN	NO	YES	EXPLAIN	HEALTH CONCERN	NO	YES	EXPLAIN
ADD/ADHD				Seizures			
Asthma/Breathing				Skin			
Dental				Sleeping			
Diabetes				Speech			
Headaches/Migraine				Stomach/Bowel			
Hearing				Vision/glasses/contacts			
Heart				Weight			
Kidney/Bladder				Other			
Orthopedic							

List your child's allergies: Food _____ (need signed Dr. statement) Medicine _____ Environmental _____

Current medications: _____

Medications to be given at school: _____

List any illnesses, operations, or accidents your child has had in the past year: _____

List any emotional, social, or other conditions that might affect your child's school performance: _____

List other health concerns you would like the nurse/teacher to know about: _____

International travel: My child has been out of the United States during the past year ____ yes ____ no Name of Country _____

Complete for EARLY CHILDHOOD	NO	YES	EXPLAIN
Was this a full term pregnancy? Birth Weight:			
Were there difficulties during the pregnancy?			
Were there difficulties during or after the birth?			
Did the child sit alone before 7 months? Walk by 15 months?			
Did the child say words by 1 ½ years of age			
Did the child have frequent upper respiratory infections? Ear infections?			

Health Insurance Information: ____ Private ____ Medicaid ____ Hawk-I ____ No Insurance **POLICY NUMBER:** _____ **COMPANY** _____

Emergency Information: Doctor _____ Phone Number _____ Hospital of Preference _____

Dentist _____ Phone Number _____

Parent Name and phone numbers 1. _____ 2. _____ 3. _____

Child lives with: ____ Mother ____ Father ____ Step-Parent ____ Grandparent ____ Other (list) _____

Parent/Guardian Signature: _____ Date: _____

Johnston Community School District Physical Examination

To be completed by physician

Student's Name	Birthdate	Male/Female
Parent's Name	Phone	
Physician's Name	Phone	

	Date	Comments		Date	Comments
Asthma			Medicine Allergies		
Bleeding Problems			Meningitis		
Cancer			Mono		
Chicken Pox			Other Allergies		
Diabetes			Seizures		
Frequent Ear Infections			Surgery		
Food Allergies			TB		
Hospitalization			Frequent Throat Infections		
Immunization Booster					
Injuries					

Height	Weight	BP	Hemoglobin	Lead Screen	Vision (right)	Vision (left)	Lenses?	Hearing

	Normal (√)	Abnormal (√)	Comments (required for abnormal)
Skin			
Hair & Scalp			
Eyes			
Ears			
Nose			
Mouth/Dental			
Lymph nodes			
Cardiovascular			
Respiratory			
Gastrointestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Endocrine			
Spinal Examination			
Nutritional Status			
General Appearance			
Developmental			
Other			

Medications _____

Activity Restrictions _____

Conditions that might affect school performance _____

Physician's Signature _____ Date _____



Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____
 Parent/Guardian: _____ Address: _____ Phone: (____) _____
 Signature: _____ Physician, Physician Assistant, Nurse, or Certified Medical Assistant
 Date: _____

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Diphtheria, Tetanus, Pertussis DTaP/DTaP/DT/ Td/Tdap	Vaccine	Date Given	Doctor / Clinic / Source

Varicella <small>Chicken Pox</small> If patient has a history of natural disease write "Immune to Varicella"	Vaccine	Date Given	Doctor / Clinic / Source

Pneumococcal PCV/PPV	Vaccine	Date Given	Doctor / Clinic / Source

Meningococcal MCV4/MPSV4	Vaccine	Date Given	Doctor / Clinic / Source

Hepatitis A	Vaccine	Date Given	Doctor / Clinic / Source

Rotavirus	Vaccine	Date Given	Doctor / Clinic / Source

Haemophilus Influenzae type b Hib	Vaccine	Date Given	Doctor / Clinic / Source

Hepatitis B	Vaccine	Date Given	Doctor / Clinic / Source

Human Papilloma Virus HPV	Vaccine	Date Given	Doctor / Clinic / Source

Other	Vaccine	Date Given	Doctor / Clinic / Source

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
	12 months through 18 months of age	Polio	2 doses
		haemophilus influenzae type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age, or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	24 months and older	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age; or 1 dose if no doses had been received prior to 24 months of age.
	4 years of age and older	Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
		Diphtheria/Tetanus/Pertussis	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2002; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2002; ³ and 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003; ⁴ and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000, regardless of the interval since the last tetanus/diphtheria containing vaccine.
Polio ⁷		3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003, or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁶	
Elementary or Secondary School (K-12)	Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
	Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.	
	Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁸	
	Diphtheria/Tetanus/Pertussis ^{4, 5}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2002; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2002; ³ and 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003; ⁴ and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000, regardless of the interval since the last tetanus/diphtheria containing vaccine.	

Elementary or Secondary School (K-12)

Licensed Child Care Center

¹ Mumps vaccine may be included in measles/rubella-containing vaccine

² DTP is not indicated for persons 7 years of age or older, therefore, a tetanus- and diphtheria-containing vaccine should be used.

³ The 5th dose of DTP is not necessary if the 4th dose was administered on or after 4 years of age

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age

⁵ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age

⁶ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age

⁷ Both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age

⁸ Administer 2 doses of varicella vaccine, at least 3 months apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart.