



Montezuma Community Schools

504 N 4th Street
Montezuma, IA 50171
Phone: 641.623.5121

Fax: 641.623.5733

Parents:

The following are just a few items we need you to keep in mind before your child begins Montezuma Preschool in 2022-2023.

We would like you to provide the following:

1. Birth Certificate
2. Immunization Record (If under immunized, evidence as to why needs to be provided.)
3. Proof of Health Insurance
4. Current Emergency Information (Must be updated as necessary, but will request quarterly. Please watch for the classroom newsletter.)
5. List of persons able to access health information.
6. Health instructions for special health needs. (Allergies, epi-pen use, asthma, etc...)

Montezuma follows the StateWide Voluntary Preschool Program guidelines and uses IQPPS standards to ensure a quality educational experience and preparation for our student's educational career. Students are continuously assessed using Creative Curriculum known as CC Gold. The educational experience provided is a blended learning of individual discovery, guided practice, and explicit instruction.

Our preschool program has a morning and afternoon session. Each session runs for about three and a half hours. Your child will be provided a nutritional snack and be required to purchase snack milk from our lunch program. The Montezuma District also provides a mid-day bus route for morning session drop-off and afternoon session pick-up. These stops are located at the local daycare providers, and a stop in Deep River.

I would like to thank you for your cooperation in providing the above information. We are thrilled to have you as a part of Montezuma Community Schools and are excited to work with you and your student for his/her school – aged years.

Respectfully,

Kurt Hanna

Kurt Hanna
PS – 5 Principal

Preschool Requirements

The following information is required for students entering preschool at Montezuma Community School.

CERTIFICATE OF IMMUNIZATION

****PLEASE NOTE**** Immunization requirements are not delayed or suspended due to the COVID-19 pandemic. An up-to-date immunization record is required by the state. Please talk to your child's physician or the local public health office if you need to make an appointment for your child to receive required immunizations. Iowa law requires that every child have a completed immunization record on file by the first day of school. If immunizations are in process, your child will receive a provisional status allowing 60 days for completion. At the end of 60 days, the student will be excluded from school until immunizations are completed. The Public Health Department audits all immunization records.

PHYSICAL EXAMINATION FORM

Please fill out this form to identify health concerns that may impact your student. The back side is to be completed by a physician. It is important to inform the school of any health issues/concerns regarding your child that may affect school performance. Examples include: asthma, ADD/ADHD, allergies (environmental, medication, or food) diabetes, seizures, surgical history and potential physical restrictions.

OVER-THE-COUNTER AUTHORIZATION

A release for the dispensing of over-the-counter (OTC) medications must be filled out every year. If not completed, a one-time over the phone approval will be allowed. After that, no OTC medication will be given unless a release is signed.

MEDICATION ADMINISTRATION AUTHORIZATION

If medications are needed at school for a long-term diagnosis or an acute illness, a medication release form is needed for each medication. The school nurse or a staff member who has successfully completed a medication administration course will administer medicine. **Any medication prescribed three times a day or for morning or evening should be given at home.** Medication is required to be brought in its original container with prescription label attached and may only be transported to and from school by a responsible adult.

COMMUNICABLE DISEASES

(Examples: chicken pox, impetigo, strep throat, fifth's disease, ringworm, pink eye, mono, etc.) It is important to notify the school of these diagnoses so notification may be sent to the child's class of potential exposure if necessary (no personal identification will be given out). If calling your child out sick, please note if they have a fever, vomiting or diarrhea.

WHEN TO KEEP YOUR CHILD HOME

Please keep the health of others in mind when deciding whether to keep your child home or send them to school. If they have vomited or have had diarrhea within the past 24 hours, have a fever of 100.0 or higher, have an undiagnosed rash, or questionable pink eye, please do not send them to school. Students must be free from vomiting, diarrhea, and fever-free without the use of fever-reducing medication (Tylenol/Motrin) for 24 hours before returning to school. If prescribed an antibiotic, they must be on the antibiotic for 24 hours before returning to school.

EXCLUSION FROM PHYSICAL ACTIVITY

Any illness or injury requiring exclusion of physical activity (PE or recess) will require a signed note from a physician.

Thank you for your participation in helping keep our school a healthy place for all students. If you have any questions, please call.

Hannah Dengler, RN School Nurse

MONTEZUMA PRESCHOOL 2022-2023

WE WILL STILL NEED YOU TO FILL OUT THE 2022-23 FALL REGISTRATION FORMS

| Gender | Last Name | First Name | Middle Name | Birthdate | Grade | SS Number | *Race Ethnicity |
|--------|-----------|------------|-------------|-----------|-------|-----------|-----------------|
| | | | | | | | |
| | | | | | | | |

*Please state one of the following: 1=American Indian, 2=Asian, 3=Hispanic, 4=Black, 5=White

| | | |
|--|--|---|
| Parents/Guardian Name Primary Contact | | Secondary Contact: Name, address, phone numbers |
| Address City/St/Zip | | Children live with (circle one) Mother Father Both |
| Home Phone | | Are there any legal restrictions concerning non-custodial parent? Yes _____ No _____ If yes, please provide legal documentation on restrictions. |
| Cell Phone #1 | | EMAIL: |
| Cell Phone #2 | | |
| Work Phone #1 | | |
| Work Phone #2 | | |

SESSION PREFERENCE:

Student Name: _____ Birthdate: _____

Session: A.M. P.M. Transportation: Yes No

Day Care Provider: _____

Release of Medical Information:

I certify that Montezuma School District can share all information regarding the health records of _____ with the following person.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Parent Signature/Date

Proof of Insurance

_____ is covered by health insurance. Yes or No
(Student Name)

Our insurance carrier is: _____

Parent Signature/Date

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**PARENT PERMISSION TO GIVE "OCCASIONAL"
OVER-THE-COUNTER MEDICATION**

2022-2023 SCHOOL YEAR

Name of Student: _____ **Grade:** _____

Allergies: _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the counter". This form is required before over-the-counter medications can be administered at school.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ **I approve all medications listed below**

_____ **I do not want any OTC medications given to my student**

Topical:

- _____ antibiotic ointment (ex. Triple antibiotic ointment)
- _____ Benadryl cream
- _____ eye drops for irritation and allergies (Refresh drops)
- _____ lip products (chap sticks, natural lip emollient)
- _____ sting relief spray (containing benzocaine, lidocaine, and/or ethyl alcohol)
- _____ unscented skin treatment for chapped hands/irritated skin (Aquaphor)
- _____ oral pain relief gel single-use packets (like Anbesol or Orajel)

Oral:

- _____ ibuprofen (Advil)
- _____ acetaminophen (Tylenol)
- _____ antacids (Tums)
- _____ antihistamine (Benadryl)
- _____ cough drops (plain or medicated)

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

Montezuma Community School

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Please check with the school nurse to see which medications are available for students in the school nurse office and which medications you will need to supply. OTC medications will be given at the manufacturer's recommended dosage.

If appropriate, OTC medications brought to school for student use must be in the original manufacturer's container with the label intact or the medication will not be accepted. *For safety purposes, parents are required to bring the medication directly to the nurse.* The medication should be sealed in an envelope in the original manufacturer's container.

The school is not able to supply medication for frequent or daily use. For OTC medications not listed on this form or if medication is to be given on a schedule, please talk to the school nurse. Additional documentation may be required.

This form must be completed yearly.

Prescription medications to be administered at school require a separate form to be filled out, including EPI Pens and Inhalers. Please contact the school for necessary paperwork for prescription medications.

Thank-you,
Hannah Dengler
hdengler@montezuma.k12.ia.us
641-623-5121

**MONTEZUMA COMMUNITY SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM FOR PRESCHOOL AND KINDERGARTEN**

Date of physical: _____ Male ____ Female ____
Child's name: _____ Birthdate: _____
Parent's name: _____ Phone: _____
Parent's address: _____
Family doctor: _____ Phone: _____
Doctor's address: _____
Family dentist: _____ Phone: _____
Dentist's address: _____

List all prescription and over-the-counter medications your child takes regularly and time taken:

List any allergies (medication, food, environmental): _____

Type of reaction: _____

List any dietary restrictions: _____

List any conditions that could affect school work: _____

Child's Health History (Circle Yes or No)

| | | | | | |
|-----|----|---------------------------|-----|----|------------------------|
| Yes | No | ADD/ADHD | Yes | No | Diabetes |
| Yes | No | Asthma | Yes | No | Hospitalization |
| Yes | No | Bowel/bladder problems | Yes | No | Eating problems |
| Yes | No | Kidney/bladder infections | Yes | No | Hearing problems |
| Yes | No | Heart problems | Yes | No | Hearing aids |
| Yes | No | Rheumatic fever | Yes | No | Ear infections |
| Yes | No | Strep throat | Yes | No | Vision problems |
| Yes | No | Headaches | Yes | No | Eyeglasses |
| Yes | No | Head injury / concussion | Yes | No | Tuberculosis |
| Yes | No | Depression / anxiety | Yes | No | Chicken pox |
| Yes | No | Seizures / epilepsy | Yes | No | Immunizations current? |

If yes to any of the above, please explain: _____

Has your child been seen by a dentist? Yes No If yes, when: _____

List any operations and major injuries: _____

To Be Completed By Physician

| | Normal | Abnormal Findings |
|---|---------------|--------------------------|
| Height/weight | | |
| Blood pressure | | |
| Developmental | | |
| Eyes | | |
| Vision | | |
| Ears | | |
| Hearing | | |
| Nose | | |
| Mouth/throat | | |
| Neck | | |
| Glands | | |
| Heart | | |
| Lungs | | |
| Abdomen | | |
| Neurological | | |
| Musculoskeletal | | |
| Posture | | |
| Nutrition | | |
| Skin | | |
| Genitals | | |
| Urinalysis (if applicable) | | |
| Blood count | | |
| Lead screening (required) if previously screened, send a copy | | |

Comments: _____

This child is physically able to take part in the regular school program: Yes ___ No ___

Up-to-date certificate of immunizations attached (required): Yes ___ No ___

Signature of physician: _____ **Date:** _____

Montezuma 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 | |

Montezuma Community School District
Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: MONTEZUMA COMMUNITY SCHOOL Phone Number: 641-623-5121
504 North 4th St, Box 580
Address: MONTEZUMA, IOWA 50171-0580 City: _____ State: _____ Zip: _____