



# WELCOME TO MONTEZUMA COMMUNITY SCHOOLS

## Pre-School Checklist

### Required:

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Current Immunization Record

\_\_\_\_\_ Preschool Entrance Form

\_\_\_\_\_ Session Preference

\_\_\_\_\_ Release of Medical Information

\_\_\_\_\_ Home Language Survey

### Optional:

\_\_\_\_\_ Vision Screening

\_\_\_\_\_ Backpack Program Registration Form

Montezuma Community Schools

504 N 4<sup>th</sup> Street

Montezuma, IA 50171

Phone: 641.623.5121

Fax: 641.623.5733

# MONTEZUMA PRESCHOOL 2019-2020 PRE- REGISTRATION FORM

## WE WILL STILL NEED YOU TO ATTEND THE 2019-20 FALL REGISTRATION

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  
 Secondary Contact: Name, address, phone numbers

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

THE PRESCHOOLERS HAVE SNACKS AND MILK DURING THEIR PRESCHOOL SESSION. THE SNACK FEE IS COVERED, ALONG WITH BOOK FEES, THROUGH THE PRESCHOOL GRANT PROGRAM. UNFORTUNATELY, THE MILK PROGRAM IS NOT COVERED BY THIS GRANT. THE MILK PROGRAM IS \$30 FOR ½ YEAR OR \$60 FOR A FULL YEAR.



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January 22, 2019

Hello parents,

At Montezuma Community Schools, we understand the importance of a preschool education. As we register students we will use some basic guidelines to determine eligibility.

The guidelines are as follows:

1. 4 – year old resident students demonstrating financial need.
2. 4 – year old resident students.
3. 4 – year old non-resident students demonstrating financial need.
4. Non-resident 4-year old students.

Along with the above criteria, we will not accept students on first come first serve basis as in the past. At this time Montezuma Community Schools will develop rosters based on age of the students with the older student receiving priority.

We realize the parents have preference as to which session their students are placed. This year we added a mid day bus route to take preschoolers to certain destinations after the morning session and to pick up for the afternoon sessions. Right now, our preschool bus goes to babysitters and a couple of stops in Deep River. We hope this will alleviate any concerns regarding sessions. We will make a concerted effort to keep students of daycares and families together. This is also an effort to ease any disruptions to the school and communities day.

Although we cannot promise a specific session, we would still like to know your preference as to the session time.

-----  
(Please cut on the line and return)

Parents Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Day Care Provider: \_\_\_\_\_



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January 22, 2019

Parents:

The following are just a few items we need you to keep in mind before your child begins Preschool in 2019 – 2020.

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 classroom newsletter.)
5. List of persons able to access health information.
6. Health instructions for special health needs. (Allergies, epi-pen use, asthma, etc...)

Students are also required by the State of Iowa to have a:

1. Physical (Required by the start of Kindergarten)
  2. Lead Test (Required by the start of Kindergarten)
  3. Dental Examination (Required by the start of Kindergarten)
- Regarding the Lead Test, if you meet the income levels for free and reduced lunch you will most likely qualify for the lead testing funding.

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

## OTHER INFORMATION

Student Name: \_\_\_\_\_

The following information is required for students entering Kindergarten at Montezuma Community School. The items marked are still needed for your child's health records. Please call the school and ask for Mrs. Kahler, the school nurse with any questions.

\_\_\_\_ Needed

### 2. CERTIFICATE OF IMMUNIZATIONS

A **Certificate of Immunization** should be filled out to include all of the immunizations your child has received. If your child needs further immunizations a separate form will be sent home with the needed immunizations marked. \*\*Iowa law requires that every child have a completed immunization record on file at the school by the **first day** of school. If immunizations are in process, your child will receive a provisional status. The law allows 60 days for completion and at the end of 60 days students will be **excluded** until immunizations have been completed. The Public Health Department audits all immunization records.

## OTHER INFORMATION

\*Please fill out the included **Initial Health History Form** for your student. This will help to identify any health concerns that may impact your student here at school. It is two sided, please fill out both sides!

\*A **Health and Safety Emergency Form** will be filled out annually. Please fill out thoroughly including as many contacts as possible. If information on this form changes during the school year (phone numbers or addresses) please contact the school to update the information. The backside has an area to put down any important health information for each of your students (such as allergies, medical diagnoses, medications).

\* **An Over The Counter medication (OTC)** form is required to be filled out and signed before any OTC medications will be administered to the student.

\* A **Medication Administration Form** is used if your student needs to take medication here at school, either a prescribed medication for a long-term diagnosis or a short-term medication for an acute illness. This also includes medication for allergies, or asthma. The school nurse or a staff member who has successfully completed a medication administration course will administer medicine. **Any medication prescribed 3 times a day or for the morning or evening should be given at home.** Any medication needs to be transported to school in its original container and if it is prescribed in the pharmacy bottle with the correct label attached.

\*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 (to food, environment, and medication), diabetes, seizures, surgical history, and potential physical restrictions. This information can be included in the initial health history form and the health and safety emergency form. Food allergies may require more information from your child's physician and additional forms to be filled out.

\***Communicable Diseases** include: chicken pox, impetigo, strep throat, fifth disease, ringworm, pink eye, mono, etc. It is important to notify the school of these diagnoses when calling your child in sick as the nurse will send home a note to notify the ill child's classmates of potential contact. Your child's identity will be kept private and no identifying information is given out. Also, when calling your child in sick please note if they have a fever and cough or sore throat.

\***When to keep your child home from school-** Please keep the health of others in mind when deciding on whether to keep your child home or send them to school. If they have vomited or had diarrhea within the past 24 hours, have a fever of 100.0 or higher, have an undiagnosed rash, or sore throat please do not send them to school. They should be fever free for 24 hours without the help of fever-reducing medication or have taken a prescribed antibiotic for 24 hours before returning to school.

\*Any **Illness or Injury** that results in the need for child to sit out of physical education class will require a signed note from a physician if it is for longer than 2 days. If the student is sitting out of PE they will also sit out of recess if applicable.

*Thank-you for your participation in making our school a healthy place for all students. If you have any questions or concerns please call! – Catherine Kahler RN, School Nurse*

Dear Parent(s)/Guardians:

We need your permission in order for \_\_\_\_\_  
to participate in the following services offered at Montezuma  
Community School. This will remain in effect during your child's career  
at Montezuma School unless you notify the school in writing that you no  
longer want your child to participate. All of these services are offered  
free of charge to families. These screenings are not meant to take the  
place of regular visits to the appropriate professionals.

Please write "YES" in any space for which you grant permission and  
"NO" in any space for which you do not give permission.

\_\_\_\_\_ Vision Screening

\_\_\_\_\_ Hearing Screening

\_\_\_\_\_ Dental Screening

\_\_\_\_\_ Dental Screening with Fluoride treatment

\_\_\_\_\_ Date Signed

\_\_\_\_\_  
Parent or Guardian Signature



**Montezuma Community School District  
Physical Examination Form for Pre-School 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 \_\_\_\_\_

    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	Hearing Aid
Yes	No	Asthma	Yes	No	Heart problems
Yes	No	Bowel/Bladder problems	Yes	No	Immunizations current
Yes	No	Chicken Pox	Yes	No	Kidney/Bladder infections
Yes	No	Depression / Anxiety	Yes	No	Rheumatic fever
Yes	No	Diabetes	Yes	No	Seizures/Epilepsy
Yes	No	Ear infections	Yes	No	Strep
Yes	No	Eating problems	Yes	No	Tuberculosis
Yes	No	Headaches	Yes	No	Vision problems
Yes	No	Head injury / Concussion	Yes	No	Hospitalizations
Yes	No	Hearing problems	Yes	No	Eyeglasses

If yes to any of the above, please explain: \_\_\_\_\_

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

List Operations and Injuries \_\_\_\_\_





# 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: \_\_\_\_\_





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**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

### 2018-2019 SCHOOL YEAR

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

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 cream (ex. Triple antibiotic ointment)
- ~~\_\_\_\_\_ hydrocortisone cream and bacitracin zinc ointment~~
- \_\_\_\_\_ Benadryl Cream
- ~~\_\_\_\_\_ Sunscreen~~
- ~~\_\_\_\_\_ Oral product containing benzocaine (oragel, chloraseptic)~~
- ~~\_\_\_\_\_ Burn gels or cream, cooling gel containing benzalkonium~~
- \_\_\_\_\_ Eye drops for irritation and allergies (refresh)
- \_\_\_\_\_ Lip Products (chap sticks, carmex, blistex, Vaseline)
- \_\_\_\_\_ Sting Relief containing benzocaine, menthol, lidocaine
- ~~\_\_\_\_\_ Diaper rash ointment and skin protectant~~
- ~~\_\_\_\_\_ First aid spray containing benzalkonium~~
- ~~\_\_\_\_\_ Bengay~~
- ~~\_\_\_\_\_ Vapor Rub~~
- ~~\_\_\_\_\_ Athlete's foot cream containing clotrimazole~~
- ~~\_\_\_\_\_ Saline nose spray~~

#### Oral:

- \_\_\_\_\_ Ibuprofen (Advil)
- \_\_\_\_\_ Acetaminophen (Tylenol)
- \_\_\_\_\_ Antacid (~~Mylanta, tums, Maalox~~ **tums**)
- \_\_\_\_\_ Antihistamine (Benadryl, ~~chlorpheniramine~~, loratadine)
- \_\_\_\_\_ Cough Drop/syrup (plain or medicated)
- \_\_\_\_\_ Antidiarrheal (~~pepto bismal, Imodium~~)

OPPORTUNITY ----- RELATIONSHIPS ----- RELEVANCE



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## PARENT PERMISSION TO GIVE "OCCASIONAL" OVER THE COUNTER MEDICATION (CONTINUED)

**THE MEDICATIONS INDICATED ON THE PREVIOUS PAGE MAY BE ADMINISTERED TO MY STUDENT**

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GAURDIAN)

\_\_\_\_\_  
(DATE)

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.

When sending OTC medications to school, they must be in the original manufacturer's container with the label intact or the medication will not be accepted. For safety purposes, parents are requested to bring the medication directly to the nurse. The medication should be sealed in an envelope in the original manufacturer's container. In the event that an adult is unable to bring the medication to school, arrangements may be made directly with the school nurse.

**The school is not able to supply medication for frequent or daily use. For OTC medications not listed on this form, or if medication must be given daily, please use the form "Permission to give over the counter medication at school."**

New forms must be completed yearly.

Prescription medications have a separate form to be filled out, including EPI Pens and Inhalers.

Thank-you,  
Cathy Kahler RN  
[ckahler@montezuma.k12.ia.us](mailto:ckahler@montezuma.k12.ia.us)  
641-623-5129





**MONTEZUMA SCHOOL SUPPLY LIST  
2019 – 2020**

**Pre-school - PLEASE PUT NAME OR INITIALS ON ALL ITEMS**

- 2 standard pencils
- 1 small pencil box (8 ½" x 5 ½") for supplies
- Fiskars scissors with metal blades
- 1 large box of Kleenex
- School bag big enough for a pocket folder to fit in
- 4 large glue sticks
- 2 pocket folders
- 1 set of watercolor paint
- 4 boxes of 8 crayons (do not send bigger boxes) Crayola Brand



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