



## Greenwood Elementary Kinder Days Registration

For incoming 2025-26 school year kindergartners at Greenwood Elementary. Please complete both sides of this form and return to **Deirdre Palmer: [dmpalmer@seattleschools.org](mailto:dmpalmer@seattleschools.org)**.

**Child's full name:** \_\_\_\_\_

**Name child likes to be called:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ **Gender:** ☐ M ☐ F ☐ Other \_\_\_\_\_

**Address and Zip Code:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

**Parent/Guardian name** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**Family's primary language:** \_\_\_\_\_

**Will child need interpretation?** ☐ Yes ☐ No

**Does your child have any siblings at school?** Yes ☐ No

**If yes, please list their name(s), grade(s) and teacher(s)**

\_\_\_\_\_

**Did your child attend preschool or childcare before kindergarten?** ☐ Yes ☐ No

**If yes, where?** \_\_\_\_\_

Preschool or Child care name

Address

City

**Indicate the number of hours each day your child is/was in preschool:**

**Mon** \_\_\_\_\_ **Tue** \_\_\_\_\_ **Wed** \_\_\_\_\_ **Thu** \_\_\_\_\_ **Fri** \_\_\_\_\_ **Sat** \_\_\_\_\_ **Sun** \_\_\_\_\_

**Emergency Contacts** (In addition to those listed above, please note people who would be willing to pick up your child in an emergency, if we could not reach you first.)

**1. Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone** \_\_\_\_\_

**2. Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone** \_\_\_\_\_

**Photo/Video Permission:** Do you give your permission for your child to be included in photos/videos of Kinder Days for school use only? ☐ Yes ☐ No

# Health and Development Information

1. ☐ Allergy/Anaphylaxis – Please attach the student’s individualized health plan (IHP) for their allergy.
  - a. What is the student allergic to? \_\_\_\_\_
  - b. Yes ☐ No ☐ Does the student have an epinephrine auto injector rescue prescription?
2. ☐ Asthma with rescue medication (for example: rescue inhaler)
  - a. Yes ☐ No ☐ Does child use rescue inhaler routinely for asthma symptoms?
  - b. Yes ☐ No ☐ Has your child been hospitalized for asthma in the past year?
  - c. Yes ☐ No ☐ Has your child used steroids (prednisone) for asthma symptoms in the past year?
3. ☐ Seizure Disorder – Please attach the student’s individualized health plan (IHP) for seizures.
  - a. Yes ☐ No ☐ My student needs emergency medication for seizures.  
Medication: \_\_\_\_\_
4. ☐ Diabetes – Please attach student’s individualized health plan (IHP) for diabetes.
  - a. My student has: ☐ insulin pump ☐ insulin pen ☐ injected insulin
5. ☐ Other Health, Developmental or Behavioral information: \_\_\_\_\_  
 \_\_\_\_\_  
 a. IHP in place? Yes ☐ No ☐ Life threatening? Yes ☐ No ☐  
 b. Medications or treatments needed: \_\_\_\_\_  
 \_\_\_\_\_  
 c. ☐ Individualized Education Plan (IEP)? Yes ☐ No ☐ 504? ☐ Yes ☐ No ☐ Please note any supports staff can provide in the next section (#7) below.
6. ☐ My student has no known health concerns

7. Medications taken at school (daily, emergency, etc.)		Treatments performed at school (such as tube feedings, suctioning, toileting, VNS stimulator, etc.)	
Time	Medication, dose & route	Time	Treatment

**Specific supports we can provide for your child:**

8. Are you unsheltered, in temporary housing, or eligible for McKinney-Vento? Yes ☐ No ☐

Parent Signature \_\_\_\_\_ Phone(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone(s) \_\_\_\_\_ Date \_\_\_\_\_

**Important: If your child has a serious health concern requiring medication at school**

we will need a written [Individual Health Plan](#) (IHP) and an [Authorization for Medication](#) on file at school prior to Kinder Days. Without these, an adult family member will need to remain on-site during Kinder Days in case of an emergency. Please call (206) 252-0750 (SPS Health Services) if your child needs an Individual Health Plan and we will assist you.