

West Delaware County Community School District

JK/Kindergarten Registration

Please complete the following items as soon as possible and return to the Lambert office:

- **GREEN Information Sheet.** Please follow the directions on the green sheet. If your child is currently enrolled in the Lambert preschool program, you will NOT need to enroll them online. You will still need to complete E-Registration in the fall.
- **WHITE Preschool Survey Letter**
- **PINK Developmental and Health History Form**
- **Proof of Birthdate** (such as a photo-copy of your child's birth certificate, hospital record, or statement from a doctor)

HOW TO GET YOUR CHILD'S BIRTH CERTIFICATE:

If your child is born in Delaware County, a blood relative may get the birth certificate at the Recorder's Office at the Delaware County Courthouse for a fee of \$20 (upon completion of application and showing of a valid photo I.D.). If questions, you may call the Recorder's Office at 563-927-4665.

If a child is born outside of Delaware County, you may either go to that county courthouse to get the birth certificate from them for \$20, or you may contact the Department of Health at 1-866-809-0290 to order a copy with a credit card for \$33, or to order by mail for \$20.

If a child is adopted, you would need to contact Department of Health at 1-866-809-0290 to order a copy with a credit card.

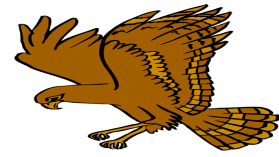
Health Forms

*****Required forms due by AUGUST 15*****

(If unable to turn in forms by August 15 due to insurance reasons, please contact the Health Office or e-mail the district nurse at ashleymonaghan@w-delaware.k12.ia.us)

- **Physical form** completed by doctor's office
- **Updated immunization record** (or medical/religious exemption form)
- **Vision form**—may be completed by an eye doctor, medical doctor, nurse practitioner, physician assistant. Screenings are considered valid if done no earlier than 1 year before and no later than 6 months after school starts.
- **Dental form**—screening may be performed by a licensed dentist, dental hygienist, nurse, nurse practitioner, or physician assistant. Screening is considered valid from age 3 years to 4 months after the start of school.
- **Lead screening**—completed by doctor's office. This may be written on student's physical form
If your student attended Junior Kindergarten during the previous school year and turned in the required forms, no additional forms are needed

West Delaware



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Name: _____ Parent: _____

Age: _____ Date of Birth: _____ Sex: _____

Height: _____ Weight: _____

Lead: _____ Blood Pressure: _____

Allergies: _____

Current medications: _____

For the following, \checkmark = normal; describe impairments

Skin: _____

Ears: _____

Eyes: _____

Nose/Throat/Tonsils/Teeth: _____

Lungs: _____

Heart: _____

Abdomen: _____

Genitalia: _____

Bowel Pattern: _____

Urination: _____

Extremities: _____

Reflexes: _____

Coordination: _____

Balance: _____

Dental Screen: _____

Vision Screen: Left eye: _____ Right eye: _____ Correction: _____

Did you recommend a referral? (ENT, Eye, Ortho, Urology, etc) Yes___ No___
If yes, what kind? _____

Recommendations and Comments:

***Please send a completed copy of immunizations with the child**

Signature: _____ Date: _____
(Physician, Physician's Assistant, or Nurse Practitioner)