

Lansing School District Universal Preschool

Thank you for your interest in the Lansing School District Universal Preschool Program.

There are two steps to take to fully enroll in the program.

STEP 1-Complete the preschool application through www.inghampreschool.org.

- In the comment box, please indicate the school older siblings attend, if applicable
- **Make sure you select Lansing School District-Universal Preschool**

STEP 2 Submit all required documents using the links below.

- Or your documents can be submitted in person at the Preschool Office, by e-mail, or by fax. (contact information listed below; include child's name in email)

Required Documents:

☐ **State copy of child's birth certificate**

If you do not have an official birth certificate for your child you can order one online or through clerk's office in the county your child was born. www.vitalcheck.com

☐ **Proof of residency** – (must be current, only one required): utility bill, rent receipt, lease agreement, internet or trash bill, mortgage statement. Please include a written note if the proof is under a different name.

☐ **Verification of income:** two check stubs, or a W2, 1040 tax return, SSI statement, etc.

☐ **Immunization record**

☐ **Signed permissions and consent Form** (attached)

☐ **Child information record** (attached)

☐ **Custody, foster care, IEP, documents** (if applicable)

☐ **The State of Michigan health appraisal** (physical form-attached) must be submitted within 30 days from the first day your child starts school or before.

***Please note:** submitting an application and documentation does not guarantee placement in the program. You will be contacted by the Lansing Preschool Office with placement information when enrollment is complete.

Universal Preschool

Margaret Cary- Preschool Secretary

Laura Beckner- Preschool Coordinator

preschool@lansingschools.net

Phone: (517) 755-3390 or (517) 755-3393

Fax: (517) 755-1399

Dr. Eva L. Evans Welcome Center

2400 Pattengill Avenue

Lansing, MI 48910

The Lansing School District is committed to a policy of providing equal employment opportunities to all qualified people, regardless of economic or social status and will not discriminate based on race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, veteran status or physical or mental disability.



Student Information					
Student's Legal Name:				Date of Birth:	
Language most used in the home:			Language most used by the student:		
Student Birth Country:		Date student first entered the US:		Date student first attended school in the US	
Schools Siblings Attend (if applicable) :				Transportation Needed:	Y / N

Permissions and Consent

Educational Permission	
Field Trip Permission	
Parent /Guardian Initials	I understand that I will be asked to provide written permission before my child can participate in each trip that involves a vehicle. I also give permission for my child to take a walk off the school district property. I understand I will receive advanced notice of these walking trips. The program will comply with all Michigan Laws and State of Michigan licensing requirements regarding car seat and belt usage.
Photo/Video Permission	
Parent /Guardian Initials	I _____ grant permission for the Lansing School District to use photographs or videotape of my child for promotional purposes through broadcast or print publications. I understand that permission is granted for the duration of my child's enrollment in the Lansing School District, unless I withdraw permission in writing at a later date.
Program Measurement Permission	
Parent /Guardian Initials	The Lansing School District is conducting follow-up of all the children that have been enrolled in the Great Start Readiness Program. We would like your help in tracking your child's educational progress. This tracking will take place at the end of kindergarten, first and second grades. Our readiness programs are funded through the Michigan Department of Lifelong Education, Advancement, and Potential. As a recipient of this grant, we are required to conduct this longitudinal research. Thank you for your cooperation in the release of this information. I give permission for the Lansing School District staff and any other district I may have my child in, to release information regarding my child's progress. I have the right to withdraw my child from the study at any time. I will notify the school in writing if I decide to do so. All information is considered and will be used by the Lansing School District for reporting purposes only.
Parent/Guardian Participation	
Parent /Guardian Initials	Because parent/guardian participation is a very important part of a child's success in school, we request that you participate in school-related activities as much as possible. Some grant funded preschool programs require home visits, conferences, parent advisory panels and attendance tracking.
Licensing Notebook and Parent Handbook	
Parent /Guardian Initials	I understand that the center may not have a licensing notebook onsite, but the internet is available onsite. Reports from at least the last three years are available at https://cclb.my.site.com/micchirp/s/statewide-facility-search
Parent /Guardian Initials	Families will have an opportunity to meet with their child's teacher and will receive a parent handbook. In it there are policies detailing parent involvement, curriculum, daily schedules, attendance, and other important information for families to know regarding the preschool programming. The handbook is also available at the district website at www.lansingschools.net

I hereby acknowledge that my child will be enrolled in the Lansing School District and that the information provided on this form is true and accurate. I understand that permission is granted for the duration of my child's enrollment in the Lansing School District, unless I withdraw permission in writing at a later date.

Parent/Guardian Signature

Date



Lansing®
School District

STUDENT HEALTH INFORMATION

2026-2027 School Year

Student's Name

Date of Birth

School

Teacher

Grade

☐

My child has NO medical conditions, health concerns, or special medical needs at this time.

☐

My child HAS THE FOLLOWING MEDICAL conditions, health concerns and/or special medical needs:

<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Diabetes (Type 1 or 2)	<input type="checkbox"/>	Seasonal Allergies
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Drug Allergies	<input type="checkbox"/>	Congenital Abnormality
<input type="checkbox"/>	Bee Sting Allergy	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	Heart Condition
<input type="checkbox"/>	Cancer/Leukemia	<input type="checkbox"/>	Milk* Allergy	<input type="checkbox"/>	Behavior/Mental Health
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Other food allergies	<input type="checkbox"/>	Other

Allergies (Please list food and drug allergies)

Other Medical Conditions (Please list any medical conditions or concerns not listed above)

Please check any medications your child may need at school (specify when checking other)

<input type="checkbox"/>	Benadryl	<input type="checkbox"/>	Emergency Inhaler	<input type="checkbox"/>	Tube Feeding
<input type="checkbox"/>	Epi-pen	<input type="checkbox"/>	Diastat	<input type="checkbox"/>	Catheterization
<input type="checkbox"/>	Insulin	<input type="checkbox"/>	Nayzilam	<input type="checkbox"/>	(Other)
<input type="checkbox"/>	Glucagon (Baqsimi)	<input type="checkbox"/>	Valtoco	<input type="checkbox"/>	(Other)

Please specify any other health information that applies to your child

I consent to share this information with district staff, such as, principals, teachers, secretaries, and food service staff. I authorize school personnel to exchange information with my child's health care providers by telephone, fax, and email or in writing to facilitate coordination and continuity of care. Please contact the school nurse to discuss any health concerns or special medical needs of your child.

Doctor/Health Care Provider

Phone

Parent/Guardian Signature

Date

Home Number

Work Number

Cell Number

*A note from your doctor is required for a substitute drink at school.

Office of School Culture - Nursing Department

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State	Zip Code
Parent/Legal Guardian's Name	Primary Phone ()	Parent/Legal Guardian's Name (Optional)	Primary Phone ()	
Home Address (if not child's address)	2 nd Phone (if applicable) ()	Home Address (if not child's address)	2 nd Phone (if applicable) ()	
City	State	Zip Code	City	State
Email Address (optional)		Email Address (optional)		
Employer Name	Work Phone ()	Employer Name	Work Phone ()	
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)		
1.	()	()
2.	()	()
3.	()	()
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)		
1.	()	2.
3.	()	4.

Parent/Legal Guardian Initials:
_____ I give permission to <u>Lansing School District</u> , licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used