



NWHSC Cubs Preschool

2026-2027 School Year

An Academic Preschool and Childcare Opportunity

REGISTRATION FORM

I hereby apply for enrollment of my child in the NWHSC Cubs Preschool:

Child's Full Name (including middle name): _____ Gender: _____

Date of Birth: _____

Address: _____ Zip: _____



Student Resides with (check all that apply): Father Mother Stepfather Stepmother Guardian



Mother's Full Name: _____

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Employer: _____



Father's Full Name: _____

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Employer: _____



ENROLLMENT: Prior to your child's attendance in the NWHSC Cubs Preschool Program, all enrollment information must be completed, signed and returned to the building in which you are enrolling along with a \$150 non-refundable registration fee. Please also provide a copy of your child's birth certificate, immunization records and proof of residency at the time of registration. Forms and fee may be turned into the school office between 7:30 A.M. and 3:00 P.M. The first fifteen (15) full-day paid and first (3) part-time paid registration forms received will have a spot held in the NWHSC Cubs Preschool for the 2026-2027 school year.

Parent Signature

Date

A receipt will be given at time of payment.



EMERGENCY CONTACT (OTHER THAN PARENT):

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Race and Ethnicity Verification

The U.S. Department of Education requires all states to collect information on the race and ethnicity of public school students and staff. The federal government has developed a new way to report ethnicity and race that includes these new categories. The changes are intended to provide a more accurate picture of the nation's ethnic and racial diversity. Please complete both parts of the form below:

Student's Name: _____

Grade: _____

Parent Completing Form: _____ Date: _____

Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question must be answered.)

Part 1: Ethnicity Is this individual Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race What is the individual's race? (Choose one or more.)

- American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original places of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, The Middle East, or North Africa.

The federal guidance requires the use of observer identification at both the elementary and secondary school level, as a last resort, if racial and ethnic data are not self-identified by the student or by the student's parent/guardian.

Observer identification conducted by: _____ Date: _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WIDA Screener will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

Please answer the following questions regarding the child you are enrolling in the NWHSC Cubs Preschool Program.

Name: _____ Male or Female: _____

Does your child currently have an IEP or 504 Plan? If yes, please provide a copy. Yes No

List siblings of child (if they attend a school within NWHSC, please list the school):

List activities your child enjoys, favorite books, toys, etc.

List activities your child dislikes:

STUDENT INFORMATION

- | | | |
|--|-----|----|
| 1. Independently using utensils and feeding self | Yes | No |
| 2. Completely toilet trained (or will be by beginning of school) | Yes | No |
| 3. Can independently put on shoes, coats, etc. | Yes | No |
| 4. Requires rest time daily | Yes | No |
| 5. Can work with other children independently | Yes | No |
| 6. Is ready for organized preschool activities | Yes | No |

Please provide any additional information that will help the school make sure your child's day in the NWHSC Cubs Preschool Program is the best it can be.

EMERGENCY INFORMATION

In the event of a medical emergency, parent/guardian(s) will be contacted as soon as possible.

Please list your preferences:

If transport is required, please indicate your preference for hospital: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

Last date of treatment before filling out this application for enrollment: _____

Known allergies: _____

Known medical conditions: _____

I give my permission for transport in the case of a medical emergency. I understand that I will be liable for all charges incurred. I also understand that arriving paramedics will honor my request for hospital preference unless in their judgment another hospital should be used.

Parent/Guardian Signature

Date

AGREEMENT TO NWHSC CUBS PRESCHOOL PROGRAM REQUIREMENTS

Please initial and sign below. By doing this, the parent/guardian agrees to adhere to the requirements and to follow all school policies and procedures.

_____ *I have read and understand the requirements within the NWHSC Cubs Preschool Program Parent Handbook and application packet.*

_____ *I understand I am submitting enrollment in the NWHSC Cubs Preschool Program as my preschool provider for the entire 2026-2027 school year.*

_____ *I will abide by the NWHSC Cubs Preschool requirements.*

_____ *I will provide transportation to and from the program. I will ensure I am on time to pick up my child each day. I understand if I am late picking my child up then I will be subject to an additional charge of \$10.*

_____ *I will remain current in all fees (please refer to table below regarding amount due and due dates). Payment is still due even if the child is absent for any reason. Late payments may result in dismissal from the NWHSC Cubs Preschool.*

_____ *I will pay monthly (payment due on the 1st of each month)*

_____ *I will pay bi-weekly (payment due on the 1st and 15th of each month)*

_____ *I am enrolling in the _____ 5 days/week or _____ 3 days/week program.*

NWHSC CUBS PRESCHOOL PROGRAM COSTS

	Number of Program Days	Annual Cost	Bi-Weekly Payment Plan August – May	Monthly Payment Plan
5 days/week	180	\$5,550	\$270 due 1 st and 15 th of each month August-May	\$540 due on the 1 st of each month August-May
3 days/week (M, W, F)	104	\$4,050	\$195 due 1 st and 15 th of each month August-May	\$390 due on the 1 st of each month August-May

Parent/Guardian Signature

Date

By signing this form, parents agree to make timely payments to North West Hendricks Community School Corporation to participate in the Cubs Program. Non-payment will result in the removal of your child(ren) from the program.