

Cypress Elementary School District #64

4580 Mt. Pisgah Road Cypress, IL 62923

Phone: 618-657-2525 Fax: 618-657-2570

Kimberly Shoemaker, Superintendent

Dear Parents/Guardians,

Cypress School District 64 will hold its annual Child Find Screening and PreK/K Registration on April 17th. All students wanting to enroll in the PreK program for the 2026-2027 school year should make an appointment for screening. Children will be screened for hearing, vision, speech and readiness skills, so please make sure your child is with you for your appointment.

Please bring your child's certified birth certificate, health and immunization records, proof of all household income, and proof of residency to the screening. Students entering PreK will need a physical before the start of the school year. **All PreK paperwork, including proof of income, must be completed and on file by August 1st, or your child will be placed on a waitlist, no exceptions.** (Even if you have already received a letter stating that your child has been accepted.) You will also be required to complete the online registration process once the portal opens in July.

We look forward to a GREAT year in PreK!

Sincerely,

Kimberly Shoemaker

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Superintendent/Principal

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Cypress Elementary School Student Registration Form 2026-2027

Student Data

Date: _____

First Name:	Middle Name:	Last Name:
Mailing Address:	Physical Address:	SSN:
Grade Level:	Birth Date:	Birth Place:
Primary Home Language:		
Allergies/Health Information: <i>Please list any medical diagnosis or medication that your child takes.</i>		
Parent Email Address:		

Contact Information

Father's Name:	Place of Employment:		
Address:	Home Phone:	Cell Phone:	Work Phone:
Mother's Name:	Place of Employment:		
Address:	Home Phone:	Cell Phone:	Work Phone:
Is a parent or guardian a member of a branch of the armed forces of the US who is or expects to be deployed to active duty during the school year?			

Other Emergency Contacts: *Please provide at least two other emergency contacts.*

Name:	Relation:	Home Phone:	Cell Phone:
Name:	Relation:	Home Phone:	Cell Phone:
Name:	Relation:	Home Phone:	Cell Phone:
Name:	Relation:	Home Phone:	Cell Phone:
Name:	Relation:	Home Phone:	Cell Phone:

If there are individuals your child CANNOT be released to, please list names:

I hereby certify that the residency information on this registration form is correct and that I am able to provide the District with Proof of Residency documents (see attached list for requirements) I understand that supplying false information may result in prosecution. (105 ILSC 5/20.12b)

Signature: _____ Date: _____

*A person who knowingly or willfully provides false information to a school district regarding the residency of a pupil to attend any school district without the payment of a nonresident tuition charge commits a class c misdemeanor. Reported to the office of the Johnson County State's Attorney, this type of violation will be prosecuted. 105ILSC5/20.12b

Cypress Elementary School Student Registration Form 2026-2027

Student's Name _____

CGS Website: In an effort to keep students of CGS safe, we will only identify them by their first name if a photo/work of your child is included on the website. The only time first and last name will be used will be without a photo of the student. An example would be listing students for honor roll. *I allow CGS to use my child's information on the school website.*

Parent Signature:

Date:

Use of Name and Photograph: *Please mark one.*

_____ **I give permission** for my child's name/photograph to be printed and broadcast in the school yearbook/newspaper/television/radio/social media.

Parent Signature:

Date:

Field Trip Permission: I hereby give my permission to allow my child to participate in school-sponsored field trips.

Parent Signature:

Date:

Home Language Survey

Is a language other than English spoken in your home?

Does your child speak a language other than English?

If so, what language?

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent Signature:

Date:

McKinney-Vento

Do you struggle with, or need assistance with, permanent housing?

Yes No

Are you currently living in someone else's residence? (other than renting)

Yes No

Student Handbook

I have received a copy of the student handbook.

Parent Signature:

Date:

E-Learning Guide

I have downloaded and read the Parent/Student ELearning Guide and understand that marking yes indicates that I agree to the agreement in its entirety. I also understand that my student will not be issued a chromebook or allowed to access the school internet network until this document is signed.

Parent Signature:

Date:

Cypress Elementary School Student Registration Form 2026-2027

Proof of Residency Requirements

Category I (One document required)

- Most recent property tax bill and proof of payment, e.g., canceled check or Form 1098 (homeowners)
- Mortgage papers (homeowners)
- Signed and dated lease and proof of last month's payment, e.g., canceled check or receipts (renters)
- Letter from manager and proof of last month's payment, e.g., canceled check or receipt (trailer park residents)
- Letter of residence from landlord in lieu of lease (7:60-AP2, E1,
- *Letter of Residence from Landlord in Lieu of Lease*)

Category II (Two documents showing proper address are required)

- Driver's license
- Vehicle registration
- Voter registration
- Most recent cable television and/or credit card bill
- Current bank statement
- Current public aid card
- Current homeowners/renters insurance policy and premium payment receipt
- Most recent gas, electric, and/or water bill

Cypress Elementary School District #64

Pre-K Income Guidelines

In order to serve students with the greatest need, we are required by the State of Illinois to verify family income. Please indicate your family's income below and return proof of income to the District office. Students will not be eligible for enrollment in the PreK program until income eligibility is received.

Method of Verification:

Public Benefits: (Circle all that apply and submit a copy)

WIC, Medical Card, SNAP, TANF, CCAP

Proof of Income: (required only if no proof of public benefits above)

Paystubs (include last two), SSI, Most recent tax return, Other forms of verification

(Please complete the information below and attach copies)

Name (List all household members with income)	Gross Income and How Often It Is Received							
	Earnings from Week (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Com, Unemployment, SSI, all other income	
	Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often

Income Verification Forms (At least one is required)
 Pay Stubs (2 most recent)
 Proof of WIC,SNAP,TANF,SSI,or CCAP Benefit
 Most Recent Tax Return Statement
 Verification Letter from Employer
 Proof that parent is enrolled in Medicaid

Parent/Caregiver's Signature Relationship to Child Date

Cypress Elementary School District #64

4580 Mt. Pisgah Road Cypress, IL 62923

Phone: 618-657-2525 Fax: 618-657-2570

Kimberly Shoemaker, Superintendent

Child's Name: _____

Each child enrolled in the Cypress School district's Pre-K class will be screened and tested in the following areas:

1. Gross and fine motor skills
2. Vocabulary Development
3. Vision and Hearing
4. Speech and Language Development
5. Social/Emotional Development

Those children who exhibit a deficiency in any of these areas will be eligible for Pre-K. There is no tuition for the program.

Your signature is necessary to comply with the requirements of the PreK Program.

Signature of

Date

Permission for Speech/Language Therapy

I authorize Cypress School District to provide intervention speech/language therapy services for my child if warranted as determined through speech and language screening.

Parent Signature

Date

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Child's Name: _____ Date: _____

Please list individuals who are authorized to bring and pick up your child. Please call or send a note if someone who is not on the list will be picking up your child.

Name	Relationship	Phone #

Parent Signature

Date

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Child/Family Inventory

Child's Name: _____ Birthday: _____ Sex: _____
Address: _____ Telephone: _____
_____ Child's SS#: _____

Parent/Guardian Information

Father: _____ Mother: _____
Address: _____ Address: _____
Father's Age: _____ Marital Status: _____ Mother's Age: _____ Marital Status _____
Occupation: _____ Occupation: _____
Work Phone: _____ Work Phone: _____
Level of Education: _____ Level of Education: _____

Family Background

Are both parents in the home? YES NO Number of children living in the home: _____

Other Children	Birthdate	Sex	Grade in School	Problems in School?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Lunch Status (if known): FULL PRICE REDUCED PRICE FREE

Does anyone in the home smoke? YES NO

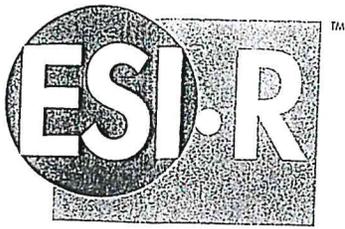
Has your child attended preschool/daycare before? YES NO *If yes, when, where and for how long?* _____

Medical Information

Birth weight of your child: _____ Was the child premature? YES NO

Were there any significant problems during pregnancy? YES NO *If yes, please explain:*

Did the child remain in the hospital longer than the mother? YES NO *If yes, please explain:*



Early Screening Inventory-RevisedTM Meisels et al.

Parent Questionnaire

Date _____

CHILD INFORMATION

CHILD'S NAME _____ Male Female

HOME ADDRESS Street _____ Apt _____

City _____ State _____ Zip _____

Phone (____) _____ Date of Birth _____

Who is completing this Parent Questionnaire? Name _____

Relationship to child _____

FAMILY

With whom has the child lived for most of the past year? _____

Other children in the family – How many older? _____ How many younger? _____

Other people living in the household _____

What language(s) are spoken at home? English Other (specify) _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes No

If yes, for how long? 6 months 1 year 2 years more than 2 years

Name of child's present or most recent school _____

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MEDICAL HISTORY

Birth

Were there any significant problems during pregnancy? Yes No
If yes, please explain:

Was your child more than 3 weeks premature? Yes No

If yes, how many weeks premature? _____

Baby's birth weight _____

Did the baby stay in the hospital longer than the mother? Yes No

If yes, please explain:

At the time of birth, did the baby — have seizures Yes No

turn blue? Yes No

Child's Health Since Birth

EYES Has your child ever had trouble seeing? Yes No

Does your child hold books and objects close to his or her face? Yes No

Have your child's eyes ever looked crossed? Yes No

Have you ever suspected that your child has vision problems? Yes No

If yes, please explain:

EARS Has your child had frequent ear infections? Yes No

Has your child ever had trouble hearing? Yes No

Have you ever suspected that your child has hearing problems? Yes No

If yes, please explain:

COORDINATION Has your child ever had trouble walking, climbing, reaching, holding on to things? Yes No

If yes, please explain:

MEDICAL HISTORY (continued)

Child's Health

Since Birth continued

Has your child ever had any significant injuries or hospitalizations?

Yes No

If yes, please explain:

Does your child have allergies?

Yes No

If yes, please explain:

Is your child presently on any medications?

Yes No

If yes, please explain:

Please describe any other health concerns:

Yes No

SOCIAL, EMOTIONAL, AND SELF-HELP SKILLS

Can your child — feed him or herself using a spoon and/or a fork?

Yes No

wash and dry his or her own hands?

Yes No

help with dressing or dress with little assistance?

Yes No

stay with a babysitter?

Yes No

speak so that he or she can be understood by others?

Yes No

express his or her thoughts and needs easily?

Yes No

Do you have any concerns about your child's appetite or willingness to try different foods?

Yes No

If yes, please explain:

CHILD'S DEVELOPMENT (continued)

Do you have any concerns about your child's sleeping patterns (going to bed with difficulty or waking often during the night)? Yes No

If yes, please explain:

- | | | | |
|-------------------|---|------------------------------|-----------------------------|
| Is your child — | highly active? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | very quiet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child — | toilet trained during the day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | in need of help with toileting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child — | play with blocks, boxes, cups, or other construction toys without help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | use crayons and/or markers to scribble or draw? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | listen to stories being read? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | turn pages of a book and look at pictures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | recall stories or events? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | enjoy playing alone or with imaginary friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | talk with your friends/relatives who come to visit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | follow simple, age-appropriate directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What are your child's favorite activities?

Does your child have opportunities to play with other children? Yes No

How many hours a day does your child spend watching TV? _____

Does he or she sit very close to the TV? Yes No

Does he or she turn up the volume very high? Yes No

Are there other things you would like to tell us about your child?

Pre-K Policy

Pre-K runs along with the regular school schedule. It is from 7:45-3:00. Pick ups will start at 2:30 and buses will load at 2:45. If your child will be missing school, the teacher and the office needs to know. If a child is to miss more than 10 days without an excuse, the child will be dropped from the Pre-K program and we will fill the spot with a child on the waiting list.

I have read and understand the Pre-K program Policy

Signature: _____ Date: _____