

Preschool Registration Form

Date _____

Child Attending Class

First Name _____ Middle Name _____

Last Name _____ Male Female

Birth Date _____

Address _____ Apt _____

City _____ Zip _____

1. Parent/Guardian First Name _____ Last Name _____

Birth Date _____ Phone Number _____

Address _____ Apt _____

E-mail Address _____

Male Female Relationship to child _____

2. Parent/Guardian First Name _____ Last Name _____

Address _____ Apt _____

Birth Date _____ Phone Number _____

E-mail Address _____

Male Female Relationship to child _____

Adult attending with child _____ *(Parent Connection only)*

Address _____

City _____ Zip _____

How did you learn about our program? _____

Has your child completed Early Childhood Screening? Yes No

Are you interested in Volunteering? Yes No

Do you need Interpreter Assistance? Yes No

Does your child have any health or physical concerns that we need to be aware of? _____

Does your child have any food allergies? Yes No

If Yes, please list _____

Is your child receiving, or has your child in the past received, any Special Education services? Yes No

If yes, please list staff who have worked with your child: _____

The questions below are optional, however answers are strongly encouraged. The information from this data will help the Minnesota Department of Education. Data will be handled and protected by state and federal education data privacy laws.

Please indicate whether you are the child's

Mother Father Grandmother Grandfather

Foster Mother Foster Father Guardian Other Relative

Your highest level of school completed (Mark only one)

Eighth grade 12th grade HS Diploma Some college-no degree

Associate's Degree Bachelor's Degree Master's Degree Ph.D

Number of people in household (circle one): 2 3 4 5 6 7 8

What is your current job status?

Employed more than 25 hours per week

Employed less than 25 hours per week

Unemployed, seeking employment

Unemployed, not seeking employment

What was your household's total yearly income, before taxes last year?

\$ _____

What is the primary language spoken by the child? (Circle all that apply)

English Spanish Hmong Somali Vietnamese Karen Arabic

Russian Mandarin Laotian Oromo Cambodian Other: _____

What is the race/ethnicity of your child(ren)? (Circle all that apply)

White Black/African/African American Hispanic or Latino Asian

Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native

Other, single race Other, two or more races

Behavior & Photo Agreements

Behavior Plan for Preschool & PreK classes

Having a foundation of basic social and emotional skills is critical to school readiness. At EC&FE we use positive behavior strategies to help children learn and practice appropriate behaviors, and we are committed to working with your child while they learn these skills.

If your child needs more support, we will partner with you to develop a guidance plan. In addition to teaching and learning, our role is to ensure a safe, secure classroom for all children and staff. If we are not able to agree on a plan your child may be dismissed from the program.

I have read and agree to the terms of the Behavior Plan Agreement.

Parent/Guardian Photo Agreement

I understand my and/or my child's photo may be used by the program. If I wish to deny this I will follow the School Board Policy and Procedure 515 found at the district website, www.district279.org

I have read and agree to the terms of the Photo Agreement.

Registration Requirements

- Registration Fee 1st Month Tuition
- Immunizations Certificate of Birth
- Proof of Income (if not Full Fee)

Cash, Check, Discover, MasterCard, VISA, or electronic bank payments are accepted. Checks payable to ISD 279.

Preschool Class

1st Choice Class number _____ Fee _____

2nd Choice Class number _____ Fee _____

3rd Choice Class number _____ Fee _____

Do you need Sibling or Extended Child Care?

Yes No (If offered for your class)

If yes, complete a registration form and provide immunizations for each child in sibling care.

Child Care Fee _____ Class Fee _____ Total Fee _____

Credit Card Payment Information

Discover MasterCard VISA

Charge will appear as Osseo Area Schools

Card # _____

Expiration Date _____ 3-Digit Code _____

Name on card _____

Billing address if different _____

Yes, I authorize autopay on my account.

Office Use: Date _____ Cash _____

Check _____ Amount _____