

CHILDS NAME \_\_\_\_\_ Date of birth \_\_\_\_\_

Early Childhood Screening complete? \_\_\_\_\_ Approximate date? \_\_\_\_\_

**FAMILY INFORMATION**

**Student's PRIMARY Household**  
All information and mailings will be sent to the primary household

Student lives with: Mother and Father <input type="checkbox"/> Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> Single Gender Parents <input type="checkbox"/> *Foster Family <input type="checkbox"/> *Relative/Other <input type="checkbox"/>  *Provide legal custody document OR fill in legal parent/guardian info in Secondary Household section below.	Address  City _____ State _____ Zip _____  County _____ Home Phone _____  Is this primary residence located within the ISD 255 district boundaries: Yes    No    I am unsure
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Primary Household Parent/Guardian 1	Primary Household Parent/Guardian 2
Name _____ DOB _____	Name _____ DOB _____
Work Phone ( ) _____	Work Phone ( ) _____
Cell Phone ( ) _____	Cell Phone ( ) _____
E-mail address _____	E-mail address _____
Place of Employment _____	Place of Employment _____

\*\* Note: Please notify the school office and provide legal documentation if there is a custodial issue. \*\*

Please list all permanent members (adults & children) in household.					
Full Legal Name	Birthdate	Gender	Relationship	Age/Grade	School (if attending)

**Student's SECONDARY Household (if applicable)**  
\*All information and mailing will be sent to the secondary household.

Student lives with: Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> Single Gender Parents    Other <input type="checkbox"/>  *Provide legal custody document OR fill in legal parent/guardian info in Secondary Household section below.	Address  City _____ State _____ Zip _____  County _____ Home Phone _____
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Primary Household Parent/Guardian 1	Primary Household Parent/Guardian 2
Name _____ DOB _____	Name _____ DOB _____
Work Phone ( ) _____	Work Phone ( ) _____
Cell Phone ( ) _____	Cell Phone ( ) _____
E-mail address _____	E-mail address _____
Place of Employment _____	Place of Employment _____

\*If information and mailings should NOT be sent to the Secondary Household, please provide legal documentation.

**Emergency Information**

Emergency Contacts are people who can be called and will come for student in case parents/guardians cannot be reached.

Name	Relationship	Home Phone	Cell Phone



### Student Information

LAST Name (Legal)	FIRST Name (Legal)	Full MIDDLE Name	Nickname or Preferred Name	Birthdate	
Grade	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Language Spoken in the home	Receiving ESL Services Yes <input type="checkbox"/> No <input type="checkbox"/>	Is English read in the home? Yes <input type="checkbox"/> No <input type="checkbox"/>	US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>
Assistance Needed With: Math <input type="checkbox"/> Speech <input type="checkbox"/> General Learning <input type="checkbox"/> 504 Plan <input type="checkbox"/> Reading <input type="checkbox"/>		Special Education/IEP: Speech/Language <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Dev/Cognitive Disability <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Autistic <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Tramatic Brain Injury <input type="checkbox"/> Emotional/Behavioral Disorder <input type="checkbox"/> Physically Impaired <input type="checkbox"/>			
Is this student Hispanic/Latino?  <input type="checkbox"/> No, not Hispanic/Latino  <input type="checkbox"/> Yes, Hispanic/Latino  (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) <i>This question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.</i>			What is the student's race? (Choose one or more.)  <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> 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.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins of any of the original peoples of Europe, the Middle East, or North Africa.)		
<b>Previous Enrollments</b>					
Has student previously attended school in this district? Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____					
Has student ever registered under a different name? If so, please provide: _____					
<b>Prior school information, most recent first</b>					
Name of School	Year/Grade	Public/Private	City/State	Phone/Fax	
<b>Additional Information</b>					
Is the student homeless? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Has the student ever been enrolled in a Minnesota School: Yes <input type="checkbox"/> No <input type="checkbox"/>					

In the past 3 years have you or anyone in your family moved (city, state, or school district) so that you or a family member could seek or obtain seasonal/temporary agricultural work? Yes No

Receiving Interpreter Assistance? Yes No

Classroom Volunteer Type? Check One: Not Volunteering  Classroom Volunteer or Field Trip

Parent Advisory Council Volunteer  Other as District Identified

\*\*\*\*\*PLEASE ATTACH A COPY OF IMMUNIZATIONS \*\*\*\*\*

**OFFICE USE ONLY:**

District Number : 255 District Type: 01 School Year: 2016 Program Name: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Count of Classes: \_\_\_\_\_ Fee Status: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Special Needs or Dalay NOT Eligible for Special Education: \_\_\_\_\_ START DATE: \_\_\_\_\_

**\*\*\*ECFE/SR ENROLLMENT\*\*\***

Please list any allergies, medical conditions, or behavior concerns that we should be aware of.

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Is your child potty trained Yes  No  If not, please indicate and Miss Kelly will forward some current potty training tips to you.

**ECFE Walking Field Trip Permission**

**ECFE Photo Permission Slip**

I give permission for my child \_\_\_\_\_

to go on the Douglas Trail Yes, my child may go  No, my child may not go

I give my permission for my child to ride to the bus to visit the Nursing Home OR Senior Center. Yes  No

I give my permission for my child to go on the Apple Orchard Field Trip in the Fall. Yes  No

I give my permission for my child to go to the Adventure Peak Field Trip in the Spring. Yes  No

I give my permission for my child to go to Kids Kingdom at Covered Bridge Park in Zumbrota in the Spring. Yes  No

I also give permission for my child's picture to be taken and used for art projects, bulletin boards, newspaper articles, brochures, and Facebook. We may also use photo sharing websites and school website. Yes  No

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE INDICATE WHICH PRESCHOOL CLASS YOU ARE INTERESTED IN:**

2 DAY OPTION		3 DAY OPTION	
<input type="checkbox"/>	M/W 8:30 – 11:00 a.m. 3's & 4's Miss Chloe	<input type="checkbox"/>	Tues/Thur/F – 8:30 – 11:00 a.m. 4 & 5 years old Miss Chloe
<input type="checkbox"/>	Tues/Thurs 12:30 – 3:00 p.m. 4 & 5 years old Miss Chloe	<input type="checkbox"/>	M/W/F 12:30 -3 p.m. 4 & 5 years old Miss Chloe
<input type="checkbox"/>	Tues/Thurs 8:30 – 11:00 a.m. 3 & 4 years old Miss Liz	<input type="checkbox"/>	M/W/F 8:30 – 11:00 a.m. 4 & 5 year olds Miss Liz
<input type="checkbox"/>	Tues/Thurs 12:30 – 3:00 p.m. 3's and 4's Miss Liz	<input type="checkbox"/>	M/W/F 12:30 – 3:00 p.m. 4 & 5 year olds Miss Liz
<input type="checkbox"/>	Monday Evening 5:00 – 6:30 p.m. Mixed Ages Class ECFE		
<input type="checkbox"/>	Tuesday AM 10:30 – 12:00 Parent Café Mixed Ages ECFE Class		

# Preschool Transportation Plan 2019-20

Childs Name \_\_\_\_\_ Parents Name \_\_\_\_\_

Parents email \_\_\_\_\_ Parents Cell \_\_\_\_\_

Please circle - my child is in Miss Liz / Miss Chloe Class      Liz      Chloe

Will ride    AM      or      PM      What days of the week will they ride \_\_\_\_\_

Route to School (please circle)

Someone will drive them      Yellow school bus with older daycare kids or siblings

Small white bus Hiawatha      Cubbies (Panther care at school- contact Jennie 356-8876)

Route home from school (please circle)

Someone will drive them      Yellow school bus with older daycare kids or siblings

Small white bus Hiawatha      Cubbies (Panther care at school – contact Jennie 356-8876)

Will this be the same every day???

\*\*\* If you choose the YELLOW SCHOOL BUS you will NEED to fill out the form below.

\*\*\* If you choose Hiawatha, you will need to call them 866-623-7505 to get a student information form filled out and to get on their schedule.

## -----Transportation Form 2019-20-----

**(Fill out below only if requesting yellow school bus)**

### School Readiness Privilege Guidelines & Permission Form

**(Please note: IF THE TRANSPORTATION DIRECTOR SAYS THE ROUTES ARE FULL, YOUR CHILD CANNOT RIDE THE YELLOW SCHOOL BUS. If they gives us permission they **cannot** start riding the bus until approximately the 3<sup>rd</sup> week of the school year. We will let you know when they start. Please check YES  that you have read and understand about the busing. Please call Community Ed 356-8876 if you have questions.)**

Leaving School:

1. Child must be enrolled in Panther preschool classes or older.
2. **The child rides to a home which is an existing stop, and older siblings are dropped there.**
3. The child rides to a daycare which is an existing stop, and other children are dropped there.
4. School Readiness Coordinator will obtain signed approval from Transportation Coordinator.

Will ride AM or PM?? \_\_\_\_\_ What days of the week will they ride? \_\_\_\_\_

BUS NUMBER?? \_\_\_\_\_

What address will they be picked up from? \_\_\_\_\_

Is drop off same address? \_\_\_\_\_

Name of older sibling or day care friend they will be riding with? \_\_\_\_\_ **(REQUIRED)**

Instructions: \_\_\_\_\_

PLEASE RETURN THIS PACKET TO COMMUNITY EDUCATION, P.O. BOX 398, PINE ISLAND, MN 55563 OR  
EMAIL IT TO cgarness@pineisland.k12.mn.us

MISS CHLOE 2019-20  
Early Childhood Family Education

Monday	Tuesday	Wednesday	Thursday	Friday
8:30 - 11:00 a.m. 3's & 4's 2 days a week	8:30 -11:00 a.m. AM SCHOOL READINESS 3 days a week	8:30 - 11:00 a.m. 3's & 4's 2 days a week	8:30 - 11:00 a.m. AM SCHOOL READINESS 3 days a week	8:30 - 11:00 a.m. AM SCHOOL READINESS 3 days a week
	ECFE MOMS & DADS 10:30 - 12:00 pm			
12:30 - 3:00 P.M. PM SCHOOL READINESS 3 days per week	12:30 - 3:00 p.m. PM SCHOOL READINESS 2 days a week	12:30 - 3:00 P.M. PM SCHOOL READINESS 3 days per week	12:30 - 3:00 P.M. PM SCHOOL READINESS 2 days per week	12:30 - 3:00 p.m. PM SCHOOL READINESS 3 days a week

MISS LIZ 2019-20  
Early Childhood Family Education

Monday	Tuesday	Wednesday	Thursday	Friday
8:30 - 11:00 a.m. AM SCHOOL READINESS 3 days a week	8:30 - 11:00 a.m. 3's & 4's 2 days a week	8:30 - 11:00 a.m. AM SCHOOL READINESS 3 days a week	8:30 - 11:00 a.m. 3's & 4's 2 days a week	8:30 - 11:00 a.m. AM SCHOOL READINESS 3 days a week
12:30 - 3:00 P.M. PM SCHOOL READINESS 3 days per week	12:30- 3:00 p.m. 3's and 4's 2 days a week	12:30 - 3:00 P.M. PM SCHOOL READINESS 3 days per week	12:30 - 3:00 P.M. 3's and 4's 2 days per week	12:30 - 3:00 p.m. PM SCHOOL READINESS 3 days a week
ECFE EVENING MIXED AGES 5:00 - 6:30 pm				

Classes that meet 3 times per week = \$145 per month plus \$2 processing fee + \$25 Reg. Fee  
 Classes that meet 2 times per week = \$110 per month + \$2 processing fee + \$25 Reg. Fee  
 ECFE class (Moms and Dads or Evening Mixed ages) \$35 for ½ year or \$70 full year per family  
 Scholarships may be available. Contact Community Ed at 356-8876.

WE ACCEPT CASH, CHECKS, OR CREDIT CARD PAYMENTS. CHECKS CAN BE MADE OUT TO SR OR ECFE AND DROPPED OFF AT COMMUNITY ED OR SEND IN YOUR CHILD'S BACKPACK. IF YOU NEED HELP WITH ONLINE PAYMENTS, PLEASE CHECK WITH COMMUNITY ED 356-8876.