

ISD 728 DISCOVERY LEARNING REGISTRATION (return form and fee to ECFE, 1170 Main St., Elk River, MN 55330)

Student Last Name (Legal)	Student First Name (Legal)	Student Middle Name	Student Name Suffix
Student Preferred Name	Student Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Birth Date	MARSS#
Class First Choice:	Class Second Choice:	Class Third Choice:	

Student's PRIMARY Household

<input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother (and stepfather if applicable) <input type="checkbox"/> Father (and stepmother if applicable) <input type="checkbox"/> *Foster Family <input type="checkbox"/> *Relative/Other (Please list): _____ <i>*Provide legal custody document OR fill in legal parent/guardian info in Secondary Household section below.</i>	Address		
	City	State, Zip	
	County	Home Phone	
	Email		
	Is this primary residence located within the ISD 728 boundaries? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		

Primary Household Parent/Guardian 1	Primary Household Parent/Guardian 2
Name	Name
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

Student's SECONDARY Household (if applicable)

<input type="checkbox"/> Mother (and stepfather if applicable) <input type="checkbox"/> Father (and stepmother if applicable) <input type="checkbox"/> *Relative/Other (Please list): _____ <i>*Please notify the ECFE office and provide legal documentation if there is a custodial issue.</i>	Address		
	City	State, Zip	
	County	Home Phone	
	Email		
	Is this primary residence located within the ISD 728 boundaries? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		

Secondary Parent/Guardian Information	Secondary Parent/Guardian Information
Name	Name
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

Additional Required Information

Has your child been to Early Childhood Screening? In what district? _____ If no, please set appointment.	Has your child ever been assessed/referred for Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a teacher preference? (this cannot be guaranteed) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, teacher's name? _____	Does your child have an IEP or IFSP, or receiving any Early Childhood Special Ed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are your child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I understand an up-to-date immunization record for child must be provided prior to the start of classes.	Is this child's primary address with friends, relatives or a temporary household? <input type="checkbox"/> Yes <input type="checkbox"/> No Is child's family homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any of the following? (If yes to any of the following, you may be asked to provide a health plan). Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the allergy: _____ Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any specific concerns about your child, or is there any situation in your family that may affect your child's experience in preschool (divorce, marriage, death, new baby, move, family illness, etc.)?
Any other significant health concerns? _____	

We are collecting this data in order to enroll the participant in our program. The data will be provided to the instructor(s) & staff whose jobs require this data. If this data is not provided the participant may not be able to be enrolled in the program.

Additional Required Information

Is your child's ethnicity Hispanic Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the child's primary language? _____
What is your child's race?	What is the English language level of mother/guardian? <input type="checkbox"/> none <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high
Country of origin:	What is the English language level of father/guardian? <input type="checkbox"/> none <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high
Length of time family has lived in the United States? _____	What language is most often spoken in the home? _____
	Does your child require interpreter services? <input type="checkbox"/> Yes <input type="checkbox"/> No

Required Registration Information

Name of person registering child:	Date of birth:	Relationship to child:
Your highest level of school completed:	Your current job status (mark only one): <input type="checkbox"/> Employed more than 25 hours per week <input type="checkbox"/> Employed less than 25 hours per week <input type="checkbox"/> Unemployed seeking employment <input type="checkbox"/> Unemployed not seeking employment	
How many people were in your household last year?		

Authorization for Child Pickup

Who is authorized to pick up your child?

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Who is **NOT** authorized to pick up your child?

Name _____	Relationship _____
Name _____	Relationship _____

If an Order of Protection or other legal actions restricts contact with the child, the document needs to be provided to the ECFE office. A copy will be kept in the child's file.

I understand that this information will be kept on file in the Discovery Learning Preschool classroom. Should any information change during the school year, I will notify the staff and update this form.

Signature of Parent/Guardian: _____ Date: _____

Parent Permission

As part of our classes we have several activities that we need parent permission for your child to participate. Please mark each area and sign.

Students Name _____

As part of our program, there are times when it would be beneficial to take a short walk off school grounds.

Yes, I give my permission for my child to participate in short walking field trips.

No, do not take my child on any walking field trips.

Parent Signature _____ Date _____

Throughout the school year we like to display children's artwork around our school. We also take photos of children and parents for projects such as a snack placemat or to display in our classroom or hallway.

Yes, I give permission for my child's and/or parents' artwork and /or photo to be displayed in the classroom or around the school building.

No, I do not give permission for my child's and/or parents' artwork and /or photo to be displayed in the classroom or around the school building.

Parent Signature _____ Date _____

During the year we sometimes use children's and/or parents' photos (no names) and artwork in our newsletters, newspapers, displays, or the websites (ECFE/SR & ISD 728).

Yes, I give my permission for my child's and/or parents' photo and/or artwork to be used for the sole purpose of illustration, advertising and/or publicity in newsletters, newspapers, displays, or the website.

No, I do not give my permission for my child's and/or parents' photo and/or artwork to be used for the sole purpose of illustration, advertising and/or publicity in newsletters, newspapers, displays, or the website.

Parent Signature _____ Date _____

Throughout the school year we may video tape Discovery Learning classes or parent discussion sessions. Video tape segments may be used on our website (ECFE/SR & ISD 728), for, or at events, or for publicity purposes.

Yes, I give permission for the program to use video tape recordings of my child or his/her family members for publicity purposes on the program website (ECFE/SR & ISD 728) or at events.

No, I do not give permission for the program to use video tape recordings of my child or his/her family members for publicity purposes on the program website or at events.

Parent Signature _____ Date _____

I understand that video tape recordings of my child in the classroom may be used within the Discovery Learning Program during the parent discussion time, for observing and documenting my child's development, and/or for staff professional development.

Parent Signature _____ Date _____

Data Privacy Information

Because we are asking you to provide enrollment and child development information about your child or family, we need to inform you as to why we are requesting the information and how we will use the information.

1. You are being asked to supply information about your child and family in order for the School Readiness/Early Childhood Family Education staff to assist you in meeting the needs of your child and family through classes or home visits.
2. You do not legally have to provide this information.
3. Without this information services or programs provided by the School Readiness/Early Childhood Family Education may be limited.
4. Information obtained by the School Readiness/Early Childhood Family Education will be used by the School District staff to provide services to your family or child.
5. This information will not be provided to other individuals or agencies without your written permission.
6. You may review your file upon request.

I have read and understand the above information.

Signature _____ Date _____

The following data may be collected as part of the registration process or during your Discovery Learning class. Items followed by * are required and must be furnished before attending.

Discovery Learning Class:

<u>Information Collected</u>	<u>How Used</u>
-Registration Form*	-Enrollment
-Immunization Form*	-Enrollment, child's school record
-Photo Release for publications, website, etc.	-On file
-Attendance Sheets/Class List	-Maintaining attendance
-Networking Sheets	-Sharing name/number with others enrolled in the same class
-Payment Record	-Class records, billing info
-Health concerns/allergy Info*	-Instructional planning, child health and safety
-Signed Release of Information	-To request or release info about your child to/from another Agency
-ECFE & SR Participant Questionnaire	-State and local planning – is not kept with student record
-Who Can Pick Up My Child*	-On file, list of other adults who may pick up your child from class
-Emergency Information*	-On file in case of emergencies
-Final Developmental Checklist	-Added to child's permanent record for school district & Summary Profile
-Parent Permission	-Walking trip, display work
-Class Activity Observations, Portfolio, Materials, Developmental Checklist, Summary Profile	-Instructional plans, conferences
-Discovery Learning Participant Agreement	-Program participation policy
-Income Information	-Confidential information needed to determine eligibility for sliding fee program

Parent Participation Agreement

Discovery Learning Participation Parent Agreement

In order to make your child and family's participation in Discovery Learning as successful as possible we are asking for your agreement to participate fully.

Families agree to:

- Complete the Early Childhood Screening process prior to class beginning in September
- Pay registration fee unless other arrangements have been made
- Keep tuition payments up to date or if necessary make special arrangements with the ECFE/SR office
- Register in advance and pay for sibling care when needed

Families agree to regular attendance:

- Contact teacher if unable to attend
- Understand if there are three or more absences without valid reason, that their spot in class may be forfeited
- Arrive and pick-up on time

Families agree to be involved in the program:

- Attend with child on first day of class
- Attend parent-child days throughout the year (caregiver or relative may attend with parent's permission if parent is unable to attend.)
 - In threes/fours classes--attend weekly parent-child/parent ed days.
 - In fours/fives classes--attend three parent-child/parent ed sessions AND attend monthly parent-child times in the preschool classroom.
- Read class notes and newsletters
- Complete at-home-activities
- Attend parent conferences two times during the year
- Attend special events
- Participate in other ways, as able
- Turn cell phone off during class time or when in the school building with my child or other children.

We agree to participate fully in the program as listed above.

Parent's Signature _____ Date: _____

Financial Information

Deposit Paid (\$49) date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Name on Credit Card:	Credit Card Number & Expiration Date:
Do you want to apply for a fee waiver or reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your household's total yearly income, before taxes last year, rounding to the nearest thousand?	

Application for Reduced Tuition ISD 728 Discovery Learning Preschool

Family and Income Information (complete this page only if applying for reduced tuition)

List all household members that contribute to family income*.

First Name:	Gross Annual Income before deductions.....	1.
	Public Assistance, Child Support, Alimony, Unemployment...	2.
Last Name:	Pension, Social Security, Retirement, Permanent Disability...	3.
	Other Income, including net self-employment.....	4.
First Name:	Gross Annual Income before deductions.....	5.
	Public Assistance, Child Support, Alimony, Unemployment...	6.
Last Name:	Pension, Social Security, Retirement, Permanent Disability...	7.
	Other Income, including net self-employment.....	8.
First Name:	Gross Annual Income before deductions.....	9.
	Public Assistance, Child Support, Alimony, Unemployment...	10.
Last Name:	Pension, Social Security, Retirement, Permanent Disability...	11.
	Other Income, including net self-employment.....	12.
Add lines 1 through 12, Total Annual Family Income:		13.

*If child is legal responsibility of court or welfare agency, family income not required

List names and ages of all children in the home:

Name:	Name:	Name:
Age	Age	Age

Name:	Name:	Name:
Age	Age	Age

Number of Parents: _____ + Number of Children: _____ + Other household members _____ = **Total Family Size:** _____

Verification documentation the above listed last calendar year's household income must be received with application.

Acceptable forms of verification are:

- | | |
|---|--|
| 1. Gross Wages and Salaries from all jobs (before deductions): | 4. Unemployment, Worker's Compensation, strike benefits: |
| • 2015 W-2 Statement | • Copies of 3 most recent checks. |
| • 2015 Income Tax Return | |
| 2. Pension, SSI, Retirement Social Security: | 5. Other Income (i.e. farm, self-employment, etc.): |
| • Letter from agency providing benefits which states amount of benefits/checks. | • 2015 Form 1040 and Schedule C |
| 3. Public Assistance: | 6. Letter verifying child is legal responsibility of the court (Foster child). |
| • Letter from agency providing benefits which states amount of benefits/checks | |

I certify that the information provided on this application is true and correct and that I have reported all household members and all household incomes. I understand this allows school officials to verify information, and that deliberate misrepresentation may disqualify my child's application for reduced tuition. I also understand that if supporting documentation is not included with this form, my child's application for scholarship will be denied.

Signature of Adult Household Member (required): _____

Print Name: _____ Date: _____

Last four digits of Social Security number of person signing this application: _____

Address: _____ City: _____ State: _____ Zip: _____

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