District 742 Preschool Classes 2022-2023
District 742 Preschool classes are available to children of all ability levels and are staffed by licensed preschool teachers and paraeducators. Children must be 3 or 4 years of age by September 1, 2022 to participate. All classes begin Fall 2022 and follow the school district calendar. Bus transportation is available within designated boundaries to all preschool locations for a fee. District 742 preschool is a “Parent Aware” 4 Star Rated Program.

Voluntary Pre-K is available to children who are 4-years-old by September 1, 2022 and living within the boundaries of Discovery, Talahi, Oak Hill and Madison schools. There is no fee for Voluntary Pre-K and busing is free.

Cost per month:
$150.00 for 2 half days/week
$180.00 for 3 half days/week
$240.00 for 4 half days/week

Financial assistance is available through Early Childhood Scholarships. Call 320-370-8250 to apply or for additional information.

### Clearview
7310 Hwy 24 SE, Clear Lake

- **3 years old:**
  - CLASS# | DAYS | TIME
  - #20 | Tu/F | 7:20-10:10 am

- **4 years old:**
  - CLASS# | DAYS | TIME
  - #21 | M/W/Th | 7:20-10:10 am
  - #22 | M/Tu/Th | 11:15 am-2:05 pm

### Discovery
700 South 7th Street, Waite Park

- **4 years old (Voluntary Pre-K):**
  - CLASS# | DAYS | TIME
  - #81 | M/Tu/Th | 7:20-10:10 am
  - #82 | M/Tu/Th | 11:10 am-2:00 pm
  - #83 | M/Tu/Th | 7:20-10:10 am
  - #84 | M/Tu/Th | 11:10 am-2:00 pm

### Kennedy
1300 Jade Road, St. Joseph

- **3 years old:**
  - CLASS# | DAYS | TIME
  - #41 | M/Tu/Th | 7:20-10:10 am

- **4 years old:**
  - CLASS# | DAYS | TIME
  - #42 | M/Tu/Th | 11:10 am-2:00 pm
  - #43 | M/Tu/Th | 7:20-10:10 am
  - #44 | M/Tu/Th | 11:10 am-2:00 pm

### Madison
2805 9th Street N, St. Cloud

- **4 years old (Voluntary Pre-K):**
  - CLASS# | DAYS | TIME
  - #51 | M/Tu/W/Th | 7:20-10:10 am
  - #52 | M/Tu/W/Th | 11:10 am-2:00 pm

### Oak Hill
2600 County Road 136, St. Cloud

- **4 years old (Voluntary Pre-K):**
  - CLASS# | DAYS | TIME
  - #71 | M/Tu/W/Th | 7:20-10:10 am
  - #72 | M/Tu/W/Th | 11:15 am-2:05 pm
  - #74 | M/Tu/W/Th | 7:20-10:10 am
  - #75 | M/Tu/W/Th | 11:15 am-2:05 pm

### Quarryview Education Center
800 7th Street South, Waite Park

- **3 years old:**
  - CLASS# | DAYS | TIME
  - #601 | M/W/F | 9:10 am-12:10 pm
  - #602 | M/W/F | 9:10 am-12:10 pm
  - #603 | M/W/F | 9:10 am-12:10 pm
  - #604 | Tu/Th | 9:10 am-12:10 pm
  - #605 | Tu/Th | 9:10 am-12:10 pm
  - #606 | Tu/Th | 9:10 am-12:10 pm
  - #607 | M/W | 1:00-4:00 pm
  - #608 | M/W | 1:00-4:00 pm
  - #609 | M/W | 1:00-4:00 pm
  - #610 | Tu/Th | 1:00-4:00 pm
  - #611 | Tu/Th | 1:00-4:00 pm
  - #612 | Tu/Th | 1:00-4:00 pm
  - #613 | M/W | 1:00-4:00 pm

### Talahai
1321 University Dr. SE, St. Cloud

- **4 years old (Voluntary Pre-K):**
  - CLASS# | DAYS | TIME
  - #92 | M/Tu/W/Th | 7:20-10:10 am
  - #93 | M/Tu/W/Th | 11:10 am-2:00 pm
  - #94 | M/Tu/W/Th | 7:20-10:10 am
  - #95 | M/Tu/W/Th | 11:10 am-2:00 pm
  - #96 | M/Tu/W/Th | 7:20 am-10:10 am
  - #97 | M/Tu/W/Th | 11:10 am-2:00 pm

### Westwood
5800 Ridgewood Rd., St. Cloud

- **4 years old:**
  - CLASS# | DAYS | TIME
  - #10 | M/Tu/W/Th | 8:00-10:50 am
  - #11 | M/Tu/W/Th | 11:50 am -2:40 pm

### Preschool 4 Success
Southside Boys & Girls Club
1205 6th Ave. S, St. Cloud

- CLASS# | DAYS | TIME
  - #98 | M/Tu/W/Th | 7:20-10:10 am
  - #99 | M/Tu/W/Th | 11:10 am-2:00 pm

### Preschool 4 Success
Roosevelt Boys & Girls Club
345 30th Ave. N, St. Cloud

- CLASS# | DAYS | TIME
  - #53 | M/Tu/W/Th | 7:20-10:10 am
  - #54 | M/Tu/W/Th | 11:10 am-2:00 pm
District 742 Preschool Registration 2022-2023

Clearview…Discovery…Kennedy…Madison
Oak Hill…Quarryview…Talahi…Westwood

Registration for District 742 Preschool 2022-2023 will be held at each Preschool location during their open house in January. Visit www.isd742.org/EarlyChildhood for open house dates and times.

Call 320-370-8250 for more information.

Register your three or four-year-old child in a preschool experience before the “BIG STEP” to Kindergarten. We welcome every learner across our community to participate in the District 742 Preschool program.

Voluntary Pre-K is available to children who are 4-years-old by September 1, 2022 and living within the boundaries of Discovery, Madison, Oak Hill & Talahi schools. There is NO FEE for Voluntary Pre-K.

District 742 Preschool:

• provides a nurturing and stimulating preschool environment for 3 and 4-year-old children.
• Meets high standards set by the state.
• Is a 4 Star Parent Aware Rated preschool program.
• Employs licensed teachers and highly qualified paraeducators who are committed to creating an environment which will prepare children for kindergarten.
• Is organized to support developmentally appropriate activities where play opens up the world of learning for young children.
• Follows the District 742 school year calendar (September-June)
• Uses a research-based, state approved, district designed curriculum organized around the Minnesota Early Learning Standards and the Early Indicators of Progress.
• Uses Teaching Strategies Gold to assess children’s development and provide ongoing progress to parents during conferences.

Family Involvement includes: Conferences, field trips, special events, Early Learning Council.
**STUDENT INFORMATION**

**Parent/Guardian Information**

<table>
<thead>
<tr>
<th>Parent/Guardian #1</th>
<th>Parent/Guardian #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (first/last)</td>
<td>Name (first/last)</td>
</tr>
<tr>
<td>Relationship to Child</td>
<td>Relationship to Child</td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Home/Cell Phone #’s</td>
<td>Home/Cell Phone #’s</td>
</tr>
<tr>
<td>Place of Employment &amp; Phone #</td>
<td>Place of Employment &amp; Phone #</td>
</tr>
<tr>
<td>E-Mail Address</td>
<td>E-Mail Address</td>
</tr>
<tr>
<td>Student Lives With</td>
<td>YES NO</td>
</tr>
<tr>
<td>Authorized to pick up</td>
<td>YES NO</td>
</tr>
<tr>
<td>How many people were in your household last year? Circle one.</td>
<td>2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Your Date of Birth (Month/Day/Year)</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>Your highest level of school completed. Mark only one.</td>
<td>4. Eighth Grade 12th grade High School Diploma</td>
</tr>
<tr>
<td>____ Some College but no degree</td>
<td>____ Associate’s Degree ____ Bachelor’s Degree ____ Master’s Degree ____ PHD</td>
</tr>
<tr>
<td>Your current job status, mark one.</td>
<td>____ Employed &gt; 25 hours per week (more than 25 hours)</td>
</tr>
<tr>
<td>____ Unemployed, seeking employment</td>
<td>____ Employed &lt; 25 hours per week (less than 25 hours)</td>
</tr>
<tr>
<td>____ Unemployed, not seeking employment</td>
<td></td>
</tr>
<tr>
<td>What was your household’s total yearly income, before taxes last year, rounding to the nearest thousand? $____</td>
<td></td>
</tr>
</tbody>
</table>

**DAYCARE INFORMATION**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
</tbody>
</table>

**EMERGENCY CONTACT INFORMATION**

*In case of emergency and I/we cannot be contacted; the following persons will be authorized to provide care and transportation for my child. (Please make these local phone numbers if possible and inform them you are using their name.)*

<table>
<thead>
<tr>
<th>Name (first &amp; last)</th>
<th>Name (first &amp; last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Child</td>
<td>Relationship to Child</td>
</tr>
<tr>
<td>Daytime Phone</td>
<td>Daytime Phone</td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
</tbody>
</table>

Parent/Guardian Signature: ____________________________ Date: ____________________________
ANNUAL STUDENT HEALTH INFORMATION

Student Name________________________________________ Birthdate ____/____/____ Student ID__________ School Year__________

Gender: M or F School__________________________ Grade______ Classroom Teacher/Advisory____________________________

Health Care Provider/Clinic Name______________________________________________________________

Health Care Specialists (neurology, behavioral, orthopedic, etc.)/Clinic Name(s)__________________________________________

Check any current health condition listed below about which the school should be aware:

☐ My child has no health concerns at this time.

☐ My child has the following health concern(s):

☐ Seizures/Epilepsy: Emergency Medication: Yes or No

☐ Diabetes: Insulin pump Pen CGM

☐ Life Threatening Allergy: ___________________________ EpiPen Benadryl Other: ___________

☐ Food Intolerance/Sensitivity: _________________________ Reaction: _______________________

☐ Asthma: Inhaler Nebulizer

☐ Other (Sickle Cell, Hemophilia, Adrenal Insufficiency, Tube Feeding, Catheterization, Cardiac, etc):

________________________________________________________

If your child has one of the above conditions, please contact the licensed school nurse and your child’s health care provider for medication authorization and emergency action plan.

☐ ADHD ☐ Seasonal/Environmental Allergies

☐ Anxiety ☐ Hearing Aids: Yes or No

☐ Autism ☐ Vision: Glasses Contacts

☐ Concussion: Date ______

☐ Depression

☐ Ear Tubes: Placement Date ______

Does your child have any disabilities, physical limitations, developmental delays or sensory concerns? Yes or No If YES, please explain:

________________________________________________________________________

MEDICATIONS YOUR CHILD TAKES:

<table>
<thead>
<tr>
<th>REASON FOR MED</th>
<th>TAKEN DAILY</th>
<th>TAKEN AS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Consent to Share Immunization Information: Your child’s school is asking your permission to share your child’s immunization record with Minnesota’s Immunization registry to help us better protect students from disease. This is a voluntary consent. All information is considered private data and can only be released with authorization.

I agree to allow school personnel to share my student’s immunizations record with Minnesota’s Immunization Registry.

☐ I Do Authorize ☐ I Do Not Authorize

PLEASE PROVIDE A COMPLETE LIST OF CHILD’S IMMUNIZATIONS UPON ENTRANCE TO KINDERGARTEN, GRADE 7, GRADE 12, AND STUDENTS NEW TO THE DISTRICT.

Parent/Guardian

Signature________________________________________ Date________________________

Please remember to inform your child’s bus driver if your child has a condition that may lead to an emergency situation on the bus. No medications, prescription or over the counter, are given to a student unless prescribed by the child’s health care provider and provided by the parent. Annual written consent to dispense medication is required. Medication given at school must be brought to school by the parent in a pharmacy labeled bottle. The above information may be shared with staff.

Parent/Guardian

Signature________________________________________ Date________________________
SR-VPK TRANSPORTATION REQUEST
2022-2023

Child’s Name: ___________________ Birth Date: _______________

ID #_________________ Home Phone: _________________________

I choose to transport my own child _____ to school ____ home
(It is not necessary to complete the rest of this form if you are transporting your child to and from school).

Parent/Guardian Name: _______________________________________

Home Address: _______________________________________________

City: ___________________ Zip Code _________________________

**Use this address for _______ Pick Up _______ Drop Off**

Alt Phone: ___________________ Email: _______________________

---

**Child Care Information** *(Complete if used as a pick up or drop off location.)*

Name of Child Care Provider: _________________________________

Address: _________________________________________________

City ___________________ Zip Code: _________________________

Phone # _________________________

**Use this address for _______ Pick Up _______ Drop Off**

---

School Attending: __________________________________________

Days of Week: M T W Th F CLASS: AM PM BOTH

Transportation is requested to start on: _________________________

*Car seats are not required on school buses. Special seating requests/requirements will be honored based on student needs.*

Special transportation needs (i.e. wheelchair):

Requested By: ___________________ Date: ________________

---

*(Office Use Only)*

Pick Up Time: _______________ Bus #: ___________ Copy Sent to DSB: _______________

Drop Off Time: _______________ Bus #: ___________ Start Date: ________________
Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Full Name:</td>
</tr>
<tr>
<td>(Last, First, Middle)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check the phrase that best describes your student:</th>
<th>Indicate the language(s) other than English in space provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My student first learned:</td>
<td></td>
</tr>
<tr>
<td>____ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>____ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>____ only English.</td>
<td></td>
</tr>
<tr>
<td>2. My student speaks:</td>
<td></td>
</tr>
<tr>
<td>____ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>____ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>____ only English.</td>
<td></td>
</tr>
<tr>
<td>3. My student understands:</td>
<td></td>
</tr>
<tr>
<td>____ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>____ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>____ only English.</td>
<td></td>
</tr>
<tr>
<td>4. My student has consistent interaction in:</td>
<td></td>
</tr>
<tr>
<td>____ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>____ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>____ only English.</td>
<td></td>
</tr>
</tbody>
</table>

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

<table>
<thead>
<tr>
<th>Parent/ Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name (printed):</td>
</tr>
<tr>
<td>Parent/Guardian Signature:</td>
</tr>
</tbody>
</table>

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.
Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

**Immunization Form**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth to 6 months</th>
<th>12 -24 months</th>
<th>Kindergarten</th>
<th>At 7th grade</th>
<th>At 12th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenzae type b (Hib)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (varicella)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis (Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MCV4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

**Instructions for parent or guardian:**

1. Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
   - If you have a copy of your child’s immunization history, you can attach a copy of it instead of completing the front of this form.
   - Your doctor or clinic can provide a copy of your child’s immunization history. If you are missing or need information about your child’s immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.

2. Sign or get the signatures needed for the back of this form.
   - Document medical and/or non-medical exemptions in section 1.
   - Verify history of chickenpox (varicella) disease in section 2.
   - Provide consent to share immunization information (optional) in section 3.
**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

### 1. Document a medical and/or non-medical exemption (A and/or B).
Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Medical Exemption</th>
<th>Non-Medical Exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, and Pertussis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (varicella)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: ____________________________  Date: ____________________________

(of health care practitioner*)

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: ____________________________  Date: ____________________________

(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me on ________________ (date)

by ____________________________

(name of parent or guardian)

Notary Signature: ____________________________

STATE OF MINNESOTA, COUNTY OF ____________________________

**Notary Stamp**

### 2. History of chickenpox (varicella) disease.
This child had chickenpox in the month and year ________________

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- [ ] I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- [ ] I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: ____________________________  Date: ____________________________

(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

**Non-medical exemption:**

A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: ____________________________  Date: ____________________________

(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me on ________________ (date)

by ____________________________

(name of parent or guardian)

Notary Signature: ____________________________

STATE OF MINNESOTA, COUNTY OF ____________________________

**Notary Stamp**

### 3. Consent to share immunization information.
This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system.

Signature: ____________________________  Date: ____________________________

(of parent/guardian)

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

Minnesota Department of Health - Immunization Program (2019)
Accurate and up-to-date family information enables us to provide you with current information regarding educational services offered by our district such as Early Childhood Screening, preschool classes, kindergarten registration, early intervention services, parent-child programs and more!

Please print when filling out the form.

<table>
<thead>
<tr>
<th>Last</th>
<th>Child(ren)'s Legal Name(s)</th>
<th>Middle</th>
<th>Birth date</th>
<th>Gender</th>
<th>Ethnicity (see chart)</th>
<th>Race (see chart)</th>
<th>Home Language*</th>
<th>Birth Country</th>
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**Ethnicity Chart:** (select one)
1. American Indian/Alaskan Native
2. Asian/Pacific Islander
3. Hispanic
4. Black (not Hispanic)

**Race (Federal) Chart:** (select all that apply)
1. Hispanic or Latino
2. American Indian or Alaskan Native
3. Asian
4. Black or African American
5. Native Hawaiian or Pacific Islander
6. White

**Home Language:**
Please indicate the language your child normally uses at home.

<table>
<thead>
<tr>
<th>Child(ren)'s Primary Street Address</th>
<th>Apt. #</th>
<th>City, State, Zip</th>
<th>County</th>
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<tr>
<th>Parent/Guardians’ Last Name, First Name</th>
<th>Relationship to Student</th>
<th>Phone Number (include area code)</th>
<th>Email Address</th>
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Please return form to: EARLY CHILDHOOD EDUCATION
800 7th ST S
WAITE PARK MN 56387
DISTRICT 742

PRESCHOOL SUPPLY LIST

*Please bring supplies to open house*

For preschool your child will need to bring:

Large Backpack
   No wheels and it must be able
to fit a folder, snow pants, and boots

2 boxes of crackers
   Must be peanut and tree nut free

2 Elmer’s Glue Sticks

Crayola Washable Markers

Fine Tip Dry Erase Markers

Other supplies we use often and would appreciate a donation of: (choose 1-3)

- Gallon/sandwich Ziplock bags
- White copy paper
- Crayola crayons
- Kleenex
- Thin tip Pip-Squeak Skinnies washable markers
- Small or large paper plates