

Preschool Registration

Date Received: _____

Use a separate registration form for each child registered for Preschool and/or Sibling Care.

Payment, and all required registration documents must be submitted at the time of registration in order for the registration to be processed.

Child Attending Class

First Name _____ Middle Name _____

Last Name _____ Male Female

Birth Date _____

Address _____

City _____ Zip _____

1. Parent/Guardian First Name _____ Last Name _____

Birth Date _____ Phone Number _____

Address _____

E-mail Address _____

Male Female Relationship to child _____

2. Parent/Guardian First Name _____ Last Name _____

Address _____

Birth Date _____ Phone Number _____

E-mail Address _____

Male Female Relationship to child _____

Adult attending with child _____ (Parent Connection only)

Address _____

City _____ Zip _____

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

Required: Behavior & Photo Agreements

Please check the boxes below to confirm that you agree to the terms as detailed on page 9.

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

Preschool Class Options

Option #1 Class number _____ Fee _____

Option #2 Class number _____ Fee _____

Option #3 Class number _____ Fee _____

Do you need sibling care Yes No

(If offered for your class choice)

Sibling Care Fee _____ Total Fee _____

Sibling Care Information

(For Parent Connection classes only)

Immunization information must be submitted with registration for all children attending sibling care.

Name _____ Birth Date _____

Name _____ Birth Date _____

Any special needs or allergies? _____

Please include the following with your registration form:

- Copy of child's immunizations.
- Copy of child's birth certificate, valid passport, baptismal certificate, or Affidavit of a Natural Parent/Guardian.
- Check payable to ISD 279 or credit card number for payment.
- If you are applying for the sliding fee scale, proof of gross annual income is required at the time of registration. Two current pay stubs, taxes or W-2 forms are acceptable.
- Edinbrook only: Parent/Guardian Proof of Residency is required for transportation. A copy of valid Photo ID, Utility Bill or Current Lease or Gov't letter dated within 60 days are acceptable.

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 _____

Office Use: Date _____ Cash _____

Check # _____ Amount _____