

Application 2011 - 2012

Be Four is an ISD 279 Osseo Area Schools, preschool program that prepares children for kindergarten. Acceptance is based on family income and need. The child must turn four by September 1st and be toilet trained. All children enrolled must have completed the Early Childhood Screening or have a scheduled appointment. *To schedule an appointment call 763 391-8776, Monday through Thursday, 9am-3pm.* The children attend mornings or afternoons. Site and time will be assigned. This cannot be pre-selected. Parent involvement is required through activities such as open house, conferences, evening events, and take-home projects. Parents are required to transport. Tuition fees are based on family income and family size.

If you are interested in applying for Be Four, complete all three pages of the application. If it is not entirely filled out and the required paperwork is not attached, it will be sent back to you for completion. This could delay in your child's placement in the Be Four program.



• Child's Name: _____
(Last) (First) (Middle)

Male: _____ Female: _____ Date of Birth: _____ Age: _____

Mother/Guardian Name: _____
(Last) (First)

Father/Guardian Name: _____
(Last) (First)



Address: _____
(Street) (Apt #) (City) (Zip)



Home Phone: _____

Dad Work Phone: _____ Dad Cell Phone: _____

Mom Work Phone: _____ Mom Cell Phone: _____



Email Address: _____

Total Family Size: _____

Total Household Gross Monthly Income: \$ _____ *Proof of income is required. Please attach verification of income – copy of W2 form(s) or most recent pay stub(s).*

**** FOR OFFICE USE ONLY*****

Date received: _____ Referral: _____ ELL. Language: _____

Home School: _____ Day Care Home School: _____ Approved: _____



Please share with us as much information as possible for consideration of your child's acceptance into Be Four.
Although completing the information on page 2 is optional, it is needed in order to process the application. All information will only be used by ISD 279 staff.

Please check is your child receiving now, or has your child received, any Special Education Services?

Yes No

If yes, list services provided _____

Please check your Child Concerns:

Child has had little exposure to groups of children. Please explain _____

Child has had no preschool experience

Child has Speech delays

Child's behavior is not appropriate when playing with other children

Child exposed to drugs before birth

Child receives special education services

Child is in Foster Care

Please check Parent Concerns:

Mother under 18 years old when child was born

Single parent

Parent has physical disability (wheelchair, blind, deaf, etc.)

Parent or guardian has no GED or high school diploma

Parent mental health problems

Parent with chemical dependency

Please check Family Concerns:

Other sibling(s) are receiving Special Education Services

Family has experienced abuse, neglect, or family violence

Living temporarily with other family

Family stress (unemployment, divorce, death)

Do not speak English in the home: language spoken in the home: _____

Who can translate for you? _____

(Name)

(Phone)

What other information about your child would help us understand your child's needs?

If your child was referred to the Be Four School Readiness Program please complete:

Name of Person Referring: _____

Name of Agency Referring: _____

Reason for Referral: _____

911

Emergency Information:

DOCTOR _____ ADDRESS _____ PHONE _____

HOSPITAL _____ ADDRESS _____ PHONE _____

NEIGHBOR _____ ADDRESS _____ PHONE _____

NON-PARENT/GUARDIAN
EMERGENCY PERSON _____ HOME PHONE _____ WORK PHONE _____

SPECIAL INSTRUCTIONS FOR EMERGENCY CARE: _____



Student Health:(CHECK ALL THAT APPLY)

- _____ Asthma _____ Cancer _____ Vision Loss _____ Tuberculosis
- _____ Heart Disease _____ Hearing Loss _____ Corrective Lenses _____ Hepatitis
- _____ Diabetes _____ Hearing Aid _____ Scoliosis _____ Epilepsy/Seizures
- _____ ADD/ADHD _____ Sickle Cell Disease _____ Kidney Problems
- _____ Allergies (bee stings, food, medication, etc.)

Other: _____



Please Attach With The Completed Application.

Your Child's:

- _____ Immunization Record
- _____ Copy of one of the following documents: Birth Certificate, Valid Passport, Baptismal Certificate, or Affidavit of a Natural Parent/Guardian.
- _____ Early Childhood Screening record only if done by another school district. **Or**
Please Complete: _____ Yes, done by District 279 **Or** _____ Date of Appointment
 (To schedule 763-391-8776)

And:

- _____ Proof of Income – copy of W2(s) or most recent pay stub(s).

**Please return completed application to: BE FOUR
Arbor View Early Childhood Center
9401 Fernbrook Lane North
Maple Grove, MN 55369**

**You will be contacted by mail concerning the status of your application.
Questions?? Please call 763 391-8764 or email befour@district279.org**

