# Creative Play

## 2017-2018 Registration Form

Robbinsdale Area Schools
New Hope Learning Center
8301 47th Avenue North
New Hope, MN 55428
763-504-5330

**Please complete all information.**

**Required Documentation**
**(if applying for scholarship)**

Residency Verification _____
EC Scrng Comp./Sched. _____
Income Verification _____
Birth Certificate _____
Immunizations _____
Scholarship Application _____
$35 Registration Fee _____

*****For staff to complete*****

Student ID# _____ SR Approved _____ RA_____
Registration Date _____ Monthly Pmt. _____
Start Date_____ Class #_____
Check #_____ Amt _____ Cash Amt_____Credit Card _____

____BRD ____ IC ____ FP ____EE ____EMail ____FILE ____ TS

**What CREATIVE PLAY class are you registering for?**

NHLC – Class #_____ Sonnesyn – Class #_____ Zachary Lane – Class #_____

For CP Classes #12, #18, #20, #22-25 – If transportation is available for you, would you be interested? _____ Yes _____No

*Class #12 - Northport Attendance Area Only; Classes #20 -21 - Sonnesyn Attendance Area Only; Classes #30-33 - Zachary Lane Attendance Area Only*

How did you hear about Creative Play?_____

Student's *legal* name _____ _____ Gender ____ Birthdate _____
Last First Middle Name to be called at school

Address _____ Home phone _____-_____-_____
Street Apt. # City Zip

Special Education IEP? Yes_____ No _____ In what area?_____(please provide a copy of IEP)

Has your child completed Early Childhood Screening? Yes____Where?_____ No ____ If no, please call 763-504-4180 for an appointment.

**Adult in home (receives mail)**

_____
(Last, first)

Relationship to child: _____

Cell Phone: ____-____-_____ Work Phone: ____-____-_____

E-mail address _____

**Other adult in home**

_____
(Last, first)

Relationship to child: _____

Cell Phone: ____-____-_____ Work Phone: ____-____-_____

E-mail address _____

**Other parent not living at above address:** **Custody limitations? Yes___ (legal documentation required) No___**

Name _____ Relationship_____ Is this an emergency contact for your child? Yes ___ No___

Cell phone : _____-_____-_____ Home phone: _____-_____-_____ Work phone : _____-_____-_____

Address (if parent would like mailings) _____

**Emergency Contact (other than above):** Name _____ Phone Number _____ -_____-_____ Male Female

| List legal names of other children under age 21 living at the home address<br>Last name(s) First Middle | Sex | Date of Birth | Grade | School | s = sibling<br>ss = step-sibling<br>o = other |
|---|---|---|---|---|---|
| | M F | | | | s ss o |
| | M F | | | | s ss o |
| | M F | | | | s ss o |
| | M F | | | | s ss o |

**Please complete other side**

Rev. 1/17

**Please indicate whether you are this child's**

Mother_____ Father_____ Grandmother_____ Grandfather_____

Foster Mother_____ Foster Father_____ Guardian_____ Other:_____

**What is the race/ethnicity of your child? – Please complete all questions (A, B, and C)**

| **A. For state reporting purposes, please check the ONE response that best describes your child's primary racial/ethnic background:** | **B. For federal reporting purposes, check ONE answer: Child's Ethnicity:** ☐ Hispanic or Latino ☐ NOT Hispanic or Latino |
|---|---|
| 1. ☐ American Indian or Alaska Native<br>2. ☐ Asian or Pacific Islander<br>3. ☐ Hispanic<br>4. ☐ Black, not of Hispanic origin<br>5. ☐ White, not of Hispanic origin | **C. For federal reporting purposes, check ALL that apply: Child's Race:**<br>☐ American Indian or Alaska Native<br>☐ Asian<br>☐ Black or African American<br>☐ Native Hawaiian or other Pacific Islander<br>☐ White |

**What are your primary home languages? (check all that apply)**

English_____ Spanish_____ Hmong_____ Somali_____ Vietnamese_____ Karen_____ Arabic_____

Russian_____ Mandarin_____ Laotian_____ Oromo_____ Cambodian_____ Other:_____

## Parent Agreement for Participation in CREATIVE PLAY

- ***I understand the tuition schedule and agree to make payments promptly.***
- *I understand that Creative Play provides an opportunity for parent involvement and I will visit and assist in the classroom during the school year.*
- *I agree to attend Welcome Day and participate in two parent-teacher conferences during this school year.*
- *My child will be toilet trained and not wearing pull-ups before starting in the program.*
- *My name, address, and phone number may be given to other Creative Play parents for use in forming car pools, child care pools, and social contacts.*
- *Children with special needs including physical, behavioral, or sensory, and English Learner students participate in Creative Play.*
- *I understand that my child may be dismissed from the program if legally required data is not provided, if I am chronically late in picking up my child, if I am not current with tuition payments, or if my child is unable to adapt to the program structure.*

*Your child is registered when $35 registration fee, one month's tuition and a completed registration form have been received and processed through the Creative Play Preschool Office, NHLC, 8301 47th Avenue North, New Hope, MN 55428.* ***Make checks or money orders to District 281 – Creative Play****. Cash payments are accepted at the Creative Play office.*

**Signature of parent or guardian _____ Date _____**

## School Readiness Parent Questionnaire

**General Information:** If you choose to voluntarily answer the following questions, your information will be used by your local school district and the MN Department of Education for program planning and evaluation in line with state and federal data privacy practices. Again, only aggregated information will be published. Thank you for your help in improving public services!

1. **Your highest level of school completed. Mark only one.**

   Eighth grade_____ Associate's Degree_____
   12th grade_____ Bachelor's Degree_____
   High School Diploma_____ Master's Degree_____
   Some college, but no degree_____ Ph. D. _____

2. **Your Date of Birth** (Month/Day/Year) _____/_____/_____

3. **Your current job status. Mark only one.**

   Employed, more than 25 hours per week_____ Employed, less than 25 hours per week_____
   Unemployed, seeking employment_____ Unemployed, not seeking employment_____

4. **What was your household's total yearly income, before taxes last year, rounding to the nearest thousand?** $_____

5. **How many people were in your household last year? Circle one.** 1 2 3 4 5 6 7 8