

# Great Start

## Registration Form

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



Please complete all information.

### Required Documentation

Residency Verification \_\_\_\_\_  
 EC Scrng Comp./Sched. \_\_\_\_\_  
 Income Verification \_\_\_\_\_  
 Birth Certificate \_\_\_\_\_  
 Immunizations \_\_\_\_\_  
 \$25 Registration Fee \_\_\_\_\_

(Return this form with the required documentation listed above)

### \*\*\*For staff to complete\*\*\*

Student ID# \_\_\_\_\_ Registration Date \_\_\_\_\_  
 Start Date \_\_\_\_\_ Teacher \_\_\_\_\_  
 Transp. Start \_\_\_\_\_ Bus Info \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ BRD \_\_\_\_\_ IC \_\_\_\_\_ FP \_\_\_\_\_ TRNSP \_\_\_\_\_ LTR \_\_\_\_\_ FILE

### GREAT START - What class are you registering for?

NHLC - AM \_\_\_\_\_ PM \_\_\_\_\_ FOE FOE/ML Lakeview - AM \_\_\_\_\_ PM \_\_\_\_\_ Northport Meadow Lake - AM \_\_\_\_\_ PM \_\_\_\_\_ Neill - AM \_\_\_\_\_ PM \_\_\_\_\_ Noble Sonnesyn - PM \_\_\_\_\_

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.

**GREAT START Busing:** Will your student ride a bus regularly to school? \_\_\_\_ Yes \_\_\_\_ No (Child care also must be within home school boundaries.)

**PICKUP ADDRESS** (if different from above) \_\_\_\_\_ City \_\_\_\_\_

Contact person at this address \_\_\_\_\_ Phone \_\_\_\_\_

**DROP OFF ADDRESS** (if different from above) \_\_\_\_\_ City \_\_\_\_\_

Contact person at this address \_\_\_\_\_ Phone \_\_\_\_\_

### 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 in home:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Is this an emergency contact for your child? \_\_\_\_ Yes \_\_\_\_ No  
 Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
 Address (if parent would like mailings) \_\_\_\_\_

Custody limitations \_\_\_\_ Yes (legal documentation required) \_\_\_\_ No

### Emergency Contact (other than above):

Name \_\_\_\_\_ Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ circle: home cell work other Male Female

List legal names of other children under age 21 living at the home address			Sex	Date of Birth	Grade	School	s = sibling ss = step-sibling o = other
Last Name(s)	First	Middle					
			M F				S SS O
			M F				S SS O
			M F				S SS O
			M F				S SS O

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

<p><b>A. For state reporting purposes, please check the ONE response that best describes your child’s primary racial/ethnic background:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> American Indian or Alaska Native</li> <li>2. <input type="checkbox"/> Asian or Pacific Islander</li> <li>3. <input type="checkbox"/> Hispanic</li> <li>4. <input type="checkbox"/> Black, not of Hispanic origin</li> <li>5. <input type="checkbox"/> White, not of Hispanic origin</li> </ol>	<p><b>B. For federal reporting purposes, check ONE answer:</b></p> <p><b>Child’s Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino                      <input type="checkbox"/> NOT Hispanic or Latino</p> <hr/> <p><b>C. For federal reporting purposes, check ALL that apply:</b></p> <p><b>Child’s Race:</b></p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p>
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**What are your primary home languages? (check all that apply)**

English     Spanish     Hmong     Somali     Vietnamese     Karen     Arabic  
 Russian     Mandarin     Laotian     Oromo     Cambodian    Other: \_\_\_\_\_

**Income Verification**

*Skip this part if you have MFIP, food support or FDPIR numbers. List all adults in the household, all incomes, and how often each income is received. Attach an additional page if necessary. Verification of income is required upon registration.*

Names of <b>All Adults</b> in Household Include all related and unrelated people sharing household and/or expenses  First Name                  Last Name	All Incomes					
	Write in each income and how often it is received. If reporting an hourly wage, you must also indicate how many hours per week you work. <u>Please provide income verification (pay stubs or tax return(s))</u>					
	(W) Weekly	(M) Monthly				
	(Bi-W) Bi-weekly (every 2 weeks)	(Y) Yearly	(T) Twice per month			
	Gross Wages and Salaries (before taxes, not take home pay) <small>Example: \$1150 per Bi-W</small>	(Check v) Pension <input type="checkbox"/> SSI <input type="checkbox"/> Veteran’s Social Security <input type="checkbox"/>	Unemployment Worker’s Comp Strike Benefits <small>Example: \$200 per W</small>	(Check v) Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Public Assistance <input type="checkbox"/>	Any other income, including net farm or self -employment income	Check( v) if person has NO income
	per	per	per	per	per	<input type="checkbox"/>
	per	per	per	per	per	<input type="checkbox"/>
	per	per	per	per	per	<input type="checkbox"/>
	per	per	per	per	per	<input type="checkbox"/>

MFIP #	FDPIR #	Foster child? Y___ N___
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Total number of people in household	
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**Income Guidelines for Great Start Preschool Program**  
Includes all related and unrelated people sharing household

Household Size	Gross income limits to qualify
2	\$0 - \$29,101
3	\$0 - \$36,612
4	\$0 - \$44,123
5	\$0 - \$51,634
6	\$0 - \$59,145
7	\$0 - \$66,656
8	\$0 - \$74,167

**Parent Agreement for Participation in GREAT START**

- I understand that this program includes parent involvement and education. I will attend as required.
- I agree to attend Welcome Day and participate in two parent-teacher conferences during the school year.
- My child will be toilet trained and not wearing pull-ups before starting this program.
- My child will attend classes regularly and I will call the teacher to report absences.
- I understand that my child may be dismissed from the program if legally required data is not provided or if my child is unable to adapt to the program structure.
- The information provided here is accurate to the best of my knowledge.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_