



2 or 3 Day Preschool

2018-2019 Registration Form

New Hope Learning Center 8301 47th Ave North
763-504-5330 New Hope, MN 55428

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

SR Approved _____ STAFF _____
 Registration Date _____ Monthly Pmt. _____
 Start Date _____
 Check # _____ Amt _____ Cash Amt _____ Credit Card _____
 _____ BRD _____ IC _____ EE _____ FP _____ File
 _____ TS _____ PS _____ EB _____ SR _____ Email

What Preschool class are you registering for?

NHLC – Class # _____ Zachary Lane – Class # _____

How did you hear about Robbinsdale Area Schools Preschool? _____

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.

Parent/Guardian 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			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

Please complete other side

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)

<p>A. For state reporting purposes, please check the ONE response that best describes your child's primary racial/ethnic background:</p> <p>1. <input type="checkbox"/> American Indian or Alaska Native</p> <p>2. <input type="checkbox"/> Asian or Pacific Islander</p> <p>3. <input type="checkbox"/> Hispanic</p> <p>4. <input type="checkbox"/> Black, not of Hispanic origin</p> <p>5. <input type="checkbox"/> White, not of Hispanic origin</p>	<p>B. For federal reporting purposes, check ONE answer:</p> <p>Child's Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino</p> <hr/> <p>C. For federal reporting purposes, check ALL that apply:</p> <p>Child's Race:</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: _____

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

Parent Agreement for Participation in Robbinsdale Preschool

- I understand the tuition schedule and agree to make payments promptly.
- I understand that Robbinsdale Preschool 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 Robbinsdale Preschool 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 Robbinsdale Preschool.
- 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 Robbinsdale Preschool Office, NHLC, 8301 47th Avenue North, New Hope, MN 55428. **Make checks or money orders to District 281.** Cash payments are accepted at the Robbinsdale Preschool office.

Signature of parent or guardian _____ Date _____