



ROBBINSDALE
Area Schools

ECFE Preschool

2019-2020 Enrollment Form

New Hope Learning Center
763-504-4170

8301 47th Ave North
New Hope, MN 55428

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

Residency Verification
 EC Scrng Comp./Sched.
 Date/Place _____

Immunizations
 Income Verification
 Birth Certificate

Registration Date _____ Start Date _____ Program _____
 Staff _____ SR Approved _____ Monthly Pmt. _____
 Check # _____ Amt _____ Cash Amt _____ Credit Card _____

Book IC Eleyo PS TS SS
 EE BC Email (staff)

What ECFE Preschool class are you registering for?

EF-C201 EF-C202 EF-C203

Student Information

_____ Nickname _____ Gender: ____ Birthdate: _____
Legal name (last, first, middle)

Primary Address: _____ Primary phone: _____
Street Apt. # City Zip

Special Education IEP? No Yes In what area? _____
Has your child completed Early Childhood Screening? No Yes, where? _____
Is this student: Homeless? YES NO Ward of the State: YES NO Currently in Foster Care? YES NO
If born outside of USA: Date of entry to USA: ____/____/____ Date of first enrollment in USA school: ____/____/____

Primary Household Adult 1

_____ Gender: ____ Relationship to student: _____
Name (last, first, middle)

Cell Phone: _____ - _____ - _____ Permission to receive texts? Yes No Work Phone: _____ - _____ - _____
 E-mail address: _____

Primary Household Adult 2

_____ Gender: ____ Relationship to student: _____
Name (last, first, middle)

Cell Phone: _____ - _____ - _____ Permission to receive texts? Yes No Work Phone: _____ - _____ - _____
 E-mail address: _____

Other Children in Primary Household: Name (Last, first, middle)	Gender	Date of Birth	Grade	School	s = sibling o = other
	<input type="checkbox"/> Male <input type="checkbox"/> Female				s o
	<input type="checkbox"/> Male <input type="checkbox"/> Female				s o
	<input type="checkbox"/> Male <input type="checkbox"/> Female				s o
	<input type="checkbox"/> Male <input type="checkbox"/> Female				s o

How many people currently live in the primary household? Circle one. 1 2 3 4 5 6 7 8 9

Child/ren in sibling care:

Children under 3 months stay with parents in class. At 3 months they are eligible for sibling care.

_____ Birthdate: _____ _____ Birthdate: _____
Name (last, first, middle) Name (last, first, middle)

Other parent not living in primary household

Name (last, first, middle) _____ Gender: ____ Relationship to student: _____

Address: _____
Street Apt. # City Zip

Cell Phone: _____ - _____ - _____ Permission to receive texts? Yes No Work Phone: _____ - _____ - _____

E-mail address: _____

Custody Limitations: Yes (Legal documentation required) No

Emergency Contact (other than above, person to release student to):

1. Name (last, first middle) _____ Gender: _____

Phone Number _____ - _____ - _____ Home Work Cell Other Permission to receive texts? Yes No

2. Name (last, first middle) _____ Gender: _____

Phone Number _____ - _____ - _____ Home Work Cell Other Permission to receive texts? Yes No

Racial/Ethnic Background – Please complete all questions (A, B and C)

A. For state reporting purposes, please check ONE response that best describes your child’s primary racial/ethnic background:

- 1. American Indian or Alaska Native (Persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.)
- 2. Asian or Pacific Islander (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes China, India, Japan, Korea, Philippine Islands and Samoa.)
- 3. Hispanic (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race.)
- 4. Black, not of Hispanic origin (Persons having origins in any of the Black racial groups of Africa.)
- 5. White, not of Hispanic origin (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

B. For federal reporting purposes, check ONE answer:

- Child’s Ethnicity:**
- Hispanic or Latino (*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*)
 - NOT Hispanic or Latino

C. For federal reporting purposes, check all that apply:

- Child’s Race:**
- American Indian or Alaska Native (*A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.*)
 - Asian (*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, Vietnam.*)
 - Black or African American (*A person having origins in any of the black racial groups of Africa.*)
 - Native Hawaiian or other Pacific Islander (*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*)
 - White (*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*)

MILITARY CONNECTED YOUTH Student has an immediate family member, including a parent or sibling, who is currently in the Armed Forces either as a reservist or on active duty, or has recently retired from the armed Forces.

Person completing this form, please indicate whether you are this child’s

- Mother Father Grandmother Grandfather
- Foster Mother Foster Father Guardian Other: _____

Please mark the boxes that apply.

Tuition is an annual cost, divided into 9 equal payments.

2 days per week 2 evenings per week 3 days per week

I need Sibling Care. Number of children _____
Sibling care fee is: \$26 per child/month (evening class)
\$34 per child/month (day classes)

Fees due at time of enrollment:

1st month preschool fee \$ _____

1st month sibling care fees \$ _____

Total due with registration \$ _____

Charge my (circle one): MC Visa Discover

Account number _____
_____ Exp Date _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Parent Questionnaire

General Information: If you choose to 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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Eighth grade | <input type="checkbox"/> Some college, but no degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> 12 th grade | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Ph.D. |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's Degree | |

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

3. Your current job status. Mark only one.

- | | |
|--|--|
| <input type="checkbox"/> Employed, more than 25 hours per week | <input type="checkbox"/> Employed, less than 25 hours per week |
| <input type="checkbox"/> Unemployed, seeking employment | <input type="checkbox"/> Unemployed, not seeking employment |

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

\$ _____

Family Acknowledgement & Verification

- I understand all enrolled children must have current immunization records or a notarized [Conscientious Objector form](#) on file.
- I understand consistent attendance is key to my child's success. If my family has plans for extended travel or absences, I will notify my child's teacher ahead of time. Students who are absent for 15 consecutive days will be unenrolled from the program.
- I understand the tuition schedule and agree to keep my family's account in good standing.
- I understand family participation in certain events (e.g. Meet the Teacher Day, Parent-Teacher Conferences) supports my child's success. I will make every effort to attend and participate.
- If my child requires emergency medical treatment while at school, I consent to treatment, and am responsible for medical bills incurred.
- I understand photographs and video recordings are frequently taken in my child's school that may be used for:
 - evaluations, research, or staff training
 - creation of educational materials
 - promotional materials, print, radio, television, electronic or social mediaBy enrolling my child, I give permission for images of my child to be used in the ways outlined above. *
- I give permission for my child to fully participate in all program activities including off-site field trips, including transportation to and from field trips.
- The information provided here is accurate to the best of my knowledge.

Signature of parent or guardian _____ Date _____

*I opt out and do not give permission for images or recordings of my child to be used as outlined