

5 day Preschool

2018-2019 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

Residency Verification _____
 EC Scrng Comp./Sched. _____
 Date/Place _____
 Birth Certificate _____
 Immunizations _____
 Income Verification _____
 (NHLC only)

(Return this form with the required documentation listed above)

For staff to complete

Registration Date _____ Staff _____
 _____ BRD _____ IC _____ EE _____ FP _____ FILE _____ TS _____ PS _____ EB _____ Email _____
 Class Placement: _____ Start Date _____

Home Elementary School: _____ Prefer AM or PM?
 Open Enrollment? YES/NO Home District: _____ Inter-district Transfer: YES/NO
 How did you hear about our program? _____

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.

Preschool 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 _____

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

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> <ol style="list-style-type: none"> 1. <input type="checkbox"/> American Indian or Alaska Native 2. <input type="checkbox"/> Asian or Pacific Islander 3. <input type="checkbox"/> Hispanic 4. <input type="checkbox"/> Black, not of Hispanic origin 5. <input type="checkbox"/> White, not of Hispanic origin 	<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:_____

Income Verification

Do you receive one of the following programs (you will need to provide documentation, i.e. a copy of an official letter or authorization form from the public program):

- Minnesota Family Investment Program (MFIP) # _____ Foster Care
 Food Distribution Program on Indian Reservations (FDPIR) # _____

Please complete the following ONLY if your children are NOT currently participating in one of the programs listed above.

List all sources of income in the table below. Include all adults living in your household, even if they are not related; include yourself as well. Write in how often each income is received: weekly (W), bi-weekly (BW), twice per month (TM), monthly (M), or yearly (Y). **Do not write in an hourly wage.** If the income fluctuates, write in the amount normally received. For farm or self-employment income only, list net income only, list net income (take-home pay).

First Name	Last Name	√ if NO income	Gross Wages/ Salaries (before deductions)	Pension, SSI Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker’s Comp, Strike Benefits	Other Income including Self-Employment
			\$ per	\$ per	\$ per	\$ per	\$ per
			\$ per	\$ per	\$ per	\$ per	\$ per
			\$ per	\$ per	\$ per	\$ per	\$ per
			\$ per	\$ per	\$ per	\$ per	\$ per

Total Number of People in Household: _____

Parent Agreement for Participation in 5 Day Preschool

- 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 _____

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 _____ Some college, but no degree _____ Master’s Degree _____
 12th grade _____ Associate’s Degree _____ Ph.D. _____
 High School Diploma _____ Bachelor’s Degree _____

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