

Student Information				
Student Last Name:		First Name:	Middle Name:	Preferred Name
Birth Date:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Immunizations up to Date? ___Yes ___No	Primary Language Spoken in the Home:	
Do you have any concerns about your child's development?		Have you registered for Head Start? ___Yes ___No		

Federal Designations	
Federal Race/Ethnicity categories required by No Child Left Behind. Complete Parts A and B Part A – Check only ONE: <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino Part B – Check ALL that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Has your child been to Preschool Screening? ___Yes ___No Has your child received Special Education services or therapy (including speech, physical, or other therapy)? ___No ___Yes If so, Please explain: _____ _____ Is this student: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Immigrant / Refugee

Registering Person	
Name (Last, First): _____ Date of Birth: _____ Relationship: Check One: <input type="checkbox"/> Father <input type="checkbox"/> Mother, <input type="checkbox"/> Foster Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Guardian-Male <input type="checkbox"/> Guardian-Female <input type="checkbox"/> Other Relative-Male <input type="checkbox"/> Other Relative-Female	Educational Background: Check One: ___ Doctoral Degree, ___ Master's Degree, ___ Bachelor's Degree, ___ Associate's Degree, ___ Some College, but no degree, ___ High School Diploma, ___ Some High School, no diploma, ___ Some elementary and middle school, none beyond 8 th grade Employment Status: Check One: ___ Employed more than 25 hrs./week, ___ Employed less than 25 hours per week, ___ Unemployed, seeking employment, ___ Unemployed, not seeking employment Receiving Interpreter Assistance: ___ Yes ___ No Classroom Volunteer Type: Check One: ___ Not Volunteering ___ Classroom Volunteer ___ Parent Advisory Council Volunteer ___ Other District Identified

Preschool Choices:

Please note your 1st, 2nd, and 3rd choices in the first column.
AM class: 8:40-11:20, PM class: 12:40-3:20, Full Day @ McKinley 8:40-3:20

Does your child need transportation?

YES _____ NO _____

Choice	Falcon's Nest Preschool 2020-2021	Age	Location	Cost
	AM 3-year-old preschool Mon/Wed/Fri	3 by Sept. 1, 2020	McKinley	\$170
	AM 3-year-old preschool Tues/Thurs	3 by Sept. 1, 2020	McKinley	\$155
	PM 3 & 4-year old combo Monday-Thursday	Turns 4 between July 1 – Dec 1, 2020	McKinley	\$210
	AM 4-year-old preschool Monday-Friday	4 by Sept. 1, 2020	McKinley	\$230
	PM 4-year-old preschool Monday-Thursday	4 by Sept. 1, 2020	McKinley	\$210
	Full Day 4-year-old preschool Monday-Friday	4 by Sept. 1, 2020	McKinley	\$700
	Full Day 4-year-old preschool Monday-Friday	4 by Sept. 1, 2020	Roosevelt Elementary	\$700
	Full Day 4-year-old preschool Monday-Friday	4 by Sept. 1, 2020	Jefferson Elementary	\$700

Financial Information

Yearly Household Income: _____

Number of People in Household: _____

___ I am interested in information about scholarships and assistance to pay for tuition.
 ___ I do not qualify for scholarships.

* Every family is eligible for Voluntary Prekindergarten for 4-year-olds at no cost to families regardless of income status. Spots are limited and dependent on state funding.

McKinley Preschool
Student Enrollment Form
2020-2021

Primary Household					Date Moved In:				
Address:		Apt#	City:		State:	Zip:	Home Phone:		
Primary Household Adult 1 (Please include maiden name or other names used here)									
Last Name		First Name		Middle Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Other Phone <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____	
Relationship to Student				Date of Birth			E-mail Address		
Do parents/guardians have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are there any No Contact or other Legal Orders in effect? <input type="checkbox"/> Yes* <input type="checkbox"/> No					
*If Yes, Documentation Must Be Provided.									
Primary Household Adult 2 (Please include maiden name or other names used here:)									
Last Name		First Name		Middle Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Other Phone <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____	
Relationship to Student				Date of Birth			E-mail Address		
Other Members in Primary Household under 21 years of age (if additional space is required, attach a separate sheet)									
Last Name	First Name		MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Student		School	Grade
					<input type="checkbox"/> Male <input type="checkbox"/> Female				
					<input type="checkbox"/> Male <input type="checkbox"/> Female				
					<input type="checkbox"/> Male <input type="checkbox"/> Female				
					<input type="checkbox"/> Male <input type="checkbox"/> Female				
					<input type="checkbox"/> Male <input type="checkbox"/> Female				
					<input type="checkbox"/> Male <input type="checkbox"/> Female				
					<input type="checkbox"/> Male <input type="checkbox"/> Female				

Secondary Household					If additional mailing is needed, check here:			Date Moved In:	
Address:		Apt#	City:		State:	Zip:	Home Phone:		
Secondary Household Adult 1 (Please include maiden name or other names used here:)									
Last Name		First Name		Middle Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Other Phone <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____	
Relationship to Student				Date of Birth:			E-mail Address		
Does this parent/guardian have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are there any No Contact or other Legal Orders in effect? <input type="checkbox"/> Yes* <input type="checkbox"/> No					
*If Yes, Documentation Must Be Provided.									
Secondary Household Adult 2 (Please include maiden name or other names used here:)									
Last Name		First Name		Middle Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Other Phone <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____	
Relationship to Student				Date of Birth:			E-mail Address		
Does this parent/guardian have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are there any No Contact or other Legal Orders in effect? <input type="checkbox"/> Yes* <input type="checkbox"/> No					
*If Yes, Documentation Must Be Provided.									

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Faribault Public Schools and grants permission to obtain all student records pertaining to my child.

Parent/Guardian Signature:	Date:
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EXPLANATION OF PRIVATE INFORMATION REQUESTED ON THIS FORM
 In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law, you are not required to provide the information noted with an asterisk (*). There will be no adverse effect on you or your student if you do not choose to provide it. However, your cooperation in providing this information will ensure its accuracy and help to facilitate equitable educational opportunities for all students. Be assured that we will use the information in a manner that respects the privacy of our students and families.
 * **Home Primary Language:** In order to assist school districts to provide equal opportunity for a meaningful education to all students, Minnesota law requires that schools count and report the primary language of their students.
 ** **Racial/Ethnic Background:** This information is needed to comply with state and federal reporting requirements relating to equity in education. Your cooperation in providing this information will ensure that we have accurate data on your child.