



Detroit Lakes ISD #22 School Readiness  
**2021-22 APPLICATION**  
Kindergarten Connection & Jump Start

Lincoln Education Center  
204 Willow St East  
Detroit Lakes, MN 56501  
218-847-4418, ext. 6116  
frethwisch@detlakes.k12.mn.us

TODAY'S DATE \_\_\_\_\_

**CHILD INFORMATION** (please print)

Child's full name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** (please print)

**Mother/guardian living in household** \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Email address \_\_\_\_\_

**Father/guardian living in household** \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Email address \_\_\_\_\_

**Child resides with:** Mother  Father  Both  Guardian  Foster parent  Other relative

**PRESCHOOL CLASS YOU ARE APPLYING FOR** (please rank your preferences)

\_\_\_ **Jump Start** Tue/Thu AM

\_\_\_ **Jump Start** Mon/Wed AM

\_\_\_ **Jump Start** Mon/Wed/Fri AM

\_\_\_ **Kindergarten Connection FULL day**, Mon–Fri (8 am– 3:30 pm)

\_\_\_ **Kindergarten Connection FULL day with Extended Care**, Mon–Fri (8 am– 5:15 pm)\*

\_\_\_ **Kindergarten Connection HALF day**, Mon–Fri AM (8–11:30 am)

\_\_\_ **Kindergarten Connection HALF day**, Mon–Fri PM (12–3:30 p.m.)

\_\_\_ **Kindergarten Connection HALF day with Extended Care**, Mon–Fri PM (12–5:15 p.m.)\*

\*Extended care includes the option to stay until 5:15 p.m.

**PRESCHOOL SCREENING** Please submit copies of results as soon as possible if you have already completed screening. If your child has not completed screening, please schedule it as soon as possible.\*\*

Complete date: \_\_\_\_\_ Scheduled date: \_\_\_\_\_

\*\*Does not need to be completed to apply, but will need to be completed to enroll.

**SCHOOL CENSUS** Please complete online at [www.dlschools.net](http://www.dlschools.net) under the parent section, or pick up a paper form at the Community Education office. Completed: Yes  No

Please check  all of the following that your child and family have experienced in the past 12 months that you would like us to be aware of:

Active military (caregiver)

Recent adoption

Qualify for educational benefits (free/reduced)

Move/change in housing

Homelessness

Severe medical condition

Foster care placement

Incarcerated family member

Head Start income qualified waitlist letter

Mental health issue or mental health diagnostic assessment

Other (please list) \_\_\_\_\_

Letter of recommendation from a service agency

Email completed application to [frethwisch@detlakes.k12.mn.us](mailto:frethwisch@detlakes.k12.mn.us)  
or, mail or drop off the application at: Lincoln Education Center, 204 Willow St East, Detroit Lakes, MN 56501.