



2023-2024 Richfield Early Learning Programs Application

Child's Last Name _____ First Name _____ Date of Birth ____/____/____

Parent Last Name _____ First Name _____

Parent Phone Number _____ Email _____

<p style="text-align: center;">Prekindergarten for 4s (Free)</p> <p style="text-align: center;">Birth date eligibility 9/2/2018 - 9/1/2019</p> <p style="text-align: center;">Please indicate your school preference by ranking them: 1=1st choice, 2= 2nd, 3=3rd, etc.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>Centennial</p> <ul style="list-style-type: none"> • 8:10 - 10:40a • 12:10 - 2:40p <p>RDLS</p> <ul style="list-style-type: none"> • 7:30-10a • 11:30a -2p <p>Sheridan Hills</p> <ul style="list-style-type: none"> • 8:10-10:40a • 12:10-2:40p </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>STEM</p> <ul style="list-style-type: none"> • 7:30 -10a • 11:30a - 2p <p>Central</p> <ul style="list-style-type: none"> • 8:45a -11:15a • 12:30 - 3p <p>Central Spanish Enrichment</p> <ul style="list-style-type: none"> • 8:45a -11:15a • 12:30 - 3p </td> </tr> </table> <p style="text-align: center;">Please indicate your session preference:</p> <p style="text-align: center;">_____ AM _____ PM _____ Either</p>	<p>Centennial</p> <ul style="list-style-type: none"> • 8:10 - 10:40a • 12:10 - 2:40p <p>RDLS</p> <ul style="list-style-type: none"> • 7:30-10a • 11:30a -2p <p>Sheridan Hills</p> <ul style="list-style-type: none"> • 8:10-10:40a • 12:10-2:40p 	<p>STEM</p> <ul style="list-style-type: none"> • 7:30 -10a • 11:30a - 2p <p>Central</p> <ul style="list-style-type: none"> • 8:45a -11:15a • 12:30 - 3p <p>Central Spanish Enrichment</p> <ul style="list-style-type: none"> • 8:45a -11:15a • 12:30 - 3p 	<p style="text-align: center;">Preschool for 3s (Fees Apply)</p> <p style="text-align: center;">Birth date eligibility 9/2/2019 - 9/1/2020</p> <p style="text-align: center;">All Classes are at Central Education Center</p> <p style="text-align: center;">Please indicate your preference by ranking: 1=1st choice, 2= 2nd, 3=3rd, etc.</p> <p>2 Days: _____ Tuesday, Thursday</p> <p>3 Days: _____ Monday, Wednesday, Friday</p> <p>5 Days: _____ Central Spanish Enrichment</p> <p style="text-align: center;">Please indicate your session preference:</p> <p style="text-align: center;">_____ AM 8:45-11:15a _____ PM 12:30-3p _____ Either</p>
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Times may change

<p>Scholarship Eligibility</p> <p><i>Answer these two questions to see if your child may be eligible for a scholarship that can offset the cost of Preschool!</i></p> <p>How many people in your household? (all adults & children) _____ What is your annual house hold income? _____</p>

Parent Questionnaire: (Optional) Your information will be used by the local school district and the MN Department of Education for program planning and evaluation in line with state and federal data privacy practices.

- 1) Your highest level of school you (parent) completed: _____
- 2) Your current job status: Full Time Part Time Unemployed Seeking Work Unemployed Not Seeking Work
- 3) How did you find out about these programs?
 Community Education Catalog Website Family/Friend Mailing Other: _____

By signing below, I acknowledge each of the following:

- * I understand that all Preschool for 3s students have fees. Scholarships are available for those that qualify
- * I understand that my child must be fully toilet trained by the start of school unless a previously granted medical/developmental exemption applies.
- * I understand that enrollment priority is based on demonstrated need, transportation availability & other family factors. I understand that this application is not complete until all packet parts are submitted and that enrollment is not guaranteed.
- * I understand that if my child has not yet had an early childhood screening, one is required to participate in this program. To schedule an early childhood screening, call 612-243-3048, email ecscreening@rpsmn.org, or schedule online at richfield.ce.eleyo.com
- * I understand this program abides by the guidelines and procedures outlined in the Early Learning Parent Handbook. Program guidelines and procedures subject to change.

Parent Signature: _____ Date: _____

Apply online at richfield.ce.eleyo.com or return completed application to the Central Education Center
7145 Harriet Ave S Richfield MN 55423 ~ Phone: (612) 243-3007 ~ Fax:(612) 243-3067 ~ earlylearning@rpsmn.org

<p>*For office use only*</p> <p>Date Received: _____ Time stamp: _____ Initials: _____</p>



School _____

Student's legal name _____
(Last name) (First name) (Middle name) (Enrolling grade)

Birthdate ____/____/____ **Sex at Birth** Male Female **Gender identity (optional)** _____
Month Day Year

Address _____
(Number and street name) (Apt. no.) (City) (State) (Zip)

It is required by the State of Minnesota that we ask this question. The responses help determine funding and resources for English Language Learners in our schools. We do not require documentation or share individual responses to this question.
Place of birth _____ **If other than USA, what month/year did the student move to the USA?** _____

Home language _____ **Active duty parent?** Yes No **Is the student homeless?** Yes No

Previous Richfield student? Yes No **Has the student ever attended school in Minnesota?** Yes No

Last school attended _____
(Name of school) (City) (State) (Zip)

Has the student been identified for any of the following services?
 504 Plan English Language Learner Gifted and Talented Title I
 Special Education - Current IEP/IFSP? Yes No If yes, please check the following:
 Emotional/Behavior (EBD) Specific Learning Disability (SLD)
 Autism Spectrum Disorders (ASD) Other _____

For kindergarten only:
Has your child completed early childhood screening? Yes No
If yes, where? _____
Attended a PreK program? Yes No
If yes, where? _____

Parent/guardian (1) _____
(Last name) (First name) (Middle initial.)

Birthdate _____ **Relation to student** _____ **Legal guardian?** Yes No **Email** _____

Address (if different from above) _____ **Student resides with you?** Yes No

Home phone (____) _____ **Cell phone** (____) _____ **Work phone** (____) _____ **Employer** _____

Parent/guardian (2) _____
(Last name) (First name) (Middle initial.)

Birthdate _____ **Relation to student** _____ **Legal guardian?** Yes No **Email** _____

Address (if different from above) _____ **Student resides with you?** Yes No

Home phone (____) _____ **Cell phone** (____) _____ **Work phone** (____) _____ **Employer** _____

Please list other children living at this address other than those above (please use legal names)

Last name	First	MI.	Birthdate Mo/Day/Yr	Relation to the parent/guardian listed	School (if applicable)	Grade

Minnesota statutes and rules require the school district to keep accurate records and updated personal records for students. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 280. Certain information, known as "directory information", such as student's name, name of school attended, grade level, parent(s) name, address and telephone number is available to the public and military recruiters unless the district receives a written request from a parent to withhold this information. The Richfield Public Schools policy on Protection of Privacy of Pupil Records is available at www.richfieldschools.org.

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

Parent/guardian signature _____ **Date** _____

OFFICE USE ONLY:

Student ID number: _____ **Start date:** _____ **School number:** _____ **Last locn code:** _____

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 AND 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.

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons 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, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save



Health/Emergency Information

Student Name _____ Birthdate ____/____/_____
(Last, First, Middle)

My child has health concerns: No Yes (If yes please specify below)

My child takes medication: No Yes (If yes please specify below)

(Proceed to back side if no further information-sharing needed.)

<input type="checkbox"/> Allergies - Specify type(s)_____	<input type="checkbox"/> ADHD - Type ____ Inattentive Hyperactive ____ Combined	<input type="checkbox"/> Epilepsy/Seizures - Type _____
<input type="checkbox"/> Asthma - Type/Triggers _____	<input type="checkbox"/> Ear/Hearing Concern _____ hearing aid(s)/device _____	<input type="checkbox"/> Eye/Vision Concern _____ corrective lenses _____
<input type="checkbox"/> Diabetes ____Type 1 ____Type 2	<input type="checkbox"/> Food allergy - Specify _____	<input type="checkbox"/> Food intolerance - Specify _____

- ___ My child has a current Anaphylaxis Action Plan. ___ It is attached.
- ___ My child has a current Asthma action Plan ___ It is attached.
- ___ My child has a current Diabetes Medical Management Plan. ___ It is attached.
- ___ My child has a current Seizure Action Plan. ___ It is attached.

Additional comments on any health concerns indicated above or not listed above:

___ My child has long term activity restrictions. ___ A health care provider note is attached.

Procedure

___ My child will need the following procedure(s) done during the school day.

A Health Care Procedure Consent form is required for each procedure not indicated in the action plans listed above. A Health Care Procedure Consent form is available on the RPS Website: Families>Family Resources>Health Services.

Medication

___ My child takes the following medication(s) during the school day - medication(s)/reason(s): _____

___ My child takes the following medication(s) at home - (medication(s)/reason(s): _____

A Medication Administration Consent form will be needed for each medication. The form is available on the RPS Website under Families>Family Resources>Health Services. (A licensed prescriber may send medication consent in lieu of this form, as long as all the required information is included. Parent/guardian authorization is also required.)

___ My child has authorization from a licensed prescriber to self-carry and self-administer, if able, the following medication(s): _____

A Medication Administration Consent form will be needed for each medication.

___ My child is in **high school** and has my permission to self-carry/administer the following non-prescription pain reliever(s) in a manner consistent with the product label. _____

Note: *The District may revoke a student's privilege to possess and use nonprescription pain relievers if the district determines that the student is abusing the privilege. My child understands the use, intended action, and potential side effects of the medication(s).*

Parent/guardian signature serves as consent.

___ My child has had one or more immunizations in the past year. **(List or attach.)** _____

___ My child had this illness, injury, surgery, hospitalization in the past year: _____

In the event of illness or injury in which it is deemed a student is unable to continue the day in school, a parent/guardian/designated emergency person will be contacted. Students will not be sent home on their own without parent/guardian permission. If first responders' assistance is needed and it is determined that a student requires transport to a medical facility without delay, parent(s)/guardian(s) will be notified.

I understand that this information will be shared on a need-to-know/right-to-know basis with school personnel to protect the health and safety of my child.

If your child is diagnosed with a physical and/or mental health condition, your child may be eligible for a Section 504 Plan containing accommodations, modifications, or services. If you would like to meet or have a phone conference to discuss a potential 504 Plan for your child, contact your child's school.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)
E-mail _____		

Parent/Guardian Name: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)
E-mail _____		

Emergency Contact Name 1: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)

Emergency Contact Name 2: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)



Transportation Request Preschool for 4s ONLY

Student Name: _____

Pick up/drop off Address _____

Type of Address: Home: Childcare:

Name of adult at stop: _____ Phone: _____

My child needs transportation to this location:

Before School After School Both Directions

I do NOT need transportation - I will transport my child to and from school.

By checking here I understand that if I need transportation at a later date/time, I may request it. Any bus request made after this initial application may take up to two weeks to take effect.

Bus routes and times will be mailed by the transportation department in late August.

Transportation Policies

- Students in a 4 year old program who live within the school district boundaries are eligible for busing. Richfield Public Schools does not transport to any location outside the district boundaries. Community school boundaries apply. For complete information on busing please see the parent Handbook.
- Requests received after July 31st may not be ready in time for the first day of school.
- An adult must be with the child at the bus stop for drop off and pick up. If no adult is at the bus stop, the driver will not let your child off the bus at drop off.
- Be ready at your bus stop 5 minutes before your scheduled pick-up/drop-off time. Drivers will wait one minute before going on to the next stop.
- Preschool students sit in the front seats.
- School buses do NOT stop in front of houses for pick-up and drop-off.
- If your child requires special transportation accommodations, contact:
Amber.lampron@rpsmn.org

For more information please see the Early Learning Parent Handbook