

~ OFFICE USE ONLY ~

Student ID \_\_\_\_\_



# ONE91 PRESCHOOL PLUS APPLICATION 2022-2023

EARLY CHILDHOOD  
Growing the Future.  
Family Strong.



[communityed191.org](http://communityed191.org)

**Children must be 33 months by September 1, 2022.**

**No transportation is available.**

Preschool Plus at Diamondhead provides a two-day preschool experience with parental participation one day each week. Children participate in large muscle play, circle time, activity centers including art, math, reading, science and sensory experiences, and snack time. Developing fine motor skills, problem solving and cognitive skills are emphasized. Children progress at their own pace with an emphasis on learning through play, and social and emotional development. Independent toileting skills are not required. Sibling care is offered during parent/child day. Please specify if needed.

**Classes are held 2 days per week on Tuesdays and Thursdays. Choose morning or afternoon.**

\_\_\_\_\_ **Preschool Plus Mornings 9:30-11:30 am** \_\_\_\_\_ **Preschool Plus Afternoon 12:30-2:30 pm**

Sibling Care requested (One day per week during Preschool Plus, \$25/ month)  Yes  No

Space is limited. Complete the fee agreement and documentation form to determine your monthly payment. Applications for first round lottery will be accepted Tuesday, February 1 through Friday, April 29. Families will be notified by mail of their child's placement by May 15.

Child's Full Name \_\_\_\_\_ Gender  Male  Female

Parent Name \_\_\_\_\_ Home/Cell Ph \_\_\_\_\_

Home Address \_\_\_\_\_ District Resident?  Yes  No

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Email Address \_\_\_\_\_

If applying for sibling care during Parent/Child Day:

Sibling Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender  Male  Female

**Please note: An early childhood screening is required for children after age 3 or before entering preschool. Please call 952-707-4117 to schedule.** It is important that all children are screened before the age of 4. This no-cost evaluation can help prepare your child for school. It will last about an hour and you will receive free tools and resources during your visit.

All items required for this packet must be submitted to process your application.	Office Use
<b>Included in this packet to complete for students:</b>	
One91 Preschool Plus Application	
Fee Documentation and Agreement Form (with sliding fee scale)	
Family Information Form	
Student Information Form	
Ethnic and Racial Demographic Designation Form	
Minnesota Language Survey	
<b>Parents must also provide:</b>	
Birth Certificate	
Immunization Record	
Proof of Income (Acceptance Letter of Qualified Service, or Income Tax Statement)	

~ Diamondhead Education Center, 200 W Burnsville Pkwy, Suite 100, Burnsville, MN 55337 ~

Angela Henle: [preschool@isd191.org](mailto:preschool@isd191.org) • 952-707-4110 • Fax: 952-707-4140



**Income Documentation for Financial Assistance**

You have two options for verifying your income. Choose only one of the two options.

**OPTION 1 – Provide a copy of your most recent program statement or invoice that your child(ren) are currently participating in one of the following public assistance programs below.**

- Minnesota Family Investment Program (MFIP)
- Free and Reduced-Price Lunch Program (FRLP)
- Child and Adult Care Food Program (CACFP)
- Child Care Assistance Program (CCAP)
- Food Support (SNAP)

*(If you choose Option 1 to verify income, please skip Option 2.)*

**OPTION 2 – To qualify for fee levels 1, 2 and 3, provide proof of all income for each member of your household, including yourself, other parent or legal guardians (no proof required for level 4).**

All sources of income require proof of income (evidence). Proof of income may include a recent tax form, W-2 form, financial aid statement or a statement from your employer on company letterhead.

**Out of district residents will pay the monthly fee listed under Level 4 of the graph below. No proof of income is necessary.**

**Preschool Plus Family Yearly Gross Income Table**

Family Size	Income Level 1	Level 2	Level 3	Level 4
2	Under \$30,044	\$30,044 - 40,599	\$40,600 - 48,719	\$48,720+
3	Under \$37,777	\$37,777 - 51,049	\$51,050 - 61,259	\$61,260+
4	Under \$45,510	\$45,510 - 61,499	\$61,500 - 72,799	\$72,800+
5+	Under \$53,243	\$53,243 - 71,949	\$71,950 - 96,339	\$96,340+
<b>2-Day Preschool Plus</b>	<b>\$0</b>	<b>\$30</b>	<b>\$60</b>	<b>\$90</b>
<b>Monthly Fee for Preschool Plus Sibling Care on Parent/Child Day (per child)</b>				<b>\$25</b>

**Payment Agreement**

By signing this form, you are authorizing ISD 191 to debit your account for your tuition payment on the 15<sup>th</sup> of each month for a total of nine tuition payments beginning September 15, 2022, with the final payment due May, 2023. This authority will remain in effect unless you cancel it in writing. Please provide a credit or debit card with an expiration date after June of 2023.

Monthly Payment \$ \_\_\_\_\_ Visa/MasterCard \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_

Student Name \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Phone \_\_\_\_\_

Cardholder Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Cardholder Signature \_\_\_\_\_



# REGISTRATION FORM-STUDENT INFORMATION

Student Legal Name as listed on birth record.

_____ Last Name	_____ First Name	_____ Middle Name	_____ Student ID <small>(Office use)</small>
_____ Date of Birth	_____ Grade Level	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>

Please answer the following questions regarding the student.

Has the student moved to the United States from another country?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Country:
If yes, date the student first entered the United States	Month / Day / Year	
If yes, date the student first attended school in the United States	Month / Day / Year	

### Educational History

If entering Kindergarten, has your child received an early childhood screening?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, where?
Has your child ever attended District ONE91 Schools?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, where?
Has your child attended another Minnesota Public School?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, where?
Does this student participate in special services or programs?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Does this student have a current 504 plan?
Does the student have a current IEP?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

### Health Information

Asthma	No <input type="checkbox"/> Yes <input type="checkbox"/>	Other Medical Conditions (e.g. ADD/ADHD, surgeries, emotional concerns, GI issues, etc.)
Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/>	Allergies (e.g. bee stings, food, latex, pollen, etc.)
Seizures	No <input type="checkbox"/> Yes <input type="checkbox"/>	List ALL Medications
Hearing Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>	Special Diet Restrictions (e.g. gluten, dairy, fruit, etc.)
Vision Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>ALL medications and treatments both prescribed and over the counter require a parent signature and a signed authorization form which can be found on the "Health Services" web page at <a href="http://www.ISD191.org">www.ISD191.org</a></b>		
Physician/Clinic Name (optional)		Phone #
_____		_____

Minnesota Statutes and rules require the school district to keep accurate and updated records for all students. All data on this form is confidential and will only be shared with authorized district personnel. The information will become a part of the student's permanent cumulative record. Certain information, known as "directory information", is available to the public unless the district receives a written request from a legal guardian indicating otherwise.

I understand that I may refuse to provide the requested information and acknowledge that by doing so, school personnel may be unable to contact me in the event of an emergency and as a result will contact 911. I verify that all information provided is accurate to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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.<sup>1</sup>

*[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/<br>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.*

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

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

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**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.<sup>1</sup>

**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.

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**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.<sup>1</sup>

**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.

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**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.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**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.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

Print/Save

## 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	
<b>Student's Full Name: (Last, First, Middle)</b>	<b>Birthdate or Student ID:</b>

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

**Language 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	
<b>Parent / Guardian Name (Printed):</b>	
<b>Parent / Guardian Signature:</b>	<b>Date:</b>

\* 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.