

CL _____ AM PM AD Tchr _____ IMM ___ TA Rec'd _____ RF _____ Date rec'd _____

2022-23 LAUNCHING PAD PRESCHOOL REGISTRATION

Child's date of birth must be on or before 9/1/19. Child must be able to manage toileting independently.

Student's Full Name _____

First Middle Last
Date of Birth _____ Age on 9/1/22 _____ Gender: Male Female

Student's PRIMARY Household:

Student lives with: Mother Father Step-Parent Foster Parent Family Relative Other _____

Address _____
Street Box # Lot #/Apt # City State Zip

County _____ Home Telephone: _____ Is home phone a cell phone? Y N

Primary Parent/Guardian Information:

Name _____ Male Female

Cell phone: _____ Work phone: _____ Email Address: _____

Name _____ Male Female

Cell phone: _____ Work phone: _____ Email Address: _____

Student's SECONDARY Household (if applicable):

Secondary Household includes: Mother Father Step-Parent Foster Parent Family Relative Other _____

Address _____
Street Box # Lot #/Apt # City State Zip

County _____ Home Telephone: _____ Is home phone a cell phone? Y N

Secondary Parent/Guardian Information:

Name _____ Male Female

Cell phone: _____ Work phone: _____ Email Address: _____

Name _____ Male Female

Cell phone: _____ Work phone: _____ Email Address: _____

1. Indicate first, second, and third choice of preschool classes with a 1, 2, and 3:

Child must be at least **4** by 9/1/22:

MWF All Day _____

Child must be at least **3** by 9/1/22:

MTWThF AM _____ **MWF AM** _____ **MWF PM** _____ **T/Th All Day** _____ **T/Th AM** _____ **T/Th PM** _____

Please see the enclosed Tuition Schedule insert for class fees. Tuition assistance and scholarships are available for all classes for families meeting income guidelines; please call to request information.

Student's Name _____

2. Has student participated in Early Childhood Health & Developmental Screening: Yes No

If yes, where? _____ If no, please call our office to schedule an appointment: 763-477-7500.

3. Does student attend daycare? Yes No

Caregiver name, address & phone #: _____

4. Does student have any special health conditions? Yes No If yes, please describe: _____

5. Does student have any special learning conditions? Yes No If yes, please describe: _____

6. I am requesting bus transportation: Yes No **I understand busing is available only if pick-up and drop-off are on a regular bus route and space permits.**

If yes, address where student will be **picked-up** each day: _____

And **returned** each day: _____

Bus policy permits only one address for pick-up each day and one address for drop-off each day.

7. First language used by student: English Other _____

Language used in the home: English Other _____

8. I have an Infinite Campus Parent Portal: Yes No

Census -- Please list ALL OTHER CHILDREN in student's household:

Full Legal Name _____ Birth date _____ Male Female

Relationship to student _____ If applicable, Grade _____ School Attending _____

Full Legal Name _____ Birth date _____ Male Female

Relationship to student _____ If applicable, Grade _____ School Attending _____

Full Legal Name _____ Birth date _____ Male Female

Relationship to student _____ If applicable, Grade _____ School Attending _____

Full Legal Name _____ Birth date _____ Male Female

Relationship to student _____ If applicable, Grade _____ School Attending _____

*Please list additional children on a separate sheet of paper.

CHILD'S IMMUNIZATION RECORD MUST BE RECEIVED BEFORE REGISTRATION CAN BE COMPLETED

Have child's clinic fax immunization information to: Attn: Tiffany Reinhard 763-477-5025

or

Complete the enclosed Early Childhood Immunization Form.

*Each application must be accompanied by a \$40 registration fee (\$30 for 2nd child enrolling) payable to:
School Readiness. This fee is non-refundable.

*Return completed form to: Tiffany Reinhard, Early Childhood Programs, 7650 Co Rd 50, Rockford MN 55373.
Questions? 763-477-7500.