

Roosevelt Community School 122 E McKinley St Owatonna MN, 55060 507-444-7900



				-	INSPIRING EXCELLENCE • EVERT LEARNER • EVERT DAT		
202	2-20	23 Brigh	<u>it</u>	Beginn	ings Registration		
Student Information: Please ente	er lega	l name					
First name:					Middle name:		
Last name:			A	at school I w	ould like my child to be called:		
Ethnicity: Hispanic/Latino Yes No Migrant: Y		Migrant: Ye	es No		McKinney-Vento Homeless: Yes No		
Language(s) spoken at home:		Gender:			Country student was born in:		
		Birthdate:	irthdate:		Health concerns/Allergies:		
If Hispanic/Latino, check all that a	pply:						
Colombian EcuadorianGu Spaniard/Spanish/Spanish-Ame Other Hispanic/Latino							
Race: Check all that apply American Indian Asian		Black	N	Native Hawa	iian White		
If American Indian, check all that a North American Indian or Alask Decline to indicate Tribal Affiliation		ve_South or		entral Amer	.can IndianUnknown		
If Asian, check all that apply: KoreanVietnameseHmong Other	gInd	ianBurme	se	Chinese _	FilipinoUnknownDecline to indicate		
If Black, check all that apply:							
	nknow	n _Decline	to	indicate_C	ther		
Parent/Guardian Information First Name:			Т	ast name:			
			Relationship to child:				
Birthdate: Gender:			R	telationship			
Home Address:							
Cell phone number:			Daytime phone number:				
Occupation:			E	Employer:			
Email address:							
Interpreter services needed: Yes	No	Language_					
Education Level: Some High SchoolHigh Sch	nool Di	iploma/GED		_College/Ti	rade School		
Parent/Guardian Information							
First Name:			L	ast name:			
Birthdate: Gender:		R	Relationship to child:				
Home Address:							
Cell phone number:			D	Daytime phor	ie number:		
Occupation:			E	Employer:			
Email address:			1				
Interpreter services needed: Yes Education Level:	No	Language_					
Laucation Level.							

Some High School	High School Diploma/GED	College/Trade School
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Family Information:				
Child lives with:Both ParentsMoth	erFatherOther			
Names and birthdates of people living in the home:				
What are some of your family's strengths?				
what are some of your family's strengths:				
What are some things that you like most about your	child?			
What is the most challenging thing about raising yo	ur child?			
What would you like your child to learn or get bette	r at?			
Has there been enrithing in your family that mig	ht affect your shild? Diseas sheet all that apply			
Has there been anything in your family that mig illness of parent/sibling	not enough food for the family			
parent with military deployment	premature birth or high risk pregnancy			
sibling in special education	child's behavior is a problem in the home			
moved twice or more this past year	frequent or chronic illness of parent/child			
family has experienced abuse, neglect or family	violence			
put off getting health care because could not aff				
	(CCAP, MFIP, SNAP, CACFP, Free/Reduced Lunch program)			
	f home due to behaviors such as aggression, extreme shyness, etc.			
family stress during past year (such as unemplo dependency, mental health issues)	yment, divorce/separation, death in family, parent with chemical			
other ( <i>please specify</i> )				
Were you referred to our program by an agency in G	Owatonna or Steele County? Yes No			
If so, which agency?				
In 2022-2023 will your child be enrolled in : (circle	<b>A</b> /			
Head Start-Center based Yes No	Special Education Yes No			
Day care or education center Yes No Preschool other than Bright Beginnings Yes No				
(name and phone # of other childcare or preschoo	l)			
Emergency Contacts	d in Emergency other than Parents/Guardians MUST HAVE A			
MINIMUM OF 3 IN-TOWN NAMES & PHONE				
	Phone #			
1. Name				
Relationship to child				
	Phone #			
2.Name				
Relationship to child				
	Phone #			
3. Name				
Relationship to child				
	Bright Beginnings (if a non-custodial parent is not authorized to take child			
from Bright Beginnings, we require a copy of the co	ourt orders for our files). Name and relationship to child.			

## **Monthly Preschool Tuition:**

\*Free programing is made possible through Voluntary Pre-Kindergarten and the Pathways II Scholarship programs. \*For state funding purposes, the income section below and a copy of your 2021 tax form are still required. \*If your 2022 employment/income situation is different than what your 2021 tax form indicates, please explain below:

Find your family size in the first column on the left. Follow the line to the right. Stop when you find the income column that reflects your total income for 2021 Circle the total income in the column. This information is located on: Line 9 of the Federal Form 1040

Please submit a copy of the page from your 2021 tax form that shows your total gross income. If you bring a copy of your form to Roosevelt Community School, we can make a copy for you.

Family size	What was your total income for 2021?			
	Less than	Less than	Less than	Greater than
2	18,310	23,803	33,873	33,873
3	23,030	29,939	42,605	42,605
4	27,750	36,075	51,337	51,337
5	32,470	42,211	60,069	60,069
6	37,190	48,347	68,801	68,801
7	41,910	54,483	77,533	77,533
8	46,630	60,619	86,265	86,265
+1	4,720	6,136	8,732	8,732
ion:	\$50	\$75	\$100	\$125

Monthly Tuition:

Person Responsible for Payments:

Address and phone number if not parent/guardian:

Your family may qualify for Pathways II Scholarship to cover tuition costs if one or more of this criteria is met (check all that apply):

Family is currently on CCAP, MFIP, SNAP, CACFP, and/or Free/Reduced Lunch Program,

\_\_\_\_Child is currently in foster care

## **Registration Information**

Preschool Class Options: 8:15-10:45 a.m. and 12:15-2:45 p.m. classes will run Monday-Friday, at Owatonna Education Center. 8:30-11:30 a.m. and 12:30-3:00 p.m. classes will run Monday-Thursday at Roosevelt Community School.

Choice	Class Title	Time	# of days	Location
	Bright Beginnings	8:15-10:45 a.m	5 days	Owatonna Education Center
	Bright Beginnings	12:15-2:45 p.m.	5 days	Owatonna Education Center
	Bright Beginnings	8:30-11:30 a.m.	4 days	Roosevelt Community School
	Bright Beginnings	12:30-3:00 p.m.	5 days	Roosevelt Community School

Does your child have any health concerns, allergies, or food restrictions? If yes, please explain below:

Do you want your child to ride a bus to and from school? (select one) If yes, please fill out transportation form. \_\_\_\_Yes, both ways \_\_\_\_\_Yes, one way \_\_\_\_\_No, someone will drop them off and pick them up each day.

(Please continue to the Family Agreement on the back page)

I hereby give my permission to the staff of Bright Beginnings to secure medical help, including the services of the Rescue Squad and/or Emergency Room in the event of an emergency. I agree to pay all costs and fees contingent on any medical care and/or treatment for my child/children as secured or authorized under this
contingent on any medical core and/or treatment for my shild/shildren as assured or authorized under this
contingent on any medical care and/or treatment for my child/children as secured or authorized under this
consent
I give my consent when prior notice is given for my child to take part in field trips with supervision.
I understand that Bright Beginnings Preschool is a part of my child's school experience and the Bright Beginings staff may discuss my child's progress with a kindergarten teacher or other school professional. I understand that information, such as report cards, data, and conference form will be transferred to my child's elementary school.
I agree to support my child's education by participating in the Bright Beginnings Parent/Child Partnership Program, which involves completing 25 hours of parent education opportunities.
I will complete all required forms before my child can attend class.
My child will complete an Early Childhood Screening within 90 days of their start date if not already completed.
My child will have all required immunizations and I will provide current immunization records, or provide a signed and notorized exemption form, as needed before my child can attend class as per Minnesota requirements for early childhood programs.
I will read and follow the parent handbook.
I give ISD 761 permission to photograph or video members of my family participating in the Bright Beginnings Preschool and related parent-child activities. I give permission for my child to be included in photos or videos of program activities that may be used in school district publicity such as newsletters, brochures, websites and videos, and any media coverage such as newspaper or television. Photographs may also be used in wall or poster displays in public areas. Restrictions:
Guardian's Signature: Date on provided on this application is true and accurate to the best of my knowledge. I understand that failing to questions included in this registration may impact the ability to determine if my application meets Bright eschool selection criteria.

oosevelt Community School 122 E McKinley St Owatonna MN, 55060



Watonna Education Center 338 E Main St Owatonna MN, 55060