



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



2022-2023 Bright Beginnings Registration

Student Information: Please enter legal name

First name:		Middle name:
Last name:		At school I would like my child to be called:
Ethnicity: Hispanic/Latino Yes No	Migrant: Yes No	McKinney-Vento Homeless: Yes No
Language(s) spoken at home:	Gender:	Country student was born in:
	Birthdate:	Health concerns/Allergies:

If Hispanic/Latino, check all that apply:
 Colombian Ecuadorian Guatemalan Mexican Puerto Rican Salvadoran
 Spaniard/Spanish/Spanish-American unknown Decline to indicate
 Other Hispanic/Latino _____

Race: Check all that apply
 American Indian Asian Black Native Hawaiian White

If American Indian, check all that apply:
 North American Indian or Alaska Native South or Central American Indian Unknown
 Decline to indicate
 Tribal Affiliation _____

If Asian, check all that apply:
 Korean Vietnamese Hmong Indian Burmese Chinese Filipino Unknown Decline to indicate
 Other _____

If Black, check all that apply:
 Somali African-American Unknown Decline to indicate Other _____

Parent/Guardian Information

First Name:		Last name:
Birthdate:	Gender:	Relationship to child:
Home Address:		
Cell phone number:		Daytime phone number:
Occupation:		Employer:
Email address:		
Interpreter services needed: Yes No Language _____		
Education Level: <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> College/Trade School		

Parent/Guardian Information

First Name:		Last name:
Birthdate:	Gender:	Relationship to child:
Home Address:		
Cell phone number:		Daytime phone number:
Occupation:		Employer:
Email address:		
Interpreter services needed: Yes No Language _____		
Education Level: <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> College/Trade School		

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

Monthly Tuition: \$50 \$75 \$100 \$125

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)

Family Agreement: Please initial to give consent

	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 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 Beginnings 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 notarized 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:

Parent/Legal Guardian's Signature: _____ Date _____

The information provided on this application is true and accurate to the best of my knowledge. I understand that failing to respond to all questions included in this registration may impact the ability to determine if my application meets Bright Beginnings Preschool selection criteria.

Roosevelt Community School
122 E McKinley St
Owatonna MN, 55060



Owatonna Education Center
338 E Main St
Owatonna MN, 55060