



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



2022-2023 Lil' Learners 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:

Some High School High School Diploma/GED College/Trade School

Parent/Guardian Information

First Name:	Last name:
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Birthdate:	Gender:	Relationship to child:
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Home Address:

Cell phone number:	Daytime phone number:
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Occupation:	Employer:
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Email address:

Interpreter services needed: Yes No Language _____

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Emergency Contacts

Authorized people to **pick-up child** and to be **called in Emergency** other than Parents/Guardians **MUST HAVE A MINIMUM OF 3 IN-TOWN NAMES & PHONE NUMBERS** not listed above

1. Name _____	Phone #
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Relationship to child _____	Phone #
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2.Name _____	Phone #
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Relationship to child _____	Phone #
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3. Name _____	Phone #
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Relationship to child _____	Phone #
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Persons NOT authorized to pick-up children from Bright Beginnings (if a non-custodial parent is not authorized to take child from Lil' Learners, we require a copy of the court orders for our files). Name and relationship to child.

Registration Information

Please rank your choices (1 being your first choice)

Choice	Class Title	Days	Times
	Lil' Learners	Monday and Wednesday	10:15 am-Noon
	Lil' Learners	Tuesday and Thursday	8:15 am-10 am
	Lil' Learners	Monday, Tuesday, Wednesday	1- 3 pm

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.

Family Information:

Child lives with: Both Parents Mother Father Other

Names and birthdates of people living in the home:

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 your child?

What would you like your child to learn or get better at?

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

Family Information (continued):

Has there been anything in your family that might affect your child? Please check all that apply.

- illness of parent/sibling
- parent with military deployment
- sibling in special education
- moved twice or more this past year
- family has experienced abuse, neglect or family violence
- put off getting health care because could not afford it
- currently enrolled in public assistance program (CCAP, MFIP, SNAP, CACFP, Free/Reduced Lunch program)
- child unable to participate in activities outside of home due to behaviors such as aggression, extreme shyness, etc.
- family stress during past year (such as unemployment, divorce/separation, death in family, parent with chemical dependency, mental health issues)
- other (please specify) _____
- not enough food for the family
- premature birth or high risk pregnancy
- child's behavior is a problem in the home
- frequent or chronic illness of parent/child

Were you referred to our program by an agency in Owatonna or Steele County? Yes No
 If so, which agency? _____

In 2022-2023 will your child be enrolled in : (circle response)

Head Start-Center based	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Day care or education center	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Education	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Preschool other than 'Lil Learners	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Monthly Preschool Tuition:

*Your monthly preschool fee can be estimated below. Fees will be confirmed after all required registration materials are returned, including a copy of your 2021 tax form.
 *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	2-day	\$25.00	\$35.00	\$45.00	\$55.00
Monthly Tuition	3-day	\$30.00	\$40.00	\$50.00	\$60.00

Person Responsible for payments:

Address and phone number if not parent guardian:

(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 Lil' Learners 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 Lil' Learners Preschool is a part of my child's school experience and the Bright Beginnings staff may discuss my child's progress with a kindergaren 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 Lil' Learners 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.
	I understand that I am responsible for Lil' Learners payments as identified on the Payment Schedule and in the parent handbook.
	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 will make prompt monthly payments of tuition by any one of the described payment methods in the parent handbook. I understand my account will be submitted for collection of unpaid fees, and that my child(ren) will not be eligible for further enrollment in school district preschools or Community Education programs until my account is satisfied.
	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.