

Parent/Guardian 1 _____ Daytime Phone _____

Parent/Guardian 2 _____ Daytime Phone _____

Child's (First, Middle, Last) _____ Prefers to be called _____

Male Female DOB _____ I have provided: Birth Certificate Immunization

Address _____ City/Zip _____

Home (_____) _____ E-mail _____

Please note:

Registrations are not complete until a copy of child's birth certificate/ Visa and a current copy of child's immunization records are on file at the Community Education office.

Early Childhood Screening is highly recommended within the first 90 days of the start of preschool.

Enroll online

ce4all.org

Stop by

110600 Village Road
Chaska, MN 55318

Preschool

Registration Fee

\$75 per-child this fee is non-refundable in the event of a participant-initiated cancellation.

Half-day & PreK to K Connection only:

Transportation: to request transportation to/from preschool, complete form found online.

Financial Assistance: to request financial assistance, please complete form found online and submit with proof of income: W2, 3 paycheck stubs or letter of receipt of county services.

Enrollment check list:

- Register online at ce4all.org
- Pay non-refundable fee
- Birth Certificate
- Immunization Form
- Schedule early childhood screening appointment
eccs.mn/screening

Choose your preschool experience:

STORMHAWKS TASTE OF PRESCHOOL 2½ - 3 ½ years by 9/1/22

- Family Learning Center \$80/month Tuesday 9:30 - 11:30 AM
- Family Learning Center \$80/month Thursday 9:30 - 11:30 AM
- Family Learning Center \$160/month Tuesday/Thursday 9:30 - 11:30 AM
- Bluff Creek Elementary \$160/month Tuesday/Thursday AM, exact hours TBD

Preschool PLUS Parent Ed--Parents attend Mondays

- Family Learning Center \$160/month Monday/Wednesday 9:30 - 11:30 AM

STORMHAWKS HALF DAY PRESCHOOL 3-5 years by 9/1/22

- Family Learning Center \$180/mo Tuesday/Thursday 9:20 - 11:50 AM
- Family Learning Center \$230/mo Monday/Wednesday/Friday 9:20 - 11:50 AM
- Family Learning Center \$180/mo Tuesday/Thursday 1:10 - 3:40 PM
- Family Learning Center \$230/mo Monday/Wednesday/Friday 1:10 - 3:40 PM
- Family Learning Center \$345/mo Monday/Tuesday/Wednesday/Thursday 1:10 - 3:40 PM
- Bluff Creek Elementary \$230/mo Monday/Wednesday/Friday AM, exact hours TBD

STORMHAWKS NATURE-BASED PRESCHOOL 3-5 years by 9/1/22

- Family Learning Center \$465/mo Monday-Friday (Fridays at Tanadoona) 1:10 - 3:40 PM

STORMHAWKS PRESCHOOL TO KINDERGARTEN CONNECTION 4-5 years by 9/1/22

- Family Learning Center \$206/mo Tuesday/Thursday 9:10 AM - 12:10 PM
- Family Learning Center \$258/mo Monday/Wednesday/Friday 9:10 AM - 12:10 PM
- Family Learning Center \$387/mo Monday/Tuesday/Wednesday/Thursday 9:10 AM - 12:10 PM
- Family Learning Center \$465/mo Mon/Tues/Wed/Thurs/Fri 9:10 AM - 12:10 PM
- Family Learning Center \$206/mo Tuesday/Thursday 12:40 - 3:40 PM
- Family Learning Center \$258/mo Monday/Wednesday/Friday 12:40 - 3:40 PM
- Family Learning Center \$387/mo Monday/Tuesday/Wednesday/Thursday 12:40 - 3:40 PM
- Family Learning Center \$465/mo Mon/Tues/Wed/Thurs/Fri 12:40 - 3:40 PM
- Bluff Creek Elementary \$387/mo Monday/Tuesday/Wednesday/Thursday PM, exact hours TBD

STORMHAWKS FULL DAY CARE AND PRESCHOOL 3-5 years by 9/1/22

- FLC CHN BCE LAA \$165/week 3 days per week 6:30 AM - 6:00 PM
- FLC CHN BCE LAA \$220/week 4 days per week 6:30 AM - 6:00 PM
- FLC CHN BCE LAA \$275/week 5 days per week 6:30 AM - 6:00 PM

Preschool Registration Fee \$75 Total paid \$ _____ Check # _____ payable to E. Carver Co. Schools

Pick up Authorization List two names, with phone, of those authorized to pick up your child and/or will assume emergency responsibility for your child if you are unable.

Name _____ Home _____ Cell _____

Name _____ Home _____ Cell _____

Unauthorized Persons Are there any individuals with a legal order to NOT pick up your child? No Yes

Name _____ Relationship to child _____

Please provide the program with a copy of all legal documents. It is the responsibility of the custodial parent to inform the program, in writing, of any changes.

Emergency/Medical

Has your child ever been evaluated for special education services? No Yes

Has your child ever received special education services through an Individual Education Plan (IEP), Individual Services Plan (ISP) or Individual Interagency Intervention Plan (IIIP)? No Yes Please provide the program with a copy of the plan.

Has your child received a comprehensive health/developmental screening as a preschooler, 3-5 years old?

No Yes What type of provider administered the screening? Public School District Head Start Child Check Up Private Provider

Important Information

What language is most often spoken in your home: _____ Do you require an interpreter? Yes No

Is there any information you would like us to know about your child? _____

Photos/Videos If you wish to not have your child's name and photo used for any purpose please submit a District to Exclude Student Directory form found online or stop in at the Community Education office. I understand it's my responsibility to complete this form and turn it into the Community Education office.

Parental Consent I understand that in some emergency situations staff may need to contact emergency medical services before the parent/guardian and/or other adult acting on behalf of the parent/guardian. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital, if the local emergency unit determines this is necessary. The child will be transported at the expense of the parent/guardian. I understand that only staff members of Eastern Carver County Schools Community Education will have access to my child's health information. I hereby grant permission to the staff of Eastern Carver County Community Education to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of program staff.

Financial Assistance I understand that if I would like to receive financial assistance I must submit the financial aid request form (along with all required documents) to the Community Education office. Financial aid requests will be reviewed once all documents are complete and I will be notified by a Community Education staff member if I am being awarded financial aid.

Transportation I understand that if I would like to request transportation I must submit the transportation request form to the Community Education office. Transportation requests will be reviewed and approved dependent on qualifying factors for eligible half-day students at Family Learning Center or Bluff Creek Elementary School only. I will be notified by a Community Education staff member in August if my transportation request has been approved.

Field Trips Do you give permission to Eastern Carver County Schools Community Education to take your child on supervised field trips? I understand that I will be notified of dates and times prior to field trips taking place. No Yes

Parent/Guardian Signature _____ Date _____