

## 2022-2023 Community Preschool Application

Thank you for your recent interest in our Community Preschool. Prairie Five Head Start and Community Preschool work together to serve children ages three to five in our licensed classrooms. In order to qualify for Head Start, your family will have to verify eligibility. To qualify for head start, eligibility is determined by SSI, TANF, or MFIP benefits, foster child, or family income does not exceed the federal income guidelines listed below.

However, we can still take your head start application and can consider your child for enrollment if you do not fall under the federal income guidelines as we have limited over income spots available. If you do not qualify for Head Start, please fill out this Community Preschool Application. If your child is 4 years old, they may be eligible for VPK scholarship. Your school district will either send you information or reach out to you regarding this scholarship.

2022-2023 Income Guidelines (Before Taxes)	
Size of Family	Yearly Income
2	\$23,803
3	\$29,939
4	\$36,075
5	\$42,211
6	\$48,347
7	\$54,483
8	\$60,619
*Add \$6,136 for each family member over 8	

### Center location options for Head Start/Community Preschool:

- Appleton ●Benson ●Canby●
- Clinton ●Granite Falls ●KMS●
- Madison ●Montevideo ●

**Additional information you will be asked for:**

- ✓ **Any custody papers/parenting plans/orders of protection**
- ✓ **Well child exam** that is due **PRIOR** to the first day of school that must include; a total body checkup, blood test for lead and hemoglobin, and a blood pressure reading.
- ✓ **Dental exam** that is due **PRIOR** to the first day of school (If unable to complete this requirement before the first day of school, please contact our Health Coordinator)
- ✓ Minnesota law requires children enrolled in child care, early childhood education, or school to be **immunized** against certain diseases, unless the child is medically or non-medically exempt
- ✓ Copy of **birth certificate (REQUIREMENT)**
- ✓ Copy of **health/dental insurance cards**

**If you need help completing the application, please call the office at 1-800-443-4283 or 320-598-3118  
or on the Enrollment Coordinator's cell phone: 507-430-9710**

**What happens next?**

As soon as we receive the completed application, we will provide Community Ed with all documentation. We will then review your application and schedule a time to meet with you in person or via phone to verify information on your application. All applicants are placed on a waiting list. Once we have received your child's completed documentation that is needed for enrollment, we will contact you and let you know what the next step is. Our programs do not operate on a first-come first serve basis. When an opening becomes available in the option you requested, all individuals on the waiting list for that option are considered.

This application packet can either be:			
<b>Mailed:</b>	<b>OR</b>	<b>Brought In:</b>	<b>OR</b>
Prairie Five Head Start P.O Box 166 Madison, MN 56256		Your local Prairie Five Office or Head Start Center	<b>Faxed:</b> 844-273-2299

This institution is an equal opportunity provider.  
EOE/AA/ADA Employer

## 2022-2023 Community Preschool Application

**Days Attending:**  M  T  W  Th **Preference for AM/PM (not guaranteed)**  AM  PM

**Applicant (child applying for services)** Has the applicant been in Head Start or Early Head Start before?  Head Start  Early Head Start

First Name	Middle	Last Name	Birthday	Gender	Social Security # (REQUIRED)
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	

Hispanic/Latino	Race	Primary Language	Foster Child
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chuukese <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Child's Custody Status** (\*Must include legal documentation from the social worker, court papers, or other documentation as appropriate)  
 Both Parents  Mother Only  Father Only  Parent Appointed Guardianship\*  Foster Care\*  Court Ordered Guardianship/Dept. of Human Services\*  Other \_\_\_\_\_

**Parent/Guardian 1 (Primary)** **Lives with family?**  Yes  No

First Name	Middle	Last Name

Living Address	Apt/ Lot #	City	Zip Code	Mail Address (If different than living address)

Primary Phone number			Prairie Five has permission to contact me via:		Primary Email Address:
Cell: _____	Home: _____	Work: _____	<input type="checkbox"/> Text Message	<input type="checkbox"/> Email	

Birthday	Gender	Social Security # (REQUIRED)	Marital Status	Hispanic/Latino
/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Yes <input type="checkbox"/> No

Race	Highest Grade Completed
<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> No Education <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's

Current Employment Status	Currently Enrolled In School	Relationship To Child	Custody	Provide Financial Support
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disable <input type="checkbox"/> Incarcerated <input type="checkbox"/> Parole/Probation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Typical work/school schedule:**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday **Usual hours at work/school:** \_\_\_\_\_

**Parent/Guardian 2 (Secondary)** **Lives with family?**  Yes  No

First Name	Middle	Last Name

Living Address	Apt/ Lot #	City	Zip Code	Mail Address (If different than living address)

Primary Phone number			Prairie Five has permission to contact me via:		Primary Email Address:
Cell: _____	Home: _____	Work: _____	<input type="checkbox"/> Text Message	<input type="checkbox"/> Email	

Birthday	Gender	Social Security # (REQUIRED)	Marital Status	Hispanic/Latino
/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Yes <input type="checkbox"/> No

Race	Highest Grade Completed
<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> No Education <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's

Current Employment Status	Currently Enrolled In School	Relationship To Child	Custody	Provide Financial Support
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disable <input type="checkbox"/> Incarcerated <input type="checkbox"/> Parole/Probation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Typical work/school schedule:**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday **Usual hours at work/school:** \_\_\_\_\_

**ADDITIONAL Family & Household Members Living With Child (Do Not List Applicant, Parent 1 & Parent 2)**

**Is mom currently pregnant?**  Yes  No **If YES, please indicate the mother's expectant due date** \_\_\_\_\_

First & Last Name	Birthday	Social Security (REQUIRED)	Gender	Race	Hispanic	Relationship To Child
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Health & Wellness

Child's Primary Medical Home Clinic Name/ Address	Clinic Phone Number	Child's Primary Dental Home Dental Office Name/Address	Dental Office Phone Number
Name: _____ Address: _____		Name: _____ Address: _____	
Has your child been seen at this clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	When was their last visit? _____ _____	Has your child been seen at this clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	When was their last visit? _____ _____

Does your child have any current or chronic medical conditions? (Ex: Seizures, diabetes, asthma, heart problems, etc.?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____ _____
Does your child have any health or developmental problems? (Ex: Speech, social, emotional, hearing, vision, behavior)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____ _____
Do you have any concerns about your child's physical, mental, or emotional development?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____ _____
Does your child have a current/active IEP or IFSP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____
Does your child have any allergies to food or medications? <i>*If your child has any known allergies you are required to have an allergy documentation form completed by your health care provider*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____
Are you concerned about celebrating any holidays due to religious or ethnic beliefs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____

**In Case Of An Emergency List Two Local Contacts, WITHIN 30 MILES of DISTRICT, If Parents Are Not Available. MUST List Two People Who Are NOT the Child's Parents (REQUIRED-CANNOT BE LEFT BLANK)**

	Name	Address	Phone Number	Relation To Child
<b>Contact #1</b>				
<b>Contact #2</b>				

*This information is confidential and shall be kept for the current school year only*  
**For Applicants of Prairie Five CAC, Inc. Programs**

The purpose of this information is to tell about your rights and responsibilities.  
It also tells you what to do if you have any problems.

Your privacy rights: Information That Is Shared

**Why does Prairie Five need this information?**

- To help assist transition to school district

**What happens if I do not give Prairie Five all the facts?**

- You might not be able to get services or assistance

**Who else sees this information?**

- We may share this information with:
  - state and local welfare agencies
  - community based organizations
  - local and state public and private human service agencies
  - Minnesota Department of Jobs and Training
  - United States Department of Labor
  - United States Department of Health and Human Services
  - State and local educational programs (as allowed by law)
- This information may be used for research, experimental procedures, or public relations activities

**How long does Prairie Five keep this information?**

- We keep your file for as long as the law says we should.

**Can I see my file?**

- You may see all the things in your file.

**What if I think the facts in my file are wrong?**

- Talk to the EHS/HS Director about what you think is wrong in your file.
- Talk to the LQPV Director about what you think is wrong in your life.

**Where do I get more facts about my privacy rights?**

- Ask the EHS/HS Director.
- Ask the LQPV Director.

**What happens if I give false information?**

• If you give false information on any of these forms and know it is false, we can charge you with fraud  
The agency may check out any of the information you give. The only way the agency can get some information is with your signed consent. If you do not sign a consent form, you may not get services or help.

For more information, please see Minnesota Statutes Chapter 13.04, Rights of subjects of data.

***By signing below, I acknowledge that I have read, understand, and agree to these terms***

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**Parent/Guardian Signature**

**Date**

Upon request this application can be made available in an alternate format such as Braille, large print, etc.

# Authorization

**Child's full legal name:** \_\_\_\_\_

I give Prairie Five Head Start permission to release and obtain information to/from the following

**(Please initial the following)**

- \_\_\_\_\_ 1. School district; preschool screening that is mandated by the state of Minnesota
- \_\_\_\_\_ 2. School district; Special Education services (If applicable)
- \_\_\_\_\_ 3. School district; Release family & sibling information for the census database
- \_\_\_\_\_ 4. Medical and dental offices regarding records that are required for enrollment
- \_\_\_\_\_ 5. Pull immunizations from MIIC or applicable state website
- \_\_\_\_\_ 6. Greater Minnesota or other Mental Health Provider: \_\_\_\_\_
- \_\_\_\_\_ 7. Other (please list): \_\_\_\_\_

I give my child permission to participate in the following:

**(Please initial the following)**

- \_\_\_\_\_ 1. Incomplete preschool screenings such as hearing, vision, Brigance that is mandated by the state of Minnesota
- \_\_\_\_\_ 2. Being present in the classroom for observations from a mental health professional to provide teacher support.
- \_\_\_\_\_ 3. Health Observation Screening (height/weight)  
\* **Tape measure for height, digital scale for weight.**
- \_\_\_\_\_ 4. Receive first aid and/or CPR by certified personnel if needed  
\***If not initialed, Prairie Five Head Start Health Coordinator will contact you regarding alternative actions**
- \_\_\_\_\_ 5. Finger prick, if no record is on file of previous lead testing  
\***If not initialed, Prairie Five Head Start Health Coordinator will contact you regarding alternative actions**

Use of:

- \_\_\_\_\_ a. Hand sanitizer
- \_\_\_\_\_ b. Soap & water before meals
- \_\_\_\_\_ c. Sunscreen
- \_\_\_\_\_ d. Unscented lotion
- \_\_\_\_\_ e. Insect repellent
- \_\_\_\_\_ f. Encourage use of face mask due to COVID-19 mandate  
\***Classrooms will provide face masks & educational materials to children and families**
- \_\_\_\_\_ g. Forehead/armpit thermometer
- \_\_\_\_\_ 6. Have 911 called in a life threatening situation such as air way, breathing, circulation, and/or altered level of consciousness complications  
\***If not initialed, Prairie Five Head Start Health Coordinator will contact you regarding alternative actions**
- \_\_\_\_\_ 7. May have pictures and videos taken while participating in the program which may be used for documentation
- \_\_\_\_\_ 8. May have pictures published in local newspapers
- \_\_\_\_\_ 9. May have pictures published in classroom/program newsletters  
\*\***Pictures or videos may be produced by school districts, please notify school district to refuse permission to publish\*\***

***This permission is granted only for the child's current enrollment year in the Head Start program and will need to be signed yearly***

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Reviewed By (Office Staff)**

\_\_\_\_\_  
**Date**

**PERSONALLY IDENTIFIABLE INFORMATION DISCLOSURE AUTHORIZATION FORM**

The Head Start Program Performance Standards (45 C.F.R. §1301 *et seq.*) afford certain rights to parents/legal guardians concerning the privacy of, and access to, their child’s records. In compliance with the Head Start Program Performance Standards Prairie Five C.A.C. Head Start/Early Head Start is prohibited from providing Personally Identifiable Information (PII) from your child’s records to certain outside parties, such as child’s name, identifying information about him/her, and any information from assessments, health data, or other child record information. Parent/legal guardians may choose to complete and submit this form to Prairie Five C.A.C. Head Start/Early Head Start allowing the release of their child’s records to specified third parties. **Giving this consent is voluntary and not required.** Please note that while this form authorizes Prairie Five C.A.C. Head Start/Early Head Start to release child records to third parties, it does not obligate Prairie Five C.A.C. Head Start/Early Head Start to do so. Prairie Five C.A.C. Head Start/Early Head Start reserves the right to review and respond to requests for release of child records on a case-by-case basis. For additional information, review Prairie Five C.A.C. Head Start/Early Head Start’s **Parent Handbook at [www.prairiefive.org](http://www.prairiefive.org)**

**Child’s full legal name:** \_\_\_\_\_

**SECTION A.-TYPES OF CHILD RECORDS AUTHORIZED TO BE RELEASED:**

I, \_\_\_\_\_, the parent/legal guardian of the child named above, hereby request that copies of the following records be released.

**PLEASE CHECK THE FOLLOWING:**

**All documentation listed below:**

- Academic Information** (registration, enrollment status, demographics, attendance records, residency status, mailing address, academic goals and progress updates, assessment summaries, screening information) Evaluations performed by outside agencies, such as IEP/IFSP cannot be released by Prairie Five C.A.C. Head Start/Early Head Start.
- Eligibility Information** (Birth certificate, all documents provided to Prairie Five C.A.C. Head Start/Early Head Start used to determine child’s eligibility for Head Start/Early Head Start)
- Health Information** (Medical forms, medical notes, physician’s notes, nurse’s notes, immunizations, personal health information such as diagnoses, diet plans, medication administration)
- Individualized Supports** (incident/injury reports, behavior plans, ASQ:SE)
- Other** (Please specify) \_\_\_\_\_

**SECTION B. – REASON FOR RECORD RELEASE:**

The reason the records are being released is: **Aid into transition to school district**

**SECTION C. - PERSON(S)/ORGANIZATIONS TO WHOM ACCESS TO CHILD RECORDS MAY BE PROVIDED SUCH AS NON-CUSTODIAL PARENTS, MEDICAL/DENTAL PROVIDERS, FAMILY SERVICES AND GREATER MINNESOTA**

**School district** to whom access to records may be provided (list current district)

**Daycare:** Name of person/organization to whom access to records may be provided

Address of person/org. to whom access to records may be provided

Address of person/org. to whom access to records may be provided

Relationship to child

Relationship to child

IF YOU NEED MORE SPACE FOR ADDITIONAL PERSONS/ORGANIZATIONS, PLEASE INCLUDE THEIR NAMES, ADDRESSES, AND RELATIONSHIPS ON THE BACK OF THIS FORM

**SECTION D. - CERTIFICATION:**

I understand that (1) I have the right not to consent to the release of my child’s records, (2) I give this consent voluntarily, (3) I have the right to inspect any written records released pursuant to this Consent, and (4) this authorization shall remain in effect unless I revoke such consent by filing a new one of these Consent forms with ‘Revocation of Consent’ section (section E below) completed, and the revocation is received and processed by Prairie Five C.A.C. Head Start/Early Head Start.

\_\_\_\_\_  
**Parent/Legal Guardian’s Signature**

\_\_\_\_\_  
**Date**

**\*\* REVOCATION OF THIS CONSENT, TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN IN THE EVENT THAT S/HE CHOOSES TO REVOKE HIS/HER CONSENT TO RELEASE DATA IN CHILD RECORDS.\*\***

**SECTION E. – REVOCATION OF CONSENT:**

I hereby revoke the consent granted above. (Not valid unless received by Prairie Five C.A.C. Head Start/Early Head Start). I understand actions taken by Prairie Five C.A.C. Head Start/Early Head Start regarding releases of my child’s records prior to receipt and processing of this revocation cannot be revoked or changed.

\_\_\_\_\_  
**Parent/Legal Guardian’s Signature**

\_\_\_\_\_  
**Date**

# Child Enrollment Form—Child and Adult Care Food Program

Dear Parents or Guardians,

Your child care center participates in the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP) which ensures healthy meals are served to your children. Good nutrition today means a stronger tomorrow! To meet CACFP requirements specific enrollment information must be collected annually. Please complete this form and return it to your child care center.

Name of the Child Care Center: \_\_\_\_\_ Beginning Date of Child Care: \_\_\_\_\_

<b>Child’s First Name</b>	<b>Child’s Last Name</b>	<b>Date Of Birth</b>

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Enter the normal hours your child is in care*							

**Check the meals your child normally receives while in care:**

<b>Weekdays</b>	<input type="checkbox"/> Breakfast School District:/Program: _____	<input type="checkbox"/> Lunch School District/ Program: _____	<input type="checkbox"/> PM Snack School District/ Program: _____
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\*(for example, 7:30 a.m. – 5 p.m.; for a split schedule, 7:30 a.m. – 9 a.m. and 12:30 p.m. – 5 p.m.)

Beginning Date of Child Care: \_\_\_\_\_

*If there are other children in care, please complete additional forms as needed.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date Signed (form completed annually):** \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For questions please contact:  
 Sponsoring Organization:  
 [insert Name, Address, Phone]

State Contact Information  
 Minnesota Department of Education – Food and Nutrition Services  
 1500 Highway 36 West, Roseville, MN 5513  
 651-582-8526 or 1-800-366-9922 – mde.fns@state.mn.us

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institution participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail \_\_\_\_\_ or
  - (2) Fax: (202) 690-7442 or
  - (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)
- U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

This institution is an equal opportunity provider.