



2023-2024 Bright Beginnings Registration

Student Information: Please enter legal name

First name:		Middle name:	
Last name:	Nickname:	Gender:	Birthdate:

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

Has Your Child Completed Early Childhood Screening? Yes No	School District Where Screening was Completed:
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*If your child has not yet completed Early Childhood Screening please schedule by calling (507)444-7900. **Screening must be completed within 90 days of enrollment.***

Please answer Yes or No to the following racial & ethnic demographic questions based on the definition provided:

Yes	No	Is the student Hispanic/Latino?	The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
Yes	No	Does the student identify as American Indian or Alaska Native?	The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
Yes	No	Is the student American Indian from South or Central America?	
Yes	No	Is the student Asian?	The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Yes	No	Is the student black or African American?	The federal definition includes persons having origins in any of the black racial groups of Africa
Yes	No	Is the student Native Hawaiian or Other Pacific Islander?	The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Yes	No	Is the student white?	The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student Language Questionnaire

My student first learned:	<input type="checkbox"/> Language other than English <input type="checkbox"/> English and Language other than English <input type="checkbox"/> Only English Indicate the language other than English: _____
My student speaks:	<input type="checkbox"/> Language other than English <input type="checkbox"/> English and Language other than English <input type="checkbox"/> Only English Indicate the language other than English: _____
My student understands:	<input type="checkbox"/> Language other than English <input type="checkbox"/> English and Language other than English <input type="checkbox"/> Only English Indicate the language other than English: _____

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		
Family Information		
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
Names and birthdates of people living in the home:		
What would you like your child to learn? What are your expectations of preschool?		
<p>Please check all that apply:</p> <input type="checkbox"/> Family is currently on CCAP, MFIP, SNAP, CACFP, and/or Free/Reduced Lunch Program <input type="checkbox"/> The family has changed their residence two or more times in the past year or does not have permanent residence <input type="checkbox"/> The child receives or qualifies for Special Education Services <input type="checkbox"/> The child is currently in Foster Care <input type="checkbox"/> The child has no previous preschool experience <input type="checkbox"/> The child will be participating in another community preschool program: _____		
How did you hear about Owatonna Early Childhood Preschools?:		

Daycare Information (if applicable)

Does your child attend daycare? (circle) Yes No

Daycare Name: _____ Phone: _____ Address: _____

Emergency Contacts

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

1. Name _____ Relationship to child _____	Phone # _____
2. Name _____ Relationship to child _____	Phone # _____
3. Name _____ Relationship to child _____	Phone # _____

Persons NOT authorized to pick-up children from Bright Beginnings (if a non-custodial parent is not authorized to take child from Bright Beginnings, we require a copy of the court orders for our files). Name and relationship to child.

Monthly Preschool Tuition:

*Free programing is currently made possible through Voluntary Pre-Kindergarten and the Pathways II Scholarship funds. Our school district will be notified of continued funding after the spring legislative session. Families will then be notified if they have been awarded one of these free slots or if they will pay preschool tuition based on the below scale.

To be considered for preschool scholarship, please fill out the Early Learning Scholarship - Pathway II Application.

Check here if you need a scholarship application.

To be considered for reduced tuition, please submit a copy of the page from your 2022 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. (Income guidelines will update July 1, 2023)

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 2022.

This information is located on: Line 9 of the Federal Form 1040

Family size	Full Scholarship Eligible (22-23 income limits)	Reduced Fee	Pay in Full
2	33,873	33,874-42,902	42,903+
3	42,605	42,606-53,929	53,930+
4	51,337	51,338-64,974	64,975+
5	60,069	60,070-76,070	76,071+
6	68,801	68,802-86,807	86,808+
7	77,533	77,534-98,353	98,354+
8	86,265	86,266-109,118	109,119+
Monthly Tuition:	\$ 0	\$75	\$150

Registration Information*Mark your first and second choice of class offerings below:*

Choice	Class Title	Time	# of days	Location
	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
	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

Transportation

Do you want your child to ride a bus to and from school? (select one) If yes, please fill out the separate transportation form.
 Yes, both ways Yes, one way No, someone will drop them off and pick them up each day.

Family Agreement: Please initial to give consent

	I will complete all required forms before my child can attend class.
	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 give ISD 761 permission to use photographs or videos of my child & family participating in the Bright Beginnings Preschool program.

Please make note below if you have any other special requests or things you would like us to know about your child:

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

507-444-7900

507-444-8040