



2023-2024 Pre-K Program Registration

Please return this completed form to:
Early Childhood Center at Parkview
701 County Rd. B West, Roseville, MN 55113
or scan and email to elsa.carlson@isd623.org

Child's Full Name (First): _____ (Middle): _____ (Last): _____ Male Female
 Race/Ethnicity: _____ Birthdate (month/day/year): _____ Age on September 1, 2023: _____
 Street Address: _____ Apt #: _____ City: _____ Zip: _____
 What school district do you live in? _____
 Do you have children in grades K-12 in Roseville Area School District? No Yes If yes, which school: _____
 Primary language spoken at home: _____ Do you need interpreter assistance? No Yes
 Special Health Concerns (accommodations, allergy, dietary restrictions, or special needs we should be aware of): No Yes, explain: _____

Is your child receiving ECSE services or have an IEP? No Yes If yes, what is your child's disability: _____
 Has your child completed an early childhood screening? No Yes If yes, when: _____ Where: _____
 If your child completed screening outside of Roseville Area Schools, please provide a copy of the summary.

Pre-K Class Choice	
1st Choice (class #): _____ 2nd Choice (class #): _____ 3rd Choice (class #): _____ 1st Month Payment: \$ _____ Registration Fee: \$50.00 Total Due: \$ _____ Go to isd623.org/Pre-K for the financial assistance application. Complete and return with registration.	Please check one: <input type="checkbox"/> I can drive my child. <input type="checkbox"/> My Pre-K child can ride the bus with my older children to: <input type="checkbox"/> Harambee <input type="checkbox"/> Parkview <input type="checkbox"/> I need bus transportation for my child (Ex: no car, work conflict, child is at childcare and cannot be driven, etc. Must live in Roseville Area School District.) Bus Pick Up (address): _____ Bus Drop Off (address): _____

Parent/Guardian Data	Parent/Guardian #1	Parent/Guardian #2	
Name (First, MI, Last)	Name (First, MI, Last)	Name (First, MI, Last)	
Date of birth	Date of birth	Date of birth	
Relationship to student	Relationship to student	Relationship to student	
Address	Address	Address	
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code	
Phone <input type="checkbox"/> cell <input type="checkbox"/> home	Phone <input type="checkbox"/> cell <input type="checkbox"/> home	Phone <input type="checkbox"/> cell <input type="checkbox"/> home	
Job status/hours per week	Job status/hours per week	Job status/hours per week	
Yearly household income	Yearly household income	Yearly household income	
Email	Email	Email	

Are you interested in volunteering? No Yes If yes, are you interested in: Classroom volunteering Advisory council

- First payment by cash, check or credit/debit card.
- Enroll in auto pay by credit/debit card only.
(9 payments. First payment due with registration along with a \$50 non-refundable registration fee. Remaining payments processed on the 5th of the month.)
- Cash Check (Make Checks Payable to Roseville Area Schools) Credit/Debit Card (please fill out info below)

Card Type (check one): Mastercard Visa Discover
 Name on Card: _____
 Credit Card Number: _____
 Exp: _____
 Authorized Signature: _____ Date: _____

By registering your child for Pre-K classes, you are acknowledging that photos of you and your child may be used for educational and publicity purposes for Roseville Area Schools or Roseville Community Education. To read the District's full policy on Directory Information, please contact Roseville Pre-K at 651-604-3578. Immunization record or a notarized conscientious objector letter is required in order to participate in ECFE and Pre-K classes. Please submit to the Pre-K teacher or the office.

Name of adult filling out this registration form: _____ Signature: _____
 Date: _____