

# StormHawks Preschool

2023/2024 School Year

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, Nature & PreK to K Connection only:

**Transportation:** to request transportation to/from preschool at the FLC, complete the 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](http://eccs.mn/screening)

Choose your preschool experience:

**Taste of StormHawks Preschool** 2½ - 3 ½ years by 9/1/23

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

**Half-Day StormHawks Preschool** 3-5 years by 9/1/23

- 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 \$345/mo Monday/Tuesday/Wednesday/Thursday 1:10 - 3:40 PM
- Bluff Creek Elementary \$345/mo Monday/Tuesday/Wednesday/Thursday 9:00 - 11:30 AM

**StormHawks Nature Preschool** 3-5 years by 9/1/23

- Family Learning Center \$430/mo Monday-Friday 1:10 - 3:40 PM

**StormHawks Preschool to Kindergarten Connection** 4-5 years by 9/1/23

- 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 \$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

**Half-Day StormHawks + Care (full-day)** 3-5 years by 9/1/23

- FLC  CHN  BCE  LAA  VES \$174/week 3 days per week M T W Th F 6:30 AM - 6:00 PM
- FLC  CHN  BCE  LAA  VES \$232/week 4 days per week M T W Th F 6:30 AM - 6:00 PM
- FLC  CHN  BCE  LAA  VES \$290/week 5 days per week M T W Th F 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

Does your child have any allergies?  No  Yes, \_\_\_\_\_

Please list any medication your child takes on a regular basis: \_\_\_\_\_

## 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Full-Day only:** I understand children must be fully potty trained and able to use the toilet independently to attend Full Day Care.  Yes

**Photos/Videos** Participants in StormHawks Preschool are sometimes photographed for classroom blogs and advertising purposes. To opt out, a Request to Exclude Student Directory form must be filled out and emailed to [communityed@district112.org](mailto:communityed@district112.org)

**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 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 \_\_\_\_\_