



Early Childhood & Family Education

Greetings Parents/Guardians!

We are looking forward to the 2023-2024 school year. District 622 ECFE begins Monday, September 11, 2023.

Enclosed is your ECFE enrollment packet. These forms must be completed and returned as soon as possible in order to complete your registration.

The packet includes:

- ISD 622 ECFE Registration & Payment Form
- ISD 622 Enrollment Form
- Health & Emergency Information (both sides)
- Minnesota Language Survey
- Ethnic & Racial Demographic Designation Form (both sides)
- Minnesota ECFE School Readiness Questionnaire

We are required to have the **immunizations and birth certificate** for each child, so please include a copy.

Minnesota state law requires that all children participate in Early Childhood screening. We screen as young as 3 years old. **If your child is three or older and has not been screened, please call 651-702-8468 to schedule an appointment.**

This packet, in addition to Immunizations and birth certificate, may be submitted by mail or in person to:

Gladstone Community Education
1945 Manton St.
Maplewood, MN 55109

For more information or if you have any questions about filling out the forms please call the ECFE Programs office at 651-748-7280.

We are looking forward to a fun year in District 622 ECFE.

Sincerely,

Tracy Tessier – ttessier@isd622.org
ECFE Coordinator
651-748-7284

Brenda Gilbert – bgilbert@isd622.org
ECFE clerk
651-748-7280

*Immunization
records and birth
certificate
required!*

2023-2024 **E C F E** Registration

We prefer online registrations.
www.isd622.ce.eleyo.com

Please print clearly

Guardian _____
 Email _____
 Address _____
 City _____ ZIP _____
 Home Phone _____
 Alternate Phone _____ work | cell

Guardian _____
 Email _____
 Address _____
 City _____ ZIP _____
 Home Phone _____
 Alternate Phone _____ work | cell

Guardian _____
 Email _____
 Address _____
 City _____ ZIP _____
 Home Phone _____
 Alternate Phone _____ work | cell

Guardian _____
 Email _____
 Address _____
 City _____ ZIP _____
 Home Phone _____
 Alternate Phone _____ work | cell

Names of adults attending class _____

Names of children attending class:

Child 1 _____ Birthdate _____ Gender _____ Allergies, special needs, etc _____

Child 2 _____ Birthdate _____ Gender _____ Allergies, special needs, etc _____

Child 3 _____ Birthdate _____ Gender _____ Allergies, special needs, etc _____

	Semester I (Sept 11, 2023–Jan 19, 2024)	Semester II (Jan 22, 2024–May 31, 2024)
Class number / name	# /	# /
Class fee (for first child) <i>See sliding fee scale on page 6</i>	\$	\$
Add half the class fee for each additional child attending the same class	\$	\$
Total tuition	\$	\$
Total payment <i>Semester I tuition is due with registration*</i> <i>Semester II tuition is due on Jan. 19, 2024</i>	\$	<i>* Monthly payment will be accepted for the Taste of Preschool Class (Fee A). The first month's payment is due at time of registration. The remaining payments will be due the first of each month through April 1, 2024. Please contact the ECFE office for details by calling 651-748-7280.</i>

Payment

Check # _____ (payable to ISD 622) Name on card _____

Visa Card # _____

MasterCard Exp. date ____ / ____ Verification code (3 digit) _____

American Express Signature _____

Discover

If your class is full, please indicate your second choice class number and name # _____ / _____

Note: Registration is not complete without:

- birth certificate
- immunization record*
- enrollment packet
- payment

*Immunization records can be faxed directly from your clinic to the ECFE office at 651-748-7271.

Office use:

Date Registration received: _____



Please return
this form to the
Health Office

Student: _____ Grade: _____ Gender: _____ Birthdate: ___/___/___
Last First MI

Primary Address: _____ Phone: _____

Dear Parent/Guardian:

A student's health may affect his or her learning. Therefore, updated health information is important. The following information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health and safety of the student. This form should be completed each school year. Please complete this form and return it to the school Health Office as soon as possible.

Thank you
ISD 622 Health Services

HEALTH INFORMATION

Health Concerns

Please put a ✓ if the student CURRENTLY HAS or HAS HAD IN THE PAST any of these health concerns:

- No Health Concerns**
- Allergies (if yes, to what): _____
 Anaphylactic/Life threatening? Yes *Needs care plan No
- Asthma or breathing problems (if yes, see below):
 - Has the student had episode(s) of wheezing in the last 12 months? Yes *Needs care plan No
 - Has the student had to take medication to resolve breathing problems in the last 12 months? Yes *Needs care plan No
- Bladder/Bowel problems (if yes, describe): _____
- Diabetes (if yes, see below): *Needs care plan
 - Type (I or II): _____
 - Managed by: Diet only Oral medication Insulin injections Insulin pump
- Diagnosed diet restrictions/needs (if yes, describe): _____
- Heart problems (if yes, describe): _____
- Seizures (if yes, see below): *Needs care plan
 - Type (describe) _____ Date of last seizure: _____
- Social/Emotional/Mental Health concerns (if yes, describe): _____
- Recent surgeries or hospitalizations (if yes, describe): _____
- Activity restrictions (if yes, describe): _____

***Note:** If yes, a current written note from your provider stating the restrictions and length of restrictions is needed in the health office

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Genetic/Congenital disorder | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Blood disease | <input type="checkbox"/> Vision impaired | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Head injury/Concussion | <input type="checkbox"/> Other: _____ |

Complete for High School Students Grades 9-12

According to MS 121.222 (2005) a secondary student may possess and use non-prescription pain relief such as Tylenol or Motrin. Medications must remain in the original container and taken according to directions. Parent/Guardian permission must be given in order for students to "self-carry" non-prescription pain relievers.

I hereby give my child permission to "self-carry" non-prescription pain relievers.

Signature: _____

Parent(s)/Guardian(s) Note: The school district does not supply over-the-counter pain relievers to students.

Health Insurance

The student HAS health insurance

The student DOES NOT HAVE health insurance. Would you like assistance with applying? Yes No

Health Care Providers

Primary Care Provider	Clinic/Location	Phone Number

Hospital Preference	Address	Phone Number

***Note:** In case of an emergency, our procedure will be to attempt to contact the parent/guardian. Paramedics or local police may be called for assistance. Your student will be taken to the most appropriate hospital for emergency care if no other arrangements have been made.

Emergency Contacts

Parent/Guardian 1: _____
 Print Name Primary Phone Number Work Phone Number

 Email Address

Parent/Guardian 2: _____
 Print Name Primary Phone Number Work Phone Number

 Email Address

Emergency Contact: _____
 Print Name Relationship Phone Number

Emergency Contact: _____
 Print Name Relationship Phone Number

Custody Issue Yes No

***Note:** If custodial issues are involved, a copy of decree must be on file at school.

This information is current and correct. I understand that it is my responsibility as the parent/guardian to notify the school of new or existing health concerns or any changes to contact information. I understand that this health history form must be updated every school year.

 Parent/Guardian Signature

 Printed Name

 Date

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued.

The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon high school graduation. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development services. **Access to services are required by federal and state law. As a parent or guardian, you have the right to decline English Learner services at any time.**

Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
4. My student has meaningful and consistent exposure to:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Guatemalan

Salvadoran

Other Hispanic/Latino

Colombian

Mexican

Spaniard/Spanish/

Unknown

Ecuadorian

Puerto Rican

Spanish-American

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? 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. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Cherokee

Other North American Indian Tribal Affiliation

Anishinaabe/Ojibwe

Dakota/Lakota

Unknown

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? 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.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- Decline to indicate
- Asian Indian
- Burmese

- Chinese
- Filipino
- Hmong

- Karen
- Korean
- Vietnamese

- Other Asian
- Unknown

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- Decline to indicate
- African-American
- Ethiopian-Oromo

- Ethiopian-Other
- Liberian
- Nigerian

- Somali
- Other black
- Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Early Childhood Family Education (ECFE) and School Readiness Parent Questionnaire

General Information: Please help us learn about your child and family. Neither you nor your child will be identified in any published report. If you do not wish to participate in the parent questionnaire, it will not prevent you or your child from participating in any program or service. All data provided are protected by state and federal data privacy standards.

If you choose to voluntarily answer the questions, your information will be used by your local school district and the Minnesota Department of Education for program planning and evaluation in line with state and federal data privacy practices. Again, only aggregated information will be published. Thank you for your help in improving public services!

1. Please indicate whether you are this child's

- Mother Father Grandmother Grandfather
 Foster Mother Foster Father Guardian Other Relative

2. Your highest level of school completed. Mark only one.

- Eighth grade Associate's Degree
 12th grade Bachelor's Degree
 High School Diploma Master's degree
 Some college but no degree Ph. D.

3. Your Date of Birth (Month/Day/Year) _____

4. Your current job status, mark only one.

- Employed > 25 hours per week, employed more than 25 hours per week
 Employed < 25 hours per week, employed less than 25 hours per week
 Unemployed, seeking employment
 Unemployed, not seeking employment

5. What is the race/ethnicity of your child(ren) (check all that apply)

- White Black/African/African American Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native
 Other, single race Other, two or more races

6. What are your primary home languages? (check all that apply)

- English Spanish Hmong Somali Vietnamese Karen Arabic
 Russian Mandarin Laotian Oromo Cambodian Other: _____

7. What was your household's total yearly income, before taxes last year, rounding to the nearest thousand? \$ _____

8. How many people were in your household last year? Check one.

- 2 3 4 5 6 7 8

For School Use Only – SSID Number _____