



2024-2025 Pre-K Registration

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

Child Information

Child's Full Name (First): _____ (Middle): _____ (Last): _____ Male Female
 Race/Ethnicity: _____ Date of Birth (month/day/year): _____ Age on September 1, 2024: _____
 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 special education 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.
 I understand my child must be completely potty trained and independent in using the bathroom on their own by the first day of Pre-K.

Pre-K Class Choice

1st Choice (class #): _____
 2nd Choice (class #): _____
 3rd Choice (class #): _____

1st Month Payment: \$ _____
 Registration Fee: \$100.00
 Total Due: \$ _____

Go to isd623.org/Pre-K for the financial assistance application.
 Complete and return with registration.

Transportation

Please check one:

- I can drive my child.
 My Pre-K child can ride the bus with my older children to: Harambee Parkview
 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 Information

Parent/Guardian #1

Name (First, MI, Last): _____
 Date of Birth (month/day/year): _____
 Relationship to Student: _____
 Address: _____
 City, State, Zip Code: _____
 Phone: Cell Home _____
 Email: _____
 Job Status/Hours Per Week: _____
 Yearly Household Income: _____
 Interested in classroom volunteering? Yes No
 Interested in joining our advisory council? Yes No

Parent/Guardian #2

Name (First, MI, Last): _____
 Date of Birth (month/day/year): _____
 Relationship to Student: _____
 Address: _____
 City, State, Zip Code: _____
 Phone: Cell Home _____
 Email: _____
 Job Status/Hours Per Week: _____
 Yearly Household Income: _____
 Interested in classroom volunteering? Yes No
 Interested in joining our advisory council? Yes No

Payment Information

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 \$100.00 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 information below)
 Card Type: Mastercard Visa Discover American Express 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 form: _____ Signature: _____ Date: _____