

CHATFIELD COMMUNITY EDUCATION

11555 Hillside Dr., Chatfield, MN 55923, (507)867-4521 x. 5022

LuAnn Klevan, Director

lklevan@chatfieldschools.com

Dear Parent,

It's hard to believe, but it is time to start thinking about fall registration for preschool. Children who will be three or older by September 1, 2024 are eligible to register. The enclosed registration form lists the preschool options available. When registering, note the age requirements. CLASSES FILL UP EARLY. If you have a preference, register soon. If you have any questions, contact LuAnn Klevan at the number or email listed above.

Initial Confirmation - Letters tentatively confirming your child's class assignment will be mailed in June. Please note: due to low or high enrollment a class may later be canceled or added.

Preschool Packets Mailed: Mid July Packets will include final confirmation, teacher assignment, supply list, Preschool Orientation information, transportation registration, immunization forms (make sure immunizations are up-to-date.)

Preschool Orientation: This is an opportunity for parents & the preschooler to meet with the teacher. The teacher will go over information specific to the classroom, as well as some program-wide information. It is also an opportunity for you and your child to explore the room. Our goal is to help your child become more comfortable with the classroom, which makes the first day of class a little easier for both of you. This is a special time for parent and preschooler. Please make other arrangements for siblings. Orientation is tentatively scheduled for August 29th & September 3rd.

Tuition Due: September 1st **Start Week:** Preschool begins the week of September 9th.

Note:

* Preschool will follow the school's late start Wed. schedule. **Classes start at 8:30 on Wednesdays.**

* Regarding the 4 Day plus Friday Child Care -You must have back up child care, as **Valleyland** and **Friday Child Care** are not available on non-instructional days and snow days.

*Regarding the 3 year old class: Preschool is in the morning (8-11:30 a.m.). The afternoon hours will be child care (11:30-2:45), which includes lunch, napping, play & snack time. Valleyland is available for before and after school hours (6-8 a.m. and 2:45-6 p.m.).

Registrations for currently enrolled students begins March 11th

(Registrations received before the 11th will be held and randomly opened at 2:00 on the 11th.)

New Student Registration opens on March 18th.

(Registrations received before the 18th will be held and randomly opened at 2:00 on the 18th.)

Please read the FAQ And registration process noted on the back of this letter.

FREQUENTLY ASKED QUESTIONS

When is tuition due each month? *Tuition is due the 1st of each month. There is a \$10 late fee for payments received after the 7th. Tuition is the same amount every month, regardless of the number of times the class is held. **The total cost for the year is divided into nine monthly payments.** Tuition payments may be submitted to your child's classroom, or to Community Education, 11555 Union St., Chatfield, MN 55923. Online payments are also an option. There is a 3.67% transaction fee for online payments.*

Is there transportation to and from preschool? *Children enrolled in the 4 & 5 Year Old classes may ride the bus to school in the morning or from school in the afternoon **IF they have a bus buddy.** A bus buddy is a child (sibling or neighbor in grades 1-6) who uses the same bus stop. The bus buddy escorts the preschooler to the morning meeting place or classroom, and meets the preschooler in the cafeteria before boarding the bus at the end of the day. **If your child is eligible for the 4 & 5 year old class and is enrolled in a blended class, he/she may ride the bus with a bus buddy.***

Is childcare available before and after preschool? *Valleyland (School-Age Care) will be available each school day, 6-8 a.m. and 2:45-6 p.m. **It is not available on days your child does not attend preschool, non-instructional days or snow days.** Space is limited. A Valleyland registration form is included in this packet. If you register for preschool online, the Valleyland registration is part of the registration process.*

Are lunches provided for full-day students? *Free breakfast & lunch are available to all preschool students. Breakfast is served around 9:00 a.m. Please have your child eat something before coming to preschool, as well.*

Do preschoolers nap? *Students in the 3&4 Year Old classes nap after lunch. The 4&5 Year Old & Mixed Age classes have quiet time following lunch (includes 20 minutes of resting & then a movie).*

Does my child need to be fully toilet trained before starting preschool? *Yes, your child must be able to toilet independently. That means he or she must be able to go into the bathroom (every room has a bathroom), use the toilet, wipe and flush independently. Staff will assist with snaps and zippers. **Please work on these skills before school starts. (Please note: Wearing pull-ups is not considered fully toilet trained.)***

Is financial assistance available? ***YES!** Early Learning Scholarships are available, based on income. When submitting your registration, be sure to request a scholarship application. Applications will be sent in July. If you have questions regarding eligibility, please contact LuAnn Klevan at 867-4521 x. 5022 or lklevan@chatfieldschools.com.*

Select one of the following methods to register:

- 1. Go to www.chatfieldschools.com > select the Community Education Page > click on the Community Education Registration link.**
- 2. Submit the registration & Health form, along with the fee to Chatfield Community Education, 11555 Hi llside Dr. SE, Chatfield, MN 55923**

CHATFIELD COMMUNITY PRESCHOOL 2024-25 Registration

Registration Fee: \$60 / \$75 after May 31st

Child's Full Name _____ Date of Birth _____
Name you would like your child to recognize & print _____
Gender: ☐ M ☐ F Primary Home Language _____
Resident School District (if not Chatfield) _____ Main Phone Number _____
County of Residence: ☐ Fillmore ☐ Olmsted
Has child completed Early Childhood Screening? ☐ no ☐ yes -- What year? _____ Location? _____
Allergies: _____
Physical Restrictions: _____

Parent/ Guardian (living at same address) _____ Relationship to Student _____
Daytime Phone _____ Cell Phone _____
Address _____ Email _____
Mailing Address (if different) _____

Other Parent or Guardian _____ Relationship to Student _____
Daytime Phone _____ Cell Phone _____
Address (if different from above) _____
Email _____

3 & 4 Year Olds (Must be 3 by Sept. 1, 2024)

Mornings – 8:00 to 11:30 am Child Care – 11:30 am to 2:45 pm
____ 2 Mornings plus afternoon child care -- **Mon/Thu (\$225)**
____ 2 Mornings without child care -- **Mon/Thu (\$115)**

Mixed Age Class (Must be 4 by Jan. 1, 2025)

____ 2 Full Days – Mon/Thu (\$230) 8:00 a.m-2:45 p.m.

4 & 5 Year Olds (Must be 4 by Sept. 1, 2024)

Full Days – 8:00 am to 2:45 pm

____ 3 Full Days (\$326/month) Tue/Wed/Fri --Class starts at 8:30 on Wednesdays.
____ 4 Full Days without Friday Child Care (\$454/month) Mon/Tue/Wed/Thu – Class starts at 8:30 on Wed.
____ 4 Full Days (MTWTh) with Friday Child Care (\$534/month) - Class starts at 8:30 on Wed.

If the class I chose is full

____ Add my child to the waiting list.
____ Register my child in an open class, add his/her name to the waiting list.

Student's Primary Race/Ethnicity (please check only one)

☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American/Native Alaskan

Student's Secondary Ethnicity (may choose more than 1)

☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American/Native Alaskan

Birth Country _____

CHATFIELD COMMUNITY PRESCHOOL 2024-25 Registration

Other Household Members (Please use legal names)

Last, First, MI	Gender	Date of Birth	Relationship to Account Holder	School / Grade

Name and numbers to call if we cannot reach you. (Emergency Contacts) List in order of preference.

Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____

List any individuals, (other than a parent) who are authorized to take your child (children) at the end of the day.

(We will still need a call or note from a parent)

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

I Verify the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature _____ Date _____

Special Requests:

___ Send me an Early Learning Scholarship application. ___ Send me a registration for PreK Valleyland
___ Send me a transportation registration for my child to ride the bus with a bus buddy. (Must be enrolled in one of the 4 & 5 Year Old classes.)

Registration Fee: \$60 if received by May 31st / \$75 after May 31st

To Register Online: www.chatfieldschools.com > community education > Community Education Registration

To Register with form: RETURN REGISTRATION FORM, HEALTH INFORMATION, AND REGISTRATION FEE, TO:
COMMUNITY EDUCATION, 11555 Hillside Dr., CHATFIELD MN, 55923.

Questions? Call 867-4524 x. 5022.

Please Note: Minnesota Statutes and rules require the school district to keep accurate records and updated personal records for all pupils. The information will become part of the student's permanent cumulative record and will be available to appropriate staff members of District 227. Certain information, known as "directory information" is available to the public unless the district receives a written request from a parent.

In compliance with state and federal laws, it is the policy of Chatfield Public Schools to make all educational, including vocational, course work available to all students without regard to race, color, creed, religion, national origin, sex, marital status, parental status, status in regard to public assistance, disability, sexual orientation or age.

Health Information

Child's Name: _____ Date of Birth _____

Allergies/Medications

Allergies: _____

Please list your action plan in case of an allergy reaction. Include triggers & symptoms of exposure.

Medications: _____

Medication will need to be given while child is at Preschool or Valleyland ____no ____yes

Other medical information _____

Epi pen _____ Inhaler _____

Doctor's Name _____ Clinic _____ Phone _____

Any other medical conditions, 504, IEP, and/or special needs (physical, mental, or behavioral) that Preschool or Valleyland should be aware of? _____

Activity/Physical restrictions _____

*Please note:

I hereby authorize the Staff and/or Program Coordinator, representing Chatfield Preschool and Valleyland to give consent for any emergency medical and first aid care for my child while my child is in their care. I understand I will be responsible for all medical expenses. (i.e. hospital, clinic charges)

Signature of Parent or Legal Guardian

Date

VALLEYLAND REGISTRATION
Preschool Program: 2024-25

FEE SCHEDULE

Preschooler \$3.75/hr. _____

Minimum Charge for each day child attends:

School Year Mornings – \$7.50

School Year Afternoons – \$8

Minimum Weekly Charge - \$15

Name of Child(ren) Attending PreK VL:

1. _____ Birthday (M/D/Y) _____ Gender _____
Class: _____ 3 & 4 Yr Old Preschool _____ 4 & 5 Yr. Old Preschool _____ Mixed Age

2. _____ Birthday (M/D/Y) _____ Gender _____
Class: _____ 3 & 4 Yr Old Preschool _____ 4 & 5 Yr. Old Preschool _____ Mixed Age

School Age Siblings Attending Valleyland (must register separately):

Mom's Name _____ **Day Phone** _____ **Cell** _____

Mom's Place of Employment _____

Dad's Name _____ **Day Phone** _____ **Cell** _____

Dad's Place of Employment _____

Home Address _____ **Home Phone** _____

E-Mail Address _____ **(notify VL of changes)**

List any allergies or special health needs for each child attending:

To indicate that you understand each policy, please check each of the following:

___ I understand that bills are distributed every two weeks.

Payment is due one week from billing date. Late fees: \$10

___ I understand that if my child will not be attending on a scheduled day, I must contact Valleyland 3 days in advance to avoid being charged for the day.

___ I understand that a schedule is due the 1st of every month. If a schedule has not been received, I will be charged the \$10 no calendar fee & the drop in fee of \$5/hr.

___ **I understand that PreK Valleyland is NOT available when my child's preschool class is not in session – including teacher workshop days & snow days.**

- During the year, please share any situations or circumstances that you believe are having impact on your child's behavior, attitude, or well-being. This information will help us better serve your child. Be assured that all information received will be kept confidential.

During a typical week, my child(ren) will attend Valleyland on the following days:

_____ Monday a.m.	_____ Monday p.m.
_____ Tuesday a.m.	_____ Tuesday p.m.
_____ Wednesday a.m.	_____ Wednesday p.m.
_____ Thursday a.m.	_____ Thursday p.m.
_____ Friday a.m.	_____ Friday p.m.

Estimated hours per week: _____

**This is for planning purposes – calendars must be submitted on a monthly basis.*

List any individuals, (other than a parent) who may pick up your child(ren) at the end of the day.

1. Name _____	Phone _____
2. Name _____	Phone _____
3. Name _____	Phone _____
4. Name _____	Phone _____

**I have read and understand all the guidelines, fees and registration information provided in the PreK Valleyland notice, and agree to abide by them.*

Parent's Signature

Date

Registration Fees: \$25 per child, per school year (Sept. 2023-May 2024) Return complete registration, along with registration fee to Valleyland, 11555 Hillside Dr., Chatfield, MN 55923.

VALLEYLAND --Emergency Information

Child's Name _____
Date of Birth _____

Emergency Contacts: (Include parents & at least 2 other contacts within the community)

1. Name _____
Relationship to child _____
Daytime Phone _____
Cell Phone _____
Address _____
2. Name _____
Relationship to child _____
Daytime Phone _____
Cell Phone _____
Address _____
3. Name _____
Relationship to child _____
Daytime Phone _____
Cell Phone _____
Address _____
4. Name _____
Relationship to child _____
Daytime Phone _____
Cell Phone _____
Address _____
5. Name _____
Relationship to child _____
Daytime Phone _____
Cell Phone _____
Address _____

Allergies _____

I understand that in the case of an emergency staff will attempt to contact the parent(s) first, followed by the individuals included above. If immediate medical attention is needed an ambulance will be called, and your child will be transported, if needed, to St. Mary's hospital in Rochester. Families will be responsible for any fees incurred.

Parent/Guardian Signature

Date