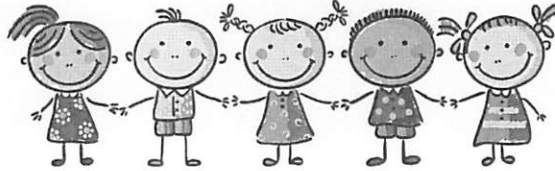


Park Rapids I.S.D 309

Voluntary Preschool



Dear Parents/Guardians of potential preschoolers,

We are very excited to share our preschool options available at Century Elementary school for the 2024-2025 school year. As you may know, Park Rapids I.S.D 309 was accepted into the Voluntary Pre-Kindergarten program through the Minnesota Department of Education. Voluntary Pre-Kindergarten was established by Governor Dayton and the 2016 Minnesota Legislature for the purpose of preparing children for success as they enter Kindergarten the following year. The preschool options we are offering are:

Option 1: Two full days, Monday and Wednesday, 8AM-3PM

Option 2: Two full days, Tuesday and Thursday, 8AM-3PM

These options are tuition free. To qualify for this program, your child must be 4 as of September 1, 2024. Your child will be having lunch at school, so there will be a cost for lunches. You will have the opportunity to apply for free or reduced lunches. Busing options are also available.

Included with this letter is a registration form for you to fill out and return to Century Elementary office, if you are interested. You may start returning forms to McKenzie Spain-Brist in the elementary office starting March 4th, 2024, NOT BEFORE. We ask that you mark a 1 by your choice and a 2 by your second choice for preschool.

We are very excited to offer this to our families and to see your child start their education with us. Please consider your options and get your registration back to us soon. If you have any questions, please feel free to contact McKenzie at 218-237-6200.

Sincerely,

Mike LeMier

Century Principal

Steph Mercil

Century Elementary Assistant Principal



Important Information

If you live outside of the Park Rapids School District, contact the office to fill out an additional Open Enrollment Form. This needs to be completed prior to your student being able to start school.

If your student identifies as American Indian or Alaska Native as defined by the state of Minnesota, we will ask you to also complete an Indian Eligibility form. Please contact the office to receive this form.

*The state of Minnesota definition includes persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition. (This question is needed to calculate state aid/funding.)

We will need a birth certificate and immunizations for when they go to Kindergarten, but if you want to turn those in early we can accept those now as well at this packet.

Park Rapids Preschool *Return form to*
 501 Helten Ave. *Century Elementary*
 Park Rapids, MN 56470 *no earlier than*
 218-237-6200 *March 11, 2024*

Programs Available:
 Please mark a 1 for first choice and a 2 for second choice

Voluntary Pre-Kindergarten Program-No Tuition

___ Full Day (8-3) Monday & Wednesday **OR** ___ Full Day (8-3) Tuesday & Thursday

Child must be 4 as of September 1, 2024 and toilet trained for these classes.

Office Use Only

Registration Date

Enrollment Date

Registration Time

Start Date Age

Legal Student First Name

Legal Middle Name

Legal Last Name

___ Male
 ___ Female

Date of Birth

Resident District
 School District where student lives

Student Address

City

Zip

Home Phone

Early Childhood Screening Date

Is this child toilet trained?
 YES NO

Legal Mother of Student

Legal Father of Student

Name

Name

Address

Address

City

State

Zip

City

State

Zip

Employer

Employer

Work Phone

Home/Cell Phone

Work Phone

Home/Cell Phone

E-mail Address:

E-mail Address:

Student Lives with:

***If other than parents**

Both Parents

Name

Mother

Address

Father

City

MN Zip

Step-Parent

Employer

Foster Parent

Work Phone

Guardian

Would you like the school to send
 correspondence to non-custodial parent?

Other

Yes

No

Ethnicity

Is this student Hispanic/Latino?

___ No, not Hispanic/Latino

___ Yes, Hispanic/Latino

Race

No matter what you selected in the ethnicity question, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

___ 1 American Indian or Alaska

___ 2 Asian

___ 3 Black or African American

___ 4 Native Hawaiian or Pacific Island

___ 5 White

Home Language

First language learned by pupil _____

Language normally used: By pupil at home _____.

By parents at home _____. By student with friends _____.

During the day, the child is usually cared for by: (circle) Mother Father Grandparent Day Care Provider	<p style="text-align: center;">Transportation</p> <p style="text-align: center;">Do you anticipate your child will be:</p> _____ Dropped off & picked up to/from school _____ Riding the bus to school _____ Riding the bus home _____ Riding the bus to & from school _____ Riding the bus from daycare to school _____ Riding the bus to daycare from school	<p style="text-align: center;">School Related Student Support Services</p> <p style="text-align: center;">Check those services that this student receives from the school district</p> _____ Autism Spectrum Disorders (ASD) _____ Deaf and Hard of Hearing (DHOH) _____ Early Childhood Special Education (ECSE) _____ Emotional or Behavioral Disorders (EBD) _____ Occupational Therapy (OT) _____ Physical Therapy (PT) _____ Speech or Language Impairments (SP) _____ Visually Impaired (VI)
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Day Care Provider Information: Name _____	Yes <input type="checkbox"/> No <input type="checkbox"/> I give my permission to ISD 309 to transport and/or obtain emergency medical and dental care for my child should he/she have an accident or need emergency medical or dental care beyond the scope of Head Start/ISD 309 staff. Signature: _____ Date: _____
Address _____	
Phone _____	

Conditions which could be important in an Emergency: ___ Mild/Severe Asthma ___ Seizures/Convulsions ___ Medication Allergies (list) _____ Food Allergies _____ Other Allergies _____ Heart Condition _____ Other _____	PREFERRED MEDICAL FACILITY/PERSONNEL TO BE USED IN AN EMERGENCY		
Primary Health Care Provider Essentia Health – Park Rapids 705 Pleasant Avenue Park Rapids, MN 56470 Doctor's Name _____ If not Essentia Health-Park Rapids, list below Clinic Name _____ Address _____ City _____ Phone _____	Primary Dental Care Provider Name _____ Address _____ City _____ Phone _____	Hospital Emergency Room St. Joseph's Area Health Service 600 Pleasant Avenue Park Rapids, MN 56470 218-732-3311 If not St. Joseph's, list below Hospital Name _____ Address _____ City _____ Phone _____	

Local emergency contact persons if parent/guardian cannot be found or is delayed in arriving at school to pick up the child.

#1 Contact Name _____ Physical Address _____ City _____ MN Work Phone _____ Home Phone _____ Relationship to Child: <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (list) _____	#2 Contact Name _____ Physical Address _____ City _____ MN Work Phone _____ Home Phone _____ Relationship to Child: <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (list) _____
---	---

Is there anyone who is legally restrained from contact with your child? Please provide a copy of the restraining order Name: _____	This form must accompany the child, if he/she is taken to the clinic or hospital for emergency medical care.
---	---

PARENT AUTHORIZATION FOR PICK-UP/DROP-OFF: I give my permission for Century Elementary to release my child to the following persons; to include taking my child off the bus and picking up my child from **ISD 309**. Attach additional names as needed or changes occur.

Name & Relationship	Address (Including City)	Work Phone/Home Phone/Message Number

SCHOOL TRANSPORTATION INFORMATION FORM

I.S.D. #309 – PARK RAPIDS AREA SCHOOLS

301 Huntsinger Ave, Park Rapids, MN 56470

Phone (218)237-6570 Fax (218)237-6579

PLEASE PRINT CLEARLY

Student Name: _____ Home Phone: _____

Student Address: _____

Grade _____

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Are there any other riders from the same location (Siblings, ETC.) that rides the bus Yes No

If Yes what bus route and name of student currently riding the bus.

Bus Route _____, Students Name _____

Transportation

My child will ride the bus:
 To School From School

My child will walk:
 To School From School

My child will drive (High School Only)
 To School From School

Parent/Guardian will provide transportation
 To School From School

If your transportation needs change, contact the Transportation Office. If your child(ren) will not be utilizing transportation, you do not need to fill out the lower section of this form. Minnesota Statutes provide parent/guardian of students in Grades K-12 to voluntarily surrender the student's bus privileges. This provision allows school districts to design more efficient bus routes because they know some students will not be riding the bus. This, therefore, saves the district money.

Alternate Location Transportation Information

*******Only Fill out if NOT being transported from Home Address Above*******

To School (choose only one):

- No AM transportation needed
- Pickup from home
- Pickup from daycare
- Pickup from alternative location

From School (choose only one):

- No PM transportation needed
- Drop off at home
- Drop off at daycare
- Drop off at alternative location

Daycare or Contact Name: _____

Address for daycare or alternative location: _____

Daycare or Contact Phone Number: _____ Alternative #: _____

Parent/Guardian Signature: _____ Date: _____

Bus Stop Assignment: For reasons of safety and security, it is preferred that students have only one designated bus stop in the morning and one designated bus stop in the afternoon. The Transportation Office must authorize any proposed changes to a student's bus or bus stop assignment. Changes should be submitted at least one day in advance.



Home Language Questionnaire
ED-01336-08E

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/VERIFICATION INFORMATION	
School name Park Rapids School	District number 309
<p>I hereby verify that the above information is true and accurate to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (Printed)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Signature – Responsible Authority Title Date </p>	

The following is to be completed by Parent/Guardian:

STUDENT LANGUAGE INFORMATION
<p><i>Dear Parents and Guardians:</i></p> <p><i>In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box.</i></p> <p>1. Which language did your child learn first? <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____</p> <p>2. Which language is often most spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____</p> <p>3. Which language does your child usually speak? <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____</p>

PARENT/GUARDIAN INFORMATION
<p>I hereby verify that the above information is true and correct to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (Printed)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Signature – Parent/Guardian Date </p>



Racial and Ethnic Demographic Designation Form

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

Student's Last Name _____ Student's Date of Birth _____

Student's District/School _____

Parent Name _____ Date _____

Parent Signature _____

Please respond to all the bold questions below. *Italicized questions are optional.*

Q1. 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 and maintain cultural identification through tribal affiliation or community recognition. (This question is needed to calculate state aid/funding.)

- Yes No (If no, please move on to question 2.)

Optional State Question (Will not be answered by school staff.):

1a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|---|-------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Dakota/Lakota | <input type="radio"/> Unknown |
| <input type="radio"/> Anishinaabe/Ojibwe | <input type="radio"/> Other North American Indian | |
| <input type="radio"/> Cherokee | <input type="radio"/> Tribal Affiliation | |

If you select one of these, please contact the office to fill out additional Indian Eligibility forms

Q2. Is the student American Indian from South America (including Central America)?

- Yes (If yes, please move on to question 3.) No (If no, please move on to question 3.)

Q3. 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 No (If no, please move on to question 4.)

Optional State Question (Will not be answered by school staff.):

3a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|--------------------------------|-----------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Filipino | <input type="radio"/> Vietnamese |
| <input type="radio"/> Asian Indian | <input type="radio"/> Hmong | <input type="radio"/> Other Asian |
| <input type="radio"/> Burmese | <input type="radio"/> Karen | <input type="radio"/> Unknown |
| <input type="radio"/> Chinese | <input type="radio"/> Korean | |

The purpose of collecting each group, how the information will be used and not used, and how the more detailed groups were identified can be found on the accompanying FAQ Document.

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

Q4. 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 No (If no, please move on to question 5.)

Optional State Question (Will not be answered by school staff.):

4a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|---------------------------------------|-----------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Ethiopian-Other | <input type="radio"/> Somali |
| <input type="radio"/> African-American | <input type="radio"/> Liberian | <input type="radio"/> Other Black |
| <input type="radio"/> Ethiopian-Oromo | <input type="radio"/> Nigerian | <input type="radio"/> Unknown |

Q5. 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

- Yes No (If no, please move on to question 6.)

Optional State Question (Will not be answered by school staff.):

5a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|------------------------------------|---|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Mexican | <input type="radio"/> Spaniard/Spanish/Spanish-American |
| <input type="radio"/> Colombian | <input type="radio"/> Puerto Rican | <input type="radio"/> Other Hispanic/Latino |
| <input type="radio"/> Ecuadorian | <input type="radio"/> Salvadoran | <input type="radio"/> Unknown |
| <input type="radio"/> Guatemalan | | |

Q6. 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 (If yes, please move on to question 7.) No (If no, please move on to question 7.)

Q7. 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

The purpose of collecting each group, how the information will be used and not used, and how the more detailed groups were identified can be found on the accompanying FAQ Document.

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

CONSENT INFORMATION

PICTURE/VIDEO CONSENT

I give Park Rapids Preschool permission to take pictures and/or videos of my child and family members in the classroom or home setting. These could be used within the classroom, in newspapers, newsletters, brochures, for parent-staff observations, training, community service awareness, public relations, promotions, etc.

Please circle one: Yes No

CONSENT FOR CHILD TO RECEIVE SCREENINGS

I give my consent for my child to receive the following screenings (as recommended by Park Rapids staff) and I will be informed of any results which are not normal.

- * Hearing Screening
- * Speech and Language Screening
- * Vision Screening (By ISD 309 and Park Rapids Lions)

Please circle one: Yes No

CONSENT TO OBTAIN/EXCHANGE CONFIDENTIAL OR PRIVATE INFORMATION

I hereby authorize release and/or exchange of information with the following persons/agencies for the purpose of programming for my child:

- * School District
- * Preschool Staff (Voluntary Pre-K, School Readiness/ECFE, ECSE, Head Start)

Please circle one: Yes No

CONSENT FOR CHILD TO ATTEND FIELD TRIPS

I grant permission for my child to attend field trips. All trips will be during the regularly scheduled school day. You will be notified of the date and location of all field trips:

Please circle one: Yes No

Signature of Parent/Guardian: _____ Date: ____/____/____

Student's Name: _____