



# 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 melissa.brady@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](http://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: \_\_\_\_\_