



# 2025-26 Application for 4-Year-Old Prekindergarten

Birth date eligibility: Your child must be 4 years old on or before September 1, 2025.

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Registering Parent/Guardian \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Please indicate your school preference by ranking them: 1=1st choice, 2=2nd choice, 3=3rd choice, etc.

Prekindergarten for 4s All classes are M-F		Dual Language Prekindergarten for 4s All classes are M-F	
<b>Centennial Elementary</b> _____ 8:10 - 10:40 a.m.	<b>Sheridan Hills Elementary</b> _____ 12:10 - 2:40 p.m	<b>Richfield Dual Language School</b> 90% Spanish, 10% English _____ 7:30 - 10 a.m. _____ 11:30 a.m. - 2 p.m.	<b>Central Education Center</b> 50% Spanish, 50% English _____ 8:30 - 11 a.m. _____ 12:30 - 3 p.m.
<b>Central Education Center</b> _____ 8:30 - 11 a.m. _____ 12:30 - 3 p.m.	<b>Richfield STEM Elementary</b> _____ 7:25 - 9:55 a.m. _____ 11:25 a.m. - 1:55 p.m.		

### Transportation

I would like transportation provided by the district:  Yes  No (if no, please skip to the next section)

Please transport my student to/from:  Home  Childcare

Address \_\_\_\_\_

Adult responsible for pick-up/drop-off \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### By signing below, I understand and acknowledge each of the following:

- All early learning programs have fees. Publicly funded seats are available for those who qualify and complete the necessary application paperwork. See the back of this document for eligibility guidelines.
- Your child must be fully toilet trained by the start of school unless a previously granted medical/developmental exemption applies.
- Priority is based on demonstrated need, transportation availability and other family factors. Enrollment is not guaranteed.
- This application is not complete until all components are submitted.
- An Early Childhood Screening is required to participate in this program. To schedule an Early Childhood Screening, call 612-243-3048, email [ecsreening@rpsmn.org](mailto:ecsreening@rpsmn.org) or schedule online at [richfield.ce.eleyo.com](http://richfield.ce.eleyo.com).
- All school times are determined by a number of districtwide factors and are subject to change.
- Busing is available by request. Richfield Public School District and community boundaries apply.
- This program abides by the guidelines and procedures outlined in the Early Learning Parent Handbook. Program guidelines and procedures are subject to change.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Apply online at [richfield.ce.eleyo.com](http://richfield.ce.eleyo.com) or return the completed application to the Central Education Center.  
7145 Harriet Ave. S., Richfield, MN, 55423 | Phone: 612-243-3007 | Fax: 612-243-3067 | [earlylearning@rpsmn.org](mailto:earlylearning@rpsmn.org)

### \*For office use only\*

Date Received \_\_\_\_\_ Time Stamp \_\_\_\_\_

Your child is eligible for free 4-year-old prekindergarten if your child is 4 years old on or before September 1, 2025, and meets any one of these criteria. You are not required to share this information, but it can help us determine eligibility. Please check any of the following that apply to you. This information is used solely to determine eligibility for free prekindergarten.

- Your family qualifies for educational benefits.  
(Level 1 below, you must complete the district educational benefits application in July 2025).
- Your child qualifies for English language learner services.
- Your child is American Indian.
- Your family has experienced homelessness in the last 24 months.
- Your child is in foster care, kinship care or is in need of child protection services.
- One of your child's parents is a migrant or seasonal agricultural laborer.
- One of your child's parents is incarcerated.
- Your child has been referred to (or is eligible for) special education.

Your child may also qualify:

- If, through their Early Childhood Screening, your child is identified as having a potential risk factor that may impact their learning. An Early Childhood Screening is required of all students.
  - Your child meets the criteria on a preschool assessment. This is an optional assessment that can be scheduled after February 2025.
- Check here to request this preschool assessment if you do not think you meet any of the other eligibility criteria listed above.

If you do not meet any of the eligibility criteria, you can enroll in prekindergarten for a fee.

### Use This Chart To Determine Your Tuition Level And Cost

Household Size	Level 1 (annual income)	Level 2 (annual income)	Level 3 (annual income)
2	\$0 - \$37,814	\$37,815 - \$49,053	\$49,054 +
3	\$0 - \$47,767	\$47,768 - \$61,968	\$61,969 +
4	\$0 - \$57,720	\$57,721 - \$74,880	\$74,881 +
5	\$0 - \$67,673	\$67,674 - \$73,160	\$73,161 +
6	\$0 - \$77,626	\$77,627 - \$100,704	\$100,705 +
<b>Tuition Level (all programs are half-day)</b>			
Prekindergarten for 4's 5 days per week	\$0 per month	\$292.50 per month	\$370 per month

How many people in your household? Include all adults, children & infants \_\_\_\_\_

What is your annual household income? \_\_\_\_\_



School \_\_\_\_\_

**Student's legal name** \_\_\_\_\_  
(Last name) (First name) (Middle name) (Enrolling grade)

**Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex at Birth**  Male  Female **Gender identity (optional)** \_\_\_\_\_  
Month Day Year

**Address** \_\_\_\_\_  
(Number and street name) (Apt. no.) (City) (State) (Zip)

It is required by the State of Minnesota that we ask this question. The responses help determine funding and resources for English Language Learners in our schools. We do not require documentation or share individual responses to this question.  
**Place of birth** \_\_\_\_\_ **If other than USA, what month/year did the student move to the USA?** \_\_\_\_\_

**Home language** \_\_\_\_\_ **Active duty parent?**  Yes  No **Is the student homeless?**  Yes  No

**Previous Richfield student?**  Yes  No **Has the student ever attended school in Minnesota?**  Yes  No

**Last school attended** \_\_\_\_\_  
(Name of school) (City) (State) (Zip)

**Has the student been identified for any of the following services?**  
 504 Plan  English Language Learner  Gifted and Talented  Title I  
 Special Education - Current IEP/IFSP?  Yes  No If yes, please check the following:  
 Emotional/Behavior (EBD)  Specific Learning Disability (SLD)  
 Autism Spectrum Disorders (ASD)  Other \_\_\_\_\_

**For kindergarten only:**  
**Has your child completed early childhood screening?**  Yes  No  
If yes, where? \_\_\_\_\_  
**Attended a PreK program?**  Yes  No  
If yes, where? \_\_\_\_\_

**Parent/guardian (1)** \_\_\_\_\_  
(Last name) (First name) (Middle initial.)

**Birthdate** \_\_\_\_\_ **Relation to student** \_\_\_\_\_ **Legal guardian?**  Yes  No **Email** \_\_\_\_\_

**Address (if different from above)** \_\_\_\_\_ **Student resides with you?**  Yes  No

**Home phone** (\_\_\_\_) \_\_\_\_\_ **Cell phone** (\_\_\_\_) \_\_\_\_\_ **Work phone** (\_\_\_\_) \_\_\_\_\_ **Employer** \_\_\_\_\_

**Parent/guardian (2)** \_\_\_\_\_  
(Last name) (First name) (Middle initial.)

**Birthdate** \_\_\_\_\_ **Relation to student** \_\_\_\_\_ **Legal guardian?**  Yes  No **Email** \_\_\_\_\_

**Address (if different from above)** \_\_\_\_\_ **Student resides with you?**  Yes  No

**Home phone** (\_\_\_\_) \_\_\_\_\_ **Cell phone** (\_\_\_\_) \_\_\_\_\_ **Work phone** (\_\_\_\_) \_\_\_\_\_ **Employer** \_\_\_\_\_

**Please list other children living at this address other than those above (please use legal names)**

Last name	First	MI.	Birthdate Mo/Day/Yr	Relation to the parent/guardian listed	School (if applicable)	Grade

Minnesota statutes and rules require the school district to keep accurate records and updated personal records for students. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 280. Certain information, known as "directory information", such as student's name, name of school attended, grade level, parent(s) name, address and telephone number is available to the public and military recruiters unless the district receives a written request from a parent to withhold this information. The Richfield Public Schools policy on Protection of Privacy of Pupil Records is available at [www.richfieldschools.org](http://www.richfieldschools.org).

**I CERTIFY THE ABOVE INFORMATION IS CORRECT.**

**Parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY:**

**Student ID number:** \_\_\_\_\_ **Start date:** \_\_\_\_\_ **School number:** \_\_\_\_\_ **Last locn code:** \_\_\_\_\_

## 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 further assessment. 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 instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction 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 AND 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="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> 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.<sup>1</sup>

*[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*):

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

*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*):

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

*Go to Question 2.*

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

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

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**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.<sup>1</sup>

**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

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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**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.<sup>1</sup>

**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

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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**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.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**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.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

Print/Save



# Health/Emergency Information

Student Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Last, First, Middle)

My child has health concerns:  No  Yes (If yes please specify below)

My child takes medication:  No  Yes (If yes please specify below)

**(Proceed to back side if no further information-sharing needed.)**

<input type="checkbox"/> Allergies - Specify type(s)_____	<input type="checkbox"/> ADHD - Type ____ Inattentive Hyperactive ____ Combined	<input type="checkbox"/> Epilepsy/Seizures - Type _____
<input type="checkbox"/> Asthma - Type/Triggers _____	<input type="checkbox"/> Ear/Hearing Concern _____ hearing aid(s)/device _____	<input type="checkbox"/> Eye/Vision Concern _____ corrective lenses _____
<input type="checkbox"/> Diabetes ____Type 1 ____Type 2	<input type="checkbox"/> Food allergy - Specify _____	<input type="checkbox"/> Food intolerance - Specify _____

- \_\_\_ My child has a current Anaphylaxis Action Plan. \_\_\_ It is attached.
- \_\_\_ My child has a current Asthma action Plan \_\_\_ It is attached.
- \_\_\_ My child has a current Diabetes Medical Management Plan. \_\_\_ It is attached.
- \_\_\_ My child has a current Seizure Action Plan. \_\_\_ It is attached.

Additional comments on any health concerns indicated above or not listed above:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ My child has long term activity restrictions. \_\_\_ A health care provider note is attached.

**Procedure**

\_\_\_ My child will need the following procedure(s) done during the school day.

***A Health Care Procedure Consent form is required for each procedure not indicated in the action plans listed above. A Health Care Procedure Consent form is available on the RPS Website: Families>Family Resources>Health Services.***

**Medication**

\_\_\_ My child takes the following medication(s) during the school day - medication(s)/reason(s): \_\_\_\_\_

\_\_\_ My child takes the following medication(s) at home - (medication(s)/reason(s): \_\_\_\_\_

***A Medication Administration Consent form will be needed for each medication. The form is available on the RPS Website under Families>Family Resources>Health Services. (A licensed prescriber may send medication consent in lieu of this form, as long as all the required information is included. Parent/guardian authorization is also required.)***

\_\_\_ My child has authorization from a licensed prescriber to self-carry and self-administer, if able, the following medication(s): \_\_\_\_\_

***A Medication Administration Consent form will be needed for each medication.***

\_\_\_ My child is in **high school** and has my permission to self-carry/administer the following non-prescription pain reliever(s) in a manner consistent with the product label. \_\_\_\_\_

**Note:** *The District may revoke a student's privilege to possess and use nonprescription pain relievers if the district determines that the student is abusing the privilege. My child understands the use, intended action, and potential side effects of the medication(s).*

**Parent/guardian signature serves as consent.**

\_\_\_ My child has had one or more immunizations in the past year. **(List or attach.)** \_\_\_\_\_

\_\_\_ My child had this illness, injury, surgery, hospitalization in the past year: \_\_\_\_\_

***In the event of illness or injury in which it is deemed a student is unable to continue the day in school, a parent/guardian/designated emergency person will be contacted. Students will not be sent home on their own without parent/guardian permission. If first responders' assistance is needed and it is determined that a student requires transport to a medical facility without delay, parent(s)/guardian(s) will be notified.***

***I understand that this information will be shared on a need-to-know/right-to-know basis with school personnel to protect the health and safety of my child.***

***If your child is diagnosed with a physical and/or mental health condition, your child may be eligible for a Section 504 Plan containing accommodations, modifications, or services. If you would like to meet or have a phone conference to discuss a potential 504 Plan for your child, contact your child's school.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)
E-mail _____		

Parent/Guardian Name: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)
E-mail _____		

Emergency Contact Name 1: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)

Emergency Contact Name 2: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)