

# StormHawks Preschool 2025/2026 School Year



Child's (First, Middle, Last) \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Male  Female DOB \_\_\_\_\_ I have provided:  Birth Certificate  Immunization

Parent/Guardian 1 \_\_\_\_\_ Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

**Please note:**

Registrations are not complete until a copy of child's birth certificate/ Visa and a current copy of child's immunization records are on file at the Community Education office.

Early Childhood Screening is highly recommended within the first 90 days of the start of preschool.

**Enroll online**

ce4all.org

**Stop by**

110600 Village Road  
Chaska, MN 55318

**Preschool**

**Registration Fee**

\$50 per-child this fee is non-refundable in the event of a participant-initiated cancellation.

**Enrollment check list:**

- Register online at ce4all.org
- Pay non-refundable fee
- Birth Certificate
- Immunization Form
- Schedule early childhood screening appointment  
eccc.mn/screening

**For office use:**

Received: \_\_\_\_\_

- ECSE  SR
- Eleyo Acct# \_\_\_\_\_
- Infinite Campus

**Taste of StormHawks Preschool** 2½ - 3½ years by 9/1/25

- Family Learning Center T/Th--Tuesdays with Parent Ed 9:30 - 11:30 AM \$160/month
- Family Learning Center T/Th--Child only 9:30 - 11:30 AM \$160/month

**StormHawks Nature Preschool** 3½-5 years by 9/1/25

- Family Learning Center Monday through Friday 1:15-3:45 PM \$450/month

**StormHawks 3 Year Old Preschool** 3 years by 9/1/25

**FAMILY LEARNING CENTER AM CLASSES**

- Family Learning Center  T/Th  M/W/F  M-F 9:30 AM-12:00 PM \$180/\$270/\$450/month

**FAMILY LEARNING CENTER PM CLASS**

- Family Learning Center Monday through Thursday 1:15-3:45 PM \$360/month

**StormHawks 4 Year Old Preschool** 4 years by 9/1/25 and 5 years not in kindergarten

**FAMILY LEARNING CENTER AM CLASSES**

- Family Learning Center Mon/Wed/Fri 9:30 AM - 12:00 PM \$270/month
- Family Learning Center Monday through Friday 9:30 AM - 12:00 PM \$450/month

**FAMILY LEARNING CENTER PM CLASS**

- Family Learning Center Monday through Friday 1:15-3:45 PM \$450/month

**BLUFF CREEK AM with Wrap Around Care\***

- Bluff Creek Elementary Monday through Friday 8:30-11:00 AM \$450/month

**CHANHASSEN AM with Wrap Around Care\***

- Chanhassen Elementary Monday through Friday 8:30-11:00 AM \$450/month

**VICTORIA AM with Wrap Around Care\***

- Victoria Elementary Monday through Friday 9:15-11:45 AM \$450/month

**VICTORIA PM with Wrap Around Care\***

- Victoria Elementary Monday through Friday 1:15-3:45 PM \$450/month

*\*StormHawks Preschool at BCE, CHN, and VES requires wrap-around care participation. You will pick your days for care (3-5 per week) after enrolling in preschool. Wrap Around Care is an optional add-on at the FLC.*

**Financial Assistance:**

If there is a need for financial assistance, please submit the financial aid request form (along with all required documents listed on the form) to the Community Education office. Financial aid requests are reviewed when all documents are complete. Financial assistance is awarded based on need as well as the funds available to distribute. The request form can be found online. [eccc.mn/preschool](http://eccc.mn/preschool)

**Transportation**

Transportation requests are dependent on qualifying factors for eligible half-day preschool students attending the Family Learning Center only. Transportation requires an additional monthly fee. To request transportation please complete the form found online. [eccc.mn/preschool](http://eccc.mn/preschool)

**Pick up Authorization** List two names, with phone, of those authorized to pick up your child and/or will assume emergency responsibility for your child if you are unable.

Name \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Unauthorized Persons** Are there any individuals with a legal order to NOT pick up your child?  No  Yes

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Please provide the program with a copy of all legal documents. It is the responsibility of the custodial parent to inform the program, in writing, of any changes.

## Emergency/Medical

Has your child ever been evaluated for special education services?  No  Yes

Has your child ever received special education services through an Individual Education Plan (IEP), Individual Services Plan (ISP) or Individual Interagency Intervention Plan (IIIP)?  No  Yes Please provide the program with a copy of the plan.

Has your child received a comprehensive health/developmental screening as a preschooler, 3-5 years old?

No  Yes What type of provider administered the screening?  Public School District  Head Start  Child Check Up  Private Provider

Please list any special needs relating to your child: \_\_\_\_\_

\_\_\_\_\_

Please list any health needs relating to your child: \_\_\_\_\_

\_\_\_\_\_

## Important Information

What language is most often spoken in your home: \_\_\_\_\_ Do you require an interpreter?  Yes  No

Is there any information you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

**Texting** Eastern Carver County Schools uses text messaging for important district and school information. If you do not wish to receive text messages from Eastern Carver County Schools, please check box to Opt-Out

**Photos/Videos** Participants in StormHawks Preschool are sometimes photographed for classroom blogs and advertising purposes. To opt out, a Request to Exclude Student Directory form must be filled out and emailed to [communityed@district112.org](mailto:communityed@district112.org)

**Parental Consent** I understand that in some emergency situations staff may need to contact emergency medical services before the parent/guardian and/or other adult acting on behalf of the parent/guardian. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital, if the local emergency unit determines this is necessary. The child will be transported at the expense of the parent/guardian. I understand that only staff members of Eastern Carver County Schools Community Education will have access to my child's health information. I hereby grant permission to the staff of Eastern Carver County Community Education to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of program staff.

**Financial Assistance** I understand that if I would like to receive financial assistance I must submit the financial aid request form (along with all required documents) to the Community Education office. Financial aid requests will be reviewed once all documents are complete and I will be notified by a Community Education staff member if I am being awarded financial aid.

**Transportation** I understand that if I would like to request transportation I must submit the transportation request form to the Community Education office. Transportation requests will be reviewed and approved dependent on qualifying factors for eligible half-day students at Family Learning Center only. I will be notified by a Community Education staff member in August if my transportation request has been approved.

**Field Trips** Do you give permission to Eastern Carver County Schools Community Education to take your child on supervised field trips? I understand that I will be notified of dates and times prior to field trips taking place.  No  Yes

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