# PREKINDERGARTEN ENROLLMENT FORM

ALBERT LEA SCHOOL DISTRICT 241

| Last Name | First Name | Middle Name | Date of Birth mm/dd/yy | Gender |
|---|---|---|---|---|
| | | | | |

## STUDENT INFORMATION

| | |
|---|---|
| Has your child participated in an Early Childhood Screening? If yes, where? | ☐ Yes or No ☐ |
| Has your child received English Language or Bilingual Services? | ☐ Yes or No ☐ |
| Is an interpreter needed? | ☐ Yes or No ☐ |
| Does your child currently have an IEP (Individualized Education Plan) or 504 Plan? | ☐ Yes or No ☐ |
| Is your child toilet trained? | ☐ Yes or No ☐ |

## MEDICAL INFORMATION

Health information will be shared with our Licensed School Nurse who will call to follow-up, if necessary. If your child received their immunizations outside of Minnesota, please provide us with a copy. If you choose to not immunize your child due to medical or conscientious objection, we will need the notarized statement on file here at school.

| | |
|---|---|
| Does your child need to take any medications while at school? | ☐ Yes or No ☐ |
| If yes, please indicate medication, dosage, and time of day taken: | |
| Does your child have any health conditions such as diabetes, severe allergies, asthma, seizures? | ☐ Yes or No ☐ |
| If yes, please explain: | |
| Is your child up-to-date with immunizations? | ☐ Yes or No ☐ |

## PRIMARY FAMILY INFORMATION (Person(s) with whom the student resides)

| Last Name | First Name | Date of Birth mm/dd/yy | Gender | Relationship to Child | Email Address | Cell Phone | Work Phone |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |

| | | | |
|---|---|---|---|
| Home Address: | City: | State: | Zip: |
| Mailing Address | City: | State: | Zip: |
| Do the parent/guardians listed above have full legal rights?* | | ☐ Yes or No ☐ | |

## EMERGENCY INFORMATION (If we are not able to get a hold of a parent/guardian)

| Last Name | First Name | Home Phone | Cell Phone | Work Phone | Relationship to Student | Student can be Released To (Default will be "no" if left blank) |
|---|---|---|---|---|---|---|
| | | | | | | ☐ Yes or No ☐ |
| | | | | | | ☐ Yes or No ☐ |

## PREKINDERGARTEN PROGRAMS

**LITTLE SPROUTS** *Students must be 3 or 4-years-old by September 1*

| | | | |
|---|---|---|---|
| Monday/Wednesday | 8:00 – 10:45 am | $35/week | ☐ |
| Monday/Wednesday | 12:00 – 2:45 pm | $35/week | ☐ |

**PRESCHOOL 3'S** *Students must be 3-years-old by September 1*

| | | | |
|---|---|---|---|
| Monday – Thursday | 8:00 – 10:45 am | $50/week | ☐ |
| Monday – Thursday | 12:00 – 2:45 pm | $50/week | ☐ |

**PRESCHOOL 4'S – VOLUNTARY PREKINDERGARTEN (VPK)** *Students must be 4-years-old by September 1*

| | | | |
|---|---|---|---|
| Monday – Friday | 8:00 – 11:05 am | FREE | ☐ |
| Monday – Friday | 12:00 – 3:05pm | FREE | ☐ |

**OUTDOOR ADVENTURES** *Students must be 3 or 4-years-old by September 1*

*Outdoor Adventures may be chosen adjacent to AM/PM Preschool 3's or AM/PM VPK*

| | | | |
|---|---|---|---|
| Monday – Thursday | 8:00 – 10:45 am | $50/week | ☐ |
| Monday – Thursday | 12:00 – 2:45 pm | $50/week | ☐ |

***OPTIONAL: WRAPAROUND CARE** *Select all days/times that apply*

*Please see the District calendar for a list of Non-Instructional Days. (There are 14 days for the 2024-2025 School Year.)*

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ 6:45-8:00am, $31.25/wk ☐ 8:00-10:45am, $68.75/wk ☐ 10:45 am-12:00pm, $31.25/wk ☐ 12:00-2:45pm, $68.75/wk ☐ 2:45-5:15pm, $62.50/wk

☐ Non-Instructional Days, 6:45 am-5:15 pm, $52.50/day | * ***Preschool 3's/Outdoor Adventures Only*** ☐ All Day Friday, 6:45 am – 5:15 pm, $52.50/day

* ***Little Sprouts Only*** ☐All Day Tuesday, 6:45am-5:15pm, $52.50/day ☐All Day Thursday, 6:45am-5:15pm, $52.50/day ☐All Day Friday, 6:45am-5:15pm, $52.50/day

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***OPTIONAL: TRANSPORTATION** *Busing is FREE for VPK students only.*

*Little Sprouts, Preschool 3's and Outdoor Adventures: SMART Transit has limited spaces available for pick up and drop off for $1 per ride (pick up and drop off = $2 per day).*

Will your child need transportation? ☐ Yes or No ☐

Pick up address: _____

Drop off address: _____

## Prekindergarten Enrollment Form

**FAMILY INFORMATION**

| | |
|---|---|
| Are there any "No Contact" or other legal orders in effect regarding your student(s)? **If yes, you must provide a copy.* | ☐ Yes or No ☐ |
| Has your family moved within the past 36 months as a result of seasonal or temporary employment of a parent/guardian in agricultural work? | ☐ Yes or No ☐ |
| Do you currently reside with another family, or person other than family, or in a temporary house facility? | ☐ Yes or No ☐ |
| Is this student in Foster Care? | ☐ Yes or No ☐ |
| Is this student a military connected youth? | ☐ Yes or No ☐ |
| Does this student have an actively deployed parent? | ☐ Yes or No ☐ |

*As the parent/guardian of the above mentioned student(s), I am legally qualified to enroll the student(s) in Albert Lea Area Schools.*

Parent/Guardian signature _____ Date _____

**NOTE | Information on the Data Privacy Act is included in your paperwork.**