

CL \_\_\_\_\_ AM PM AD Tchr \_\_\_\_\_ IMM \_\_\_\_ TA Rec'd \_\_\_\_ RF \_\_\_\_\_ Date rec'd \_\_\_\_\_

**2026-27 LAUNCHING PAD PRESCHOOL REGISTRATION**

**Child's date of birth must be on or before 9/1/23. Child must be able to manage toileting independently.**

Student's Full Name \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_\_ Age on 9/1/26 \_\_\_\_\_ Gender: \_\_\_\_\_

**Student's PRIMARY Household:**

Student lives with: Mother Father Step-Parent Foster Parent Family Relative Other \_\_\_\_\_

Address \_\_\_\_\_

Street

Box #

Lot #/Apt #

City

State

Zip

County \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Is home phone a cell phone? Y N

**Primary Parent/Guardian Information:**

Name \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Student's SECONDARY Household (if applicable):**

Secondary Household includes: Mother Father Step-Parent Foster Parent Family Relative Other \_\_\_\_\_

Address \_\_\_\_\_

Street

Box #

Lot #/Apt #

City

State

Zip

County \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Is home phone a cell phone? Y N

**Secondary Parent/Guardian Information:**

Name \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**1. Indicate first, second, and third choice of preschool classes with a 1, 2, and 3:**

Child must be at least **4** by 9/1/26:

**MTWThF All Day** \_\_\_\_\_ **MWF All Day** \_\_\_\_\_

Child must be at least **3** by 9/1/26:

**MTWThF AM** \_\_\_\_\_ **MWF AM** \_\_\_\_\_ **MWF PM** \_\_\_\_\_ **T/Th All Day** \_\_\_\_\_ **T/Th AM** \_\_\_\_\_

Please see the enclosed Tuition Schedule insert for class fees. Tuition assistance and scholarships are available for families meeting income guidelines; please call to request information.

Student's Name \_\_\_\_\_

2. Has student participated in Early Childhood Health & Developmental Screening: Yes No

If yes, where? \_\_\_\_\_ If no, please call our office to schedule an appointment: 763-477-7500.

3. Does student attend daycare? Yes No

Caregiver name, address & phone #: \_\_\_\_\_

4. Does student have any special health conditions? Yes No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

5. Does student have any special learning conditions? Yes No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

6. I am requesting bus transportation: Yes No **I understand busing is available only if pick-up and drop-off are on a regular bus route and space permits.**

**If yes**, address where student will be **picked-up** each day: \_\_\_\_\_

And **returned** each day: \_\_\_\_\_

Bus policy permits only one address for pick-up each day and one address for drop-off each day.

7. First language used by student: English Other \_\_\_\_\_

Language used in the home: English Other \_\_\_\_\_

8. I have an Infinite Campus Parent Portal: Yes No

**Census -- Please list ALL OTHER CHILDREN in student's household:**

Full Legal Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to student \_\_\_\_\_ If applicable, Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to student \_\_\_\_\_ If applicable, Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to student \_\_\_\_\_ If applicable, Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to student \_\_\_\_\_ If applicable, Grade \_\_\_\_\_ School Attending \_\_\_\_\_

\*Please list additional children on a separate sheet of paper.

**\*CHILD'S IMMUNIZATION RECORD or CONSCIENTIOUS OBJECTION MUST BE RECEIVED BEFORE REGISTRATION CAN BE COMPLETED\***

**Fax Immunization information to: Attn: Tiffany Reinhard 763-477-5025**

**\*Each application must be accompanied by a \$50 registration fee (\$40 for 2nd child enrolling).**

**This fee is non-refundable.**

**\*Return completed form to: Tiffany Reinhard, Early Childhood Programs, 7650 Co Rd 50, Rockford MN 55373.**

**Questions? 763-477-7500.**