



Duluth Preschool



What are the benefits of attending Duluth Preschool?

Strong bodies: We strive to spend at least one hour outside daily. We work to ensure families have access to healthcare and balanced meals offering health and nutrition services.

Strong minds: We implement an inquiry-based curriculum that encourages curiosity, collaboration, and communication in a play-based environment led by licensed teachers.

Strong families: We provide advocacy, support, and education to parents and caregivers. We partner with families to celebrate strengths and reach for goals.

Nature Based Programming:



All classrooms have access to nature play areas and rain gear.

Children enjoy fun activities such as snow shoeing, hiking, fort building and many other great experiences!

Spending time outside in all types of weather has many benefits for children.

- 4 classes per year participate in a 6-week water safety class at the YMCA
- 4 classes per year experience a 10-week BIPOC Artist in Residence program.

**these experiences rotate by site annually*



We are proud to be one of the first preschool programs in the state to earn a **four star rating** from Minnesota Parent Aware - the highest rating possible! Parent Aware's rating system helps parents find preschools and childcare programs focused on high quality early learning and kindergarten readiness.

For more information check out the parent aware website:
www.parentawareratings.org



BUS TRANSPORTATION

- Available TO & FROM Full Day Classes
- Available TO the AM Classes
- Child must be 4 years old by Sept 1, 2026
- Must be transported to/from an address within the transportation boundaries
- Mid-day bussing is not available

GREAT NEWS!

Many of our preschool classrooms have once again been awarded Minnesota Reading Corp tutor positions.

For more information or to apply to be a tutor visit:
www.minnesotareadingcorps.org



If you have questions about Duluth Preschool:

218-336-8815
earlychildhood@isd709.org

Duluth Preschool

Tuition

- All payments are confidential
- Families who are income eligible for Head Start will not be charged tuition
- Preschool Tuition is calculated using a sliding fee scale

Poverty Guidelines		
Size of Family	2026	Gross Monthly Income
1	\$15,960	\$1,330
2	\$21,640	\$1,803
3	\$27,320	\$2,276
4	\$33,000	\$2,750
5	\$38,680	\$3,223
6	\$44,360	\$3,696
7	\$50,040	\$4,170
8	\$55,720	\$4,643
Each additional person		\$5,680

Duluth Preschool Tuition

26-27

- All payments are confidential
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Full Day Preschool	
Household Income (Annual)	Monthly Fee
\$120,000 +	\$650
\$100,000 – \$119,999	\$620
\$85,000 – \$99,999	\$558
\$70,000 – \$84,999	\$496
\$50,000 – \$69,999	\$403
\$35,001 – \$49,999	\$279
\$20,000 – \$35,000	\$124
Under \$20,000	\$0

Half Day Preschool	
Household Income (Annual)	Monthly Fee
\$120,000 +	\$382
\$100,000 – \$119,999	\$367
\$85,000 – \$99,999	\$330
\$70,000 – \$84,999	\$294
\$50,000 – \$69,999	\$239
\$35,001 – \$49,999	\$165
\$20,000 – \$35,000	\$73
Under \$20,000	\$0



DULUTH PRESCHOOL
Phone: 218-336-8815
earlychildhood@isd709.org



Thank you for your interest in Duluth Preschool. Please look on the back of this sheet for Frequently Asked Questions.

What do I need to submit in order for my application to be complete?

- Duluth Public School Registration Form:** Please complete the front and back of this form and return it to our office.
- Ethnic and Racial Demographic Designation Form:** Please complete the front and back of this form and return it to our office.
- Minnesota Language Survey:** Please complete the front and back of this form and return it to our office.
- Duluth Preschool Questionnaire:** Please complete this form and return it to our office. We are required to gather this information for federal and state reporting purpose.
- Health and Nutrition History Form:** Please complete this form and return it to our office.
- Duluth Preschool Class Selection Form:** Please complete this form and return it to our office.
- Income verification:** This is required in order for your application to be considered for Head Start
Household income can be verified with one of the following: W2s, Tax Return 1040, Paystubs, SNAP, or MFIP

Once the above information has been submitted your application will be considered complete.

You will also be asked for the following information:

- Birth verification:** If you have not already supplied the school district with this information, please submit a birth certificate, hospital souvenir certificate, passport, or St. Louis County Registry Verification.
- Proof of address:** If you have not already supplied the school district with this information, please submit, property tax statement, lease agreement, or purchase agreement. If you are not able to provide one of those, a statement from HUD regarding rental assistance or a statement from WIC or SNAP can be submitted.

Frequently Asked Questions

- **Is my child eligible for Duluth Preschool?**

Preschoolers 3 and 4 years old by September 1st can apply to Duluth Preschool. Priority is given to children entering kindergarten the following year. Priority is also given to children who have experience with poverty, homelessness, foster care, and other factors that research shows can have an impact on school readiness.

- **How will I know my application is complete?**

You will receive an email from the enrollment office letting you know that we have everything required to be considered for fall placement. Submission of an application is not a guarantee of enrollment as space is limited.

- **When will I know if my child has a spot for the fall?**

Letters will go out the first week in April, May and June. If your child is not immediately placed in a classroom, they will automatically go on a waiting list. Openings often arise in the fall, and we continue filling vacancies throughout the school year.

- **If I have already submitted birth certificate to the school district for different programming such as Screening or ECFE, do I still need to turn it in?**

No. You need to submit it to the school district only once.

- **If I have already submitted address verification for older children, do I still need to turn it in for my preschool aged child?**

No. You need to submit it to the school district only once, unless you have moved. Address verification needs to be submitted each time you change addresses.

- **Does a child need to be toilet trained to attend Duluth Preschool?**

No. Staff will work with the child to achieve toilet training goals.

- **If I have a question about my application or enrollment, who should I call?**

Call the enrollment office at 218-336-8815, and speak to the recruiter.

- **How do I know what is my home school?**

You can call our transportation office at 218-336-8970, or call the enrollment office.

DULUTH PUBLIC SCHOOLS REGISTRATION FORM

Student Last Name: _____ First Name: _____ Middle Name: _____
 Birthdate: _____ Gender: Male Female Entering Grade: _____ Start Date: _____
 Resident District (if not Duluth Public Schools - ISD709): _____
 If not a resident of ISD709, has an Open Enrollment Agreement been completed and sent to the Assistant Superintendent's Office? Yes No
 Last school attended: _____ City: _____ State: _____ Zip: _____
 Has your child ever registered under a different name? Yes - Previous name: _____ No

ADDITIONAL STUDENT INFORMATION

Country of Birth: USA Other (specify): _____ Date of entry to USA: _____
 Date of first enrollment in USA school: _____
 Has this student completed three or more years of school in the USA? Yes No

The McKinney-Vento Homeless Education Assistance Act and the Duluth Public Schools assures the educational rights for homeless and highly mobile students. Please answer the questions below that best describe your living situation (Check all that apply).

- In a shelter (family shelter, domestic violence, youth shelter) or transitional housing On the street Camping
 In a motel, hotel or weekly rate housing Live with friends or relatives because you cannot find or afford housing
 In an abandoned building, a car, park or public space Live with friends or relatives because you are an unaccompanied youth

As part of the McKinney-Vento Homeless Education Assistance Act, Minnesota public and charter schools must provide services that remove barriers to enrollment, attendance and educational success of students. Would you like someone to contact you regarding community supports? Yes No

Student's parent or sibling is reservist or recent retiree from the armed forces? Yes No

Student's parent is or has been on active duty in the past year? Yes No Start date: _____ End date: _____
 Parent Name: _____ Branch: _____

Does your child receive any services in the following areas (Check all that apply)?

- Title 1 Gifted/Talented English Learner (EL) Special Education - Individual Education Plan (IEP) ADA Section 504 Plan
 Other (specify): _____

FAMILY INFORMATION - PRIMARY HOUSEHOLD

The primary residence of your students. Student information, mailings and parent portal access will be provided to custodial adults at this address.

Street Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____ Primary Phone: (____) _____

Primary Parent/Guardian Information – Parent(s)/Guardian(s) living in primary household with students.

<p>Full Legal Name (Last, First, Middle) _____</p> <p>Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Relationship to Student: _____ <input type="checkbox"/> Custodial Adult</p> <p>Email Address: _____</p> <p>Cell Phone: (____) _____ Work Phone: (____) _____</p> <p>K-12 Transportation: <input type="checkbox"/> Primary household address <input type="checkbox"/> Child care address: _____ <input type="checkbox"/> Parent provides transportation</p>	<p>Full Legal Name (Last, First, Middle) _____</p> <p>Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Relationship to Student: _____ <input type="checkbox"/> Custodial Adult</p> <p>Email Address: _____</p> <p>Cell Phone: (____) _____ Work Phone: (____) _____</p>
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Please list all members of the primary household (parent/guardian, adults & children)

Full Legal Name - List Students First <small>(Last, First, Middle)</small>	Birthdate <small>(mm/dd/yy)</small>	Gender <small>(Check)</small>	Relationship to Student <small>(sibling, grandparent, aunt, etc.)</small>	School Attending	Grade
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

Continued: Please list all members of the primary household (parent/guardian, adults & children)

Full Legal Name - List Students First (Last, First, Middle)	Birthdate (mm/dd/yy)	Gender (Check) <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Student (sibling, grandparent, aunt, etc.)	School Attending	Grade
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

SECOND PARENT/GUARDIAN MAILING – Parent/Guardian not living in the primary household with student. By completing this section, you are giving permission to send student information and mailings to the second parent/guardian. A custodial adult will receive parent portal access.

Full Legal Name (Last, First, Middle)	Student name(s) pertaining to this second parent/guardian	Shared Primary Household
Street Address: _____	_____	<input type="checkbox"/>
City: _____ State: _____ Zip: _____	_____	<input type="checkbox"/>
Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/>
Relationship to Student(s): _____ <input type="checkbox"/> Custodial Adult	_____	<input type="checkbox"/>
Email Address: _____	_____	<input type="checkbox"/>
Cell Phone: (____) _____ Work Phone: (____) _____	_____	<input type="checkbox"/>

EMERGENCY INFORMATION

If unable to reach parent or guardian, please call (local contact):

Name _____ Cell Phone (____) _____ Work Phone (____) _____
 Name _____ Cell Phone (____) _____ Work Phone (____) _____

In case of a serious accident or illness and I cannot be reached, I authorize the doctor listed below (local contacts) to provide the necessary treatment:

Name of Medical Doctor _____ Phone (____) _____
 Name of Dentist _____ Phone (____) _____

In case of an emergency requiring immediate medical attention and school authorities cannot locate me or the above listed physician, I hereby authorize my child to be taken to: Essentia Health St. Luke's Other _____

I CERTIFY THE INFORMATION PROVIDED ON THIS CENSUS FORM IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

 Parent/Guardian Signature Date

FOR OFFICE USE ONLY

School accepting registration _____ Date _____
 Legal name and birthdate verified by: Birth Certificate Hospital Souvenir Certificate Last Year's Attendance Record SLC Registry Verification
 Passport Permanent School Record Other Scholastic Record
 Legal address verified by: Property Tax Statement Signed Lease Purchase Agreement Statewide Enrollment Options Form Homeless
 School assigned _____ Student ID _____ Date _____ Staff initials _____

FOR ECS OFFICE USE ONLY

Screen Date: _____ Screen Time: _____
 Student Number: _____ New Previous MARSS ID: _____
 Enter Calendar: _____ Enter Access: _____ Enter IC-005: _____

SAC: 41-Screen by District **42**-CTC/EPSTDT **43**-Head Start **44**-Private Provider **45**-Conscientious Objector (Not screening)
Status End Code: 60-No Referral **61**-Referral to Spec Ed **62**-Referral to Health Care Provider **63**-Referral to Spec Ed and Health Care Provider
64-Referral to Early Childhood Program **65**-Referral, Parent Declined **66**-Rescreen Planned

District Verification of Information:

I hereby verify that the above information is true and correct to the best of my knowledge: _____

Coordinator of Early Childhood Screening Signature

The Duluth Public Schools does not discriminate on the basis of race, color, creed, national origin, sex, sexual orientation, age, marital status, status with regard to public assistance, religion or disability in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Office of the Assistant Superintendent, 4316 Rice Lake Road-Suite 108, Duluth, MN 55811, Phone: 218-336-8739. For further information please view: www.ISD709.org/district/non-discrimination-notice or call 1-800-421-3481.

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.¹

[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/
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.

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

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

Yes [Go to Question 3.]

No [Go to Question 3.]

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.¹

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.

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.¹

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.

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.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

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.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

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 or 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="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
4. My student has consistent interaction in:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> 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.

Duluth Preschool Questionnaire

Child's Name _____

Primary Adult's Name _____

Race: White American Indian or Alaskan Native Asian Black or African American
 Multi-racial/Biracial Native Hawaiian/Other Pacific Islander Other _____

1. Your highest level of school completed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Grade 9 or less | <input type="checkbox"/> GED | <input type="checkbox"/> College Degree/Training Center |
| <input type="checkbox"/> Grade 10 | <input type="checkbox"/> High school diploma | <input type="checkbox"/> College or Advanced Training |
| <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> PhD |

2. Your current job status:

- | | |
|---|---|
| <input type="checkbox"/> Employed more than 25 hours per week | <input type="checkbox"/> Employed less than 25 hours per week |
| <input type="checkbox"/> Unemployed, seeking employment | <input type="checkbox"/> Unemployed, not seeking employment |
| <input type="checkbox"/> Part-time and training | <input type="checkbox"/> Training or school |
| <input type="checkbox"/> Seasonally employed | <input type="checkbox"/> Retired or disabled |

Secondary Adult's Name _____

Race: White American Indian or Alaskan Native Asian Black or African American
 Multi-racial/Biracial Native Hawaiian/Other Pacific Islander Other _____

1. Your highest level of school completed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Grade 9 or less | <input type="checkbox"/> GED | <input type="checkbox"/> College Degree/Training Center |
| <input type="checkbox"/> Grade 10 | <input type="checkbox"/> High school diploma | <input type="checkbox"/> College or Advanced Training |
| <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> PhD |

3. Your current job status:

- | | |
|---|---|
| <input type="checkbox"/> Employed more than 25 hours per week | <input type="checkbox"/> Employed less than 25 hours per week |
| <input type="checkbox"/> Unemployed, seeking employment | <input type="checkbox"/> Unemployed, not seeking employment |
| <input type="checkbox"/> Part-time and training | <input type="checkbox"/> Training or school |
| <input type="checkbox"/> Seasonally employed | <input type="checkbox"/> Retired or disabled |

Is your family receiving?

SNAP Yes No WIC Yes No TANF/MFIP Yes No
SSI Income Yes No Child Support Yes No Per Capita Yes No
Unemployment Yes No Grant/Scholarship Yes No Social Security Yes No

I certify this information is true and accurate _____
Parent Guardian Signature _____ Date _____

Do you have health insurance? Yes No If yes: Private State/County (check one)

Primary Health Coverage: _____ Other Health Coverage: _____

Insurance Policy #: _____ Medicaid #: _____

Doctor: _____ Dentist: _____

Is there information you would like to share so that we can better serve your family? Some experiences can be identified as school readiness risk factors and as such can add priority points to an application.

These are some areas my family has had experience with or has concerns about?

- We have a family member or someone in the household with adult literacy concerns.
- We have a family member or someone in the household with limited English.
- We have a family member or someone in the household with no health insurance.
- We have a family member or someone in the household with chronic health concerns.
- We have experienced a death of a close family member within 1 Year.
- We have a family member or someone in the household with a history of chemical dependency.
- We have a family member who is incarcerated.
- We have experienced domestic violence.
- My child has had experience with foster care.
- We have mental health concerns for a family member or someone in the household.
- We have a family member or someone in the household receiving/received mental health services.
- We have experienced divorce/separation within 1 Year.
- I am a single parent.
- I am/was a teen parent.
- We have some concerns about our child's development and/or behavior.
- We are working with/receiving services from another agency
- Other_____

Every site has family advocacy staff to connect families with community services/supports. Would you like someone to contact you immediately about these resources?

- Yes_____ No_____

Duluth Preschool Health and Nutrition History

Child's Name: _____		Birth Date: _____	
Date of last Physical Exam: _____		Date of last Dental Exam: _____	
Child's Doctor: _____	Health Provider Name (Clinic): _____	Child's Dentist: _____	
<i>Pregnancy and Birth History</i>		YES	NO
1. Did mother have any health problems during this pregnancy or delivery?			<i>Explain "YES" Answers</i>
2. Did mother visit physician fewer than two times during pregnancy?			
3. Did mother have any tobacco, alcohol or drug use (beer, wine, wine coolers, hard liquor, street drugs, prescription, etc.) during pregnancy?			
4. Was child more than 3 weeks early or late?			
5. What was your child's birth weight?		Pounds	Ounces
6. Were there any concerns with the child at birth / in the nursery?			
7. Did child or mother stay in hospital for medical reasons longer than usual?			
8. Did the child pass the newborn hearing screening?			
<i>Hospitalization and Illnesses</i>		YES	NO
1. Has child ever been hospitalized or operated on?			
2. Has child ever had a serious accident (broken bones, head injury, falls, burns or poisoning)?			
3. Has child ever had a serious illness?			
<i>Health Problems</i>		YES	NO
1. Does child have frequent: ____cough____stomach pain, vomiting, diarrhea, constipation ____sore throat____urinary infections or trouble urinating			
2. Does child have difficulty seeing (squint, cross eyes or look closely at books)?			
3. Has your child had a vision exam by an eye doctor?			If "YES", what was the date of the exam?
4. Is child wearing (or supposed to wear) glasses?			
5. Does child have problems with ears/hearing (pain in ear, frequent earaches, discharge, rub or favor 1 ear or tubes)?			
6. Has child ever had a convulsion or seizure?			When did it last happen?
7. Is child taking any medication now? **Special consent form must be signed to administer any medication at school**			What medication?
8. Is child currently being treated by a physician or a dentist?			Reason:
9. Has child had:____chicken pox____measles____mumps ____whooping cough____scarlet fever____German measles ____strep____hives____polio____boils____meningitis			
10. Does child have (Current Medical Diagnosis): ____asthma ____bleeding tendencies ____anemia ____heart/blood vessel disease ____liver disease____hearing difficulties ____diabetes ____rheumatic fever ____epilepsy ____vision problems ____eczema ____other			If other please explain:

11. Does child have any allergies that require medication? (Medication examples: Benadryl or Epi Pen)			What causes reaction? How does the child react? What medication prescribed?
12. Do any of the conditions we've mentioned so far get in the way of the child's everyday activities? Did a doctor or other health professional diagnose the child with this?			Describe how: When:
13. Can any of these conditions be life-threatening?			
Lead	YES	NO	Explain "YES" Answers
1. Has your child had a blood test for lead?			Results: _____normal _____abnormal
2. Has your child had lead poisoning?			
3. Is your child currently being treated for lead poisoning?			
4. Does your child chew on unusual things (examples: wood, pencils, paint chips, paper, clay, soil, cigarettes)?			
5. Has a sibling or playmate had lead poisoning?			
6. Does your child live or visit regularly a house built before 1978?			
7. Does a member of your household work in a lead industry (examples: batteries automobile, lead piping, welding)?			
8. Does your child play on grounds or live near possible lead contaminated areas (examples: heavy traffic areas, hazardous waste site, lead smelter, processing plant or where old buildings have been demolished)?			If "YES" to any of the questions 4 to 8, discuss with primary physician
Physical Activity	YES	NO	Explain "YES" Answers
1. Do you have concerns about your child's activity level?			
2. Do you have concerns about your child's height or weight?			
3. How many glasses of water does your child drink per day? _____			
4. How much time does your child spend daily in front of a screen (TV, computer, iPad, video games, cellphone, etc.)? _____			
Sleep	YES	NO	Explain "YES" Answers
1. My/Our child has a bedtime routine and sleeps well, usually 10/11 hours a night.			
2. Bedtime usually goes well, but my/our child doesn't always sleep well/usually sleeping 8-10 hours a night.			
3. Bedtime is usually a struggle; not sure how many hours my/our child usually sleeps.			
Nutrition Intake	YES	NO	Explain "YES" Answers
1. Does child take vitamin and mineral supplements?			What kind are they? Do they contain iron? Fluoride? Were they prescribed?
2. Is there any food child should not eat for religious beliefs or personal reasons?			
3. Is child on a special diet due to a medical diagnosis or allergy?			
4. Does child have lactose intolerance?			If YES, is it to all lactose-containing foods or can your child just not have milk to drink?
5. In the classroom, I prefer my child receives: ____Cow's milk ____Lactose-free cow's milk ____Soy milk ____Water ____Other			
6. Has there been a big change in child's appetite in the last month?			

7. Does child take a bottle / pacifier?			
8. Does child chew things that aren't food?			
9. Does child have trouble chewing or swallowing?			
10. Do you have any concerns about what child eats?			
11. Does your home have a working: _____stove _____oven _____refrigerator			
12. Do you use: _____SNAP _____WIC			
13. Are there any health or nutrition related topics you want specific information about?			Please specify:
14. What are your child's favorite foods?			
15. Are there any foods your child dislikes?			
16. What snacks does your child eat most often?			
17. How many times a day does your child eat from the following groups? _____Milk, cheese yogurt _____Meat, poultry, fish, eggs; or dried beans/peas, peanut butter _____Rice, grits, bread, cereal, tortillas, pasta _____Greens, carrots, broccoli, winter squash, pumpkin, sweet potatoes _____Sodas, fruit drinks/juice, Gatorade/Powerade, coffee/tea _____Other fruits and vegetables _____Oil, butter, margarine, lard _____Cakes, cookies, chips, fruit snacks, candy			

Check the box that describes what you do or how you feel most of the time	Almost Always	Sometimes	Almost Never
I consider my child to be a picky eater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sit with my child when he/she is eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my child eat what is on his/her plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I serve only what I know my child will eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats whenever he/she wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child gets food from the fridge/cupboard when he/she wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal times are pleasant with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1st Year Enrollment

Signature of Parent/Guardian: _____ **Date:** _____

Duluth Preschool Class Selection

Child's Name: _____ Birth Date _____

Has your child been through Early Childhood Screening? Yes No

If not, please contact Early Childhood Screening at 218-336-8816 or ecscreening@isd709.org

Do you have any developmental concerns about this child?
(i.e. learning, speech, health, vision, hearing, dental) _____

1st Choice	2nd Choice	3rd Choice

Homecroft Elementary School 4784 Howard Gnesen Road				Piedmont Elementary School 2827 Chambersburg Avenue			
All Day	7:30-2:15	3 & 4 Year olds	Bus transportation to and from for 4 year olds	All Day	7:30-2:15	3 & 4 Year olds	Bus transportation to and from for 4 year olds
Laura MacArthur Elementary School 720 N Central Avenue				AM Mon-Thurs	7:30-11:00	3 & 4 Year olds	Bus transportation to school only for 4 year olds
All Day	7:30-2:15	3 & 4 Year olds	Bus transportation to and from for 4 year olds	PM Mon-Thurs	11:45-3:15	3 & 4 Year olds	No bus transportation available
Stowe Elementary School 2715 101st Avenue West				Lester Park Elementary School 5300 Glenwood Street			
All Day	7:30-2:15	3 & 4 Year olds	Bus transportation to and from for 4 year olds	AM Mon-Thurs	7:30-11:00	3 & 4 Year olds	Bus transportation to school only for 4 year olds
Myers-Wilkins Elementary School 1027 N 8th Avenue East				PM Mon-Thurs	11:45-3:15	3 & 4 Year olds	No bus transportation available
All Day	7:30-2:15	3 & 4 Year olds	Bus transportation to and from for 4 year olds	Congdon Elementary School 3116 East Superior Street			
Lowell Elementary School 2000 Rice Lake Road				AM Mon-Thurs	7:30-11:00	3 & 4 Year olds	Bus transportation to school only for 4 year olds
Oshki- Inwewin All Day	7:30-2:15	3 & 4 Year olds	Bus transportation to and from for 4 year olds	PM Mon-Thurs	11:45-3:15	3 & 4 Year olds	No bus transportation available
All Day	7:30-2:15	3 & 4 Year olds	Bus transportation to and from for 4 year olds				