IGH EARLY LEARNING ISD 199

2026-2027 PRESCHOOL

ISD 199 PRESCHOOL PROGRAMS

3 YEAR OLDS

IGH Early Learning Center | 3203 68th St E

*must be 3 by Sept 1, 2026

4 YEAR OLDS

Hilltop Elementary | 3201 68th St E

Pine Bend Elementary | 9875 Inver Grove Trail

Salem Hills Elementary | 5899 Babcock Trail

*must be 4 by Sept 1, 2026

Preschool Registration Opens February 10!

Register online at

www.earlylearning.isd199.org

or in person at IGH Early Learning Center



651-306-7503

preschool@isd199.org

Inver Grove Heights Little Spartans Preschool
2026-2027 School Year Enrollment Forms

Return forms to the IGH Early Learning Center

3203 68th St East, Inver Grove Heights 55076 (Next to Hilltop Elementary Door #2)
Email: Preschool@isd199.org / Phone: 651-306-7503 / Fax: Fax: 651-306-7521

Student Information (Use Legal Name)

First Name:		Middle Name:	Last Name:
Date of Birth:	Child's Age On 9/01/2026	Gender: ☐ Male ☐ Female	Preferred name to be called on nametag:

Choose classes based on your child's age on 9/1/26. Openings in each class are limited.
Please number your selections in order of preference and choose at least 2 options.

Little Spartans 3-year-old Preschool - *Classes for children age 3 on or before September 1, 2026*

Early Learning Center 3203 68th St East IGH MN 55076

(Not eligible for transportation)

_____Monday-Wednesday-Friday AM	8:15-10:45 AM	$203* a Month
_____Monday & Wednesday PM	11:45AM-2:15PM	$152* a Month
_____Tuesday & Thursday AM	8:15-10:45 AM	$152* a Month
_____Tuesday & Thursday PM	11:45AM-2:15PM	$152* a Month

Little Spartans 4-year-old Preschool - *Classes for children age 4 on or before September 1, 2026*

Hilltop Elementary 3201 68th St East IGH MN 55076

_____Monday – Friday AM	7:50 AM-10:30 AM	$328* a Month
_____Monday – Thursday PM	11:45AM-2:30PM	$267* a Month

Pine Bend Elementary 9875 Inver Grove Trail IGH MN 55076

_____Monday – Friday All Day	7:50 AM-2:30 PM	$907* a Month
_____Monday – Friday AM	7:50 AM-10:30 AM	$328* a Month
_____Monday – Thursday PM	11:45AM-2:30PM	$267* a Month

Salem Hill Elementary 5899 Babcock Trail IGH MN 55076

_____Monday – Friday AM	7:50 AM-10:30 AM	$328* a Month

*** Preschool fees are paid with 9 monthly payments, Sept - May ***

Tuition assistance for most classes is available for qualifying families. To be considered for assistance, you must turn in the attached financial aid application, and required income documentation, along with your enrollment form. You will be contacted once we have received and processed your completed application. More information on financial aid can be found in the attached "Frequently Asked Questions" document.

Family Information

Parent/Guardian #1 Full Name:	
Date of Birth:	Relationship to Child:
Address (Street Address):	
City, State, Zip Code:	
Cell Phone:	Work Phone:
Email Address:	
Primary Language of Parent:	Interpreter Request: ☐ **YES** ☐ **NO**

Parent/Guardian #2 Full Name:	
Date of Birth:	Relationship to Child:
Address (Street Address):	
City, State, Zip Code:	
Cell Phone:	Work Phone:
Email Address:	
Primary Language of Parent:	Interpreter Request: ☐ **YES** ☐ **NO**

Local Emergency Contact Information

Emergency Contact #1 Full Name:	
Relationship to Child:	
Cell Phone:	Work Phone:

Emergency Contact #2 Full Name:	
Relationship to Child:	
Cell Phone:	Work Phone:

Unauthorized Persons

Is there a restraining order for anyone who is NOT legally authorized to pick up your child? ☐ YES ☐ NO

**** If yes, you MUST provide a copy of the legal documents to the Early Learning Center****

List Unauthorized Persons Name:

Enrollment Information

Has your child completed an Early Childhood Screening through a school district? ☐ YES What district: _____

☐ **NO Please call 651-306-7500 or visit** https://ighscreening.as.me/ **to schedule an appointment.**

IGH Community Preschool sends out program updates and monthly invoices by email.

List Email Address (print clearly): _____

☐ No email. We will use the US Postal Service to deliver monthly invoices.

If you have already made arrangements to carpool with another family OR you are enrolling more than one child in preschool, please fill in the **name of the other student.**

Please list any other children under the age of 6 years old living in the home. Include the child's legal name, date of birth and gender.

Does your child have Allergies? ☐ YES ☐ NO
If YES Please Describe

Does your child have any dietary restrictions? ☐ YES ☐ NO
If YES Please Describe

Has your child ever had a seizure? ☐ YES ☐ NO
If YES Please Describe

Does your child have Asthma/RAD? ☐ YES ☐ NO
If YES Please Describe

Does your child need medication or have any other conditions that require management during the school day? ☐ YES ☐ NO
If YES Please Describe

Do you have any concerns about your child's vision, hearing, development or speech? ☐ YES ☐ NO
If YES Please Describe

Is your child receiving any special services? (Ex. IEP, IFSP, speech therapist and/or behavior specialist) ☐ YES ☐ NO
If YES Please Describe

My child is able to go to the toilet independently (with reminders): ☐ YES ☐ NO

To Be in Preschool, Children must be able to independently use the toilet. Exceptions are made for documented medical conditions.

Transportation (4-year-old classes only)

Transportation is available on a limited basis for **4-year-old preschool students ONLY**. Requests will be prioritized based on need. Bus transportation may be available for students whose home or daycare address falls within the school boundary area.
It is also important to note that preschool children are transported with K-5 students.

Do you wish to have your child ride the bus if available?

☐ **YES If yes, a transportation form is attached. Complete and return to Early Learning Center by Friday June 26, 2026.**

Parents/Guardians are responsible for walking/standing with preschool students at the bus stop when they leave home and meeting the bus when students arrive home. Please be ready for the bus 5-10 minutes before the scheduled time.

☐ **NO Bus**

Financial Aid

☐ **We request financial assistance and will turn in a financial aid application with income verification. Funds are limited.**

Limited Funding is available for tuition assistance. You will be contacted as soon as all Financial Aid documents are received and processed.

Preschool Consent & Agreement

☐ **I agree to pick up and drop off my child on time.** Picking up and dropping off my child promptly is a requirement. A pattern of late pick-ups or drop-offs could result in dismissal from the program.

☐ **I agree my child will complete an Early Childhood Screening.** I understand my child's screening must be completed before the first day of school.

- ☐ If your child has already completed an Early Childhood Screening in another school district or with Head Start, please provide us with copy of the screening summary**.** Your child does not need to complete another screening.
- ☐ **Children who turn 3 in the summer must complete Early Childhood Screening by October 15.**

Staff of Inver Grove Heights Schools, community organizations and media representatives may want to celebrate your child with interviews, photographs or videos for use in publications, public presentations and website features.

- ☐ **Yes**, I consent to the school and/or district's use of my child's image, voice and/or name in various media projects. **OR**
- ☐ **Partial**, Keep media private except for school district use (yearbooks, school and district publications, class photos, school and district website, etc.) **OR**
- ☐ **No**, I do not consent to the school and/or district's use of my child's image, voice and/or name in various media projects. I understand that my child's image will not be included in yearbooks, class photos, etc.

☐ **I agree to keep my contact information up to date** by notifying my child's teacher or the Early Learning Office of any changes in address, phone number and emergency contact information.

☐ **I agree to pay the tuition fees** as stated in the preschool contract. If applying for financial assistance, I agree to submit all paperwork required. If there is a change in my ability to pay, I will notify the Early Learning Office to discuss available options.

☐ **A two-week notice must be given for any child withdrawing from IGH preschool** before the end of the school year. Without notice, you will be charged for up to two weeks following the child's last day.

Parent/Guardian Signature:		**Date:**	

These documents must be submitted to complete your preschool application:

- ☐ **Online or Paper Application Enrollment**
- ☐ **PROOF OF AGE DOCUMENT** Child must have accepted identification. Please provide a copy of your child's birth certificate, baptismal certificate, or other verification of their legal name and birth date when registering your child for ISD 199 schools.
- ☐ **Financial Aid Application with Income Verification** (If requesting financial assistance)

Due August 15:

- ☐ **Immunization Record** (required before student can start class)
- ☐ **Early Childhood Screening** - Schedule online https://ighscreening.as.me/ or call 651-306-7503

Return forms to the IGH Early Learning Center* In-person, email or fax

3203 68th St East, Inver Grove Heights 55076 (Next to Hilltop Elementary Door #2)

Email: Preschool@isd199.org / Phone: 651-306-7503 / Fax: 651-306-7521

DEPARTMENT OF EDUCATION

Ethnic and Racial Demographic Designation Form

Student Information

Student's Full Name: (First, Middle In, Last)		**Date of Birth:** (MM, DD, YYYY)	
District Number:	Independent School District 199	**School:** (Ex. HT, PB, SH)	

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" for 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*):

□ Decline to indicate

□ Colombian
□ Ecuadorian
□ Guatemalan
□ Mexican
□ Puerto Rican
□ Salvadoran
□ Spaniard/Spanish/ Spanish-American
□ Other Hispanic/Latino
□ Unknown

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*):

□ Decline to indicate
□ Anishinaabe/Ojibwe
□ Cherokee
□ Dakota/Lakota
□ Unknown Affiliation
□ Other North American Indian Tribal

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
□ Asian Indian
□ Burmese
□ Chinese
□ Filipino
□ Hmong
□ Karen
□ Korean
□ Vietnamese
□ Other Asian
□ Unknown

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
□ African-American
□ Ethiopian-Oromo
□ Ethiopian-Other
□ Liberian
□ Nigerian
□ Somali
□ Other black
□ Unknown

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/Guardian Information

Parent/Guardian Name (Printed):	
Parent/Guardian Signature:	
Date:	

DEPARTMENT OF EDUCATION

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. *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.*

Student Information

Student's Full Name: (First, Middle In, Last)		**Date of Birth: (MM, DD, YYYY)**	

	Check the phrase that best describes your student:	Indicate the language(s) other than English in the space provided:
1. My student first learned:	_____Language(s) other than English. _____English and language(s) other than English. _____Only English.	
2. My student speaks:	_____Language(s) other than English. _____English and language(s) other than English. _____Only English.	
3. My student understands:	_____Language(s) other than English. _____English and language(s) other than English. _____Only English.	
4. My student has consistent interaction in:	_____Language(s) other than English. _____English and language(s) other than English. _____Only English.	

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.

Application for Financial Assistance 2026-2027

Multiple funding sources are available for qualifying families. (Not all scholarships are income-based.) Requests will be considered based on needs, available funds, proof of income, and completion of all required paperwork and enrollment forms.

STUDENT LEGAL NAME (Please Print) **DATE:** _____

First Name:	Middle Name:	Last Name:
Date of Birth:	Age on Sept 1 2026:	Foster Child? ☐ YES ☐ NO

1. Has your child completed an Early Childhood Screening through a school district? ☐ YES - Completed in school district: _____ ☐ **NO** - Call (651) 306-7503 or go to https://ighscreening.as.me/ to schedule appt.	
2. Have you applied, or do you plan to apply for Head Start?	☐ YES ☐ NO
3. Have you applied for, or received, a Pathways One Scholarship from the State of Minnesota before?	☐ YES ☐ NO
4. Have you applied for, or received a Pathways Two Scholarship or Financial Aid from another childcare program or other preschool?	☐ YES ☐ NO

5. Is your child receiving services from a medical or mental health provider, speech therapist, or behavior specialist?	☐ YES ☐ NO
6. Has your child been evaluated or received services from Early Childhood Special Education in the past 4 years?	☐ YES ☐ NO
7. Does your child currently have an IEP or IFSP with a school district for Special Education services?	☐ YES ☐ NO

8. Is either parent a migrant or seasonal agricultural laborer?	☐ YES ☐ NO	12. Has your child experienced homelessness in the last 24 months?	☐ YES ☐ NO
9. Is either parent under age 21 and pursuing a high school diploma or GED?	☐ YES ☐ NO	13. Is your child an English Language Learner?	☐ YES ☐ NO
10. Is either parent currently in a substance use treatment program, in jail, prison, detention center or on active supervision?	☐ YES ☐ NO	14. Has your child experienced domestic violence?	☐ YES ☐ NO
11. Is either parent currently in a mental health treatment program?	☐ YES ☐ NO	15. My family has other extenuating circumstances. Please contact me to discuss further.	☐ YES ☐ NO

Is your family currently participating in any of these publicly funded programs? (Check all that apply)

	Educational Benefits: Free and Reduced Lunch Program		Food Support (SNAP)/Food Stamps
	Child Care Assistance (CCAP)		Child and Adult Care Food Program (CACFP)
	Food Distribution Plan on Tribal Lands		Minnesota Family Investment Program (MFIP)

Number of adults in the household?	A	**What was the total household income before taxes?**
Number of children under the age of 18 in the household?	B.	**Per Year** _____ **OR Per Month** _____
TOTAL number of people in the household (Add line A and line B) =		**Proof of Income:** To be considered for financial aid, proof of income is required for most scholarships. Acceptable documents include Letter from one of the above programs or 2 most recent paystubs from each adult wage earner.

Parent/Guardian #1

Name:
Signature:
Phone Number:

Parent/Guardian #2 (optional)

Name:
Signature:
Phone Number:

Return forms to the IGH Early Learning Center, *Monday - Friday from 7:30 AM to 3:30 PM*

3203 68th St East, Inver Grove Heights MN 55076 (Next to Hilltop Elementary Door #2)

Email: Preschool@isd199.org / Phone: 651-306-7503 / Fax: 651-306-7521

4 -YEAR OLDS ONLY

Office Use Only: Student Id #: _____

Start Date: _____

☐ New Request ☐ Change in Original Request

Preschool Transportation Form

Transportation is available on a limited basis for 4-year-old preschool students. Requests will be prioritized based on need. Bus transportation may be available for students whose home or daycare address falls within the school boundary area.
Important to note that preschool children may be transported with K-5 students

Student Information

First Name:	Middle Initial:	Last Name:

Parent Information

First Name:	Last Name:	Main Phone #:
Work Phone #:	**Email Address:**	

Please indicate what SCHOOL and CLASS your child is enrolled in below

My Child's School	
	Hilltop Elementary
	Pine Bend Elementary
	Salem Hills Elementary

My Child's Class		
	Monday - Friday AM	7:50 AM - 10:30 AM
	Monday - Thursday PM	11:45 AM - 2:30 PM
	Monday - Friday ALL DAY	7:50 AM - 2:30 PM

Please circle your transportation choices below

My Child will Ride Bus to/from Home address these days

To School: ☐M ☐T ☐W ☐Th ☐F

From School: ☐M ☐T ☐W ☐Th ☐F

Ride Bus to/from Daycare on these days

To School: ☐M ☐T ☐W ☐Th ☐F

From School: ☐M ☐T ☐W ☐Th ☐F

No Bus Transportation- Parent pick up/drop off on these days

To School: ☐M ☐T ☐W ☐Th ☐F

From School: ☐M ☐T ☐W ☐Th ☐F

Daycare Provider Name: _____

Daycare Provider Phone #: _____

Daycare Provider Address: _____
(Street Address)

_____
(City, State, Zip Code)

Parent Acknowledgement

- I understand that before school, it is my responsibility to make sure my child is safely escorted to the bus stop and someone remains with them until the bus arrives.
- I understand it is my responsibility that after school someone is waiting at the bus stop to get my child off of the bus.

Parent/Guardian Signature:	Date:

Return form to the IGH Early Learning Center
3203 68th St E, Inver Grove Heights 55076 / Fax: 651-306-7521 / Email: Preschool@isd199.org

It will take approximately two weeks for any change to go into effect. The Early Learning Office will contact you once the transportation department has completed the request.

Revised 1/2026