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| <b>Park Rapids School Readiness</b><br>301 Huntsinger Avenue<br>Park Rapids, MN 56470<br>218-237-6600 |  | <b>Program Available for School Year 2026-2027:</b><br><b>Please mark a 1 for first choice and a 2 for second choice</b><br><b>Classes are held Tuesdays and Thursdays</b><br><b>3 Year Old School Readiness - \$65/per month, sliding fee and scholarships available</b><br><br><div style="font-size: 1.2em; font-weight: bold;">       ____ 8:00-11:00 AM      OR      ____ 12:00-3:00 PM     </div> <p><i>Child must be 3 as of September 1, 2026 and toilet trained for this class.</i></p> <p><b><u>Return form on or after March 18, 2026</u></b></p> |                   |                                                                           |  |                 |  |                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Office Use Only                                                                                       |  | Registration Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   | Enrollment Date                                                           |  |                 |  |                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Registration Time                                                                                     |  | Start Date Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                                           |  |                 |  |                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Legal Student First Name                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Legal Middle Name |                                                                           |  | Legal Last Name |  |                         | ____ Male<br>____ Female |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of Birth |                                                                                           | Resident District<br>School District where student lives |     |  |  |  |
| Student Address                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City              |                                                                           |  | Zip             |  | Home Phone              |                          | Early Childhood Screening Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Is this child toilet trained?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                                          |     |  |  |  |
| Legal Mother of Student                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                           |  |                 |  | Legal Father of Student |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Name                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                           |  |                 |  | Name                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Address                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                           |  |                 |  | Address                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| City                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | State                                                                     |  | Zip             |  | City                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | State                                                                                     |                                                          | Zip |  |  |  |
| Employer                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                           |  |                 |  | Employer                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Work Phone                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Home/Cell Phone                                                           |  |                 |  | Work Phone              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | Home/Cell Phone                                                                           |                                                          |     |  |  |  |
| E-mail Address:                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                           |  |                 |  | E-mail Address:         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Student Lives with:                                                                                   |  | *If other than parents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                           |  |                 |  |                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | Ethnicity                                                                                 |                                                          |     |  |  |  |
| Both Parents                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Name                                                                      |  |                 |  |                         |                          | Is this student Hispanic/Latino?<br>____ No, not Hispanic/Latino<br>____ Yes, Hispanic/Latino<br><br><div style="text-align: center; border-top: 1px solid black; width: 100%; margin: 10px 0;"> <span style="display: inline-block; width: 45%;"></span> <b>Race</b> <span style="display: inline-block; width: 45%;"></span> </div> No matter what you selected in the ethnicity question, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.<br>____ 1 American Indian or Alaska<br>____ 2 Asian<br>____ 3 Black or African American<br>____ 4 Native Hawaiian or Pacific Island<br>____ 5 White<br><br><div style="text-align: center; border-top: 1px solid black; width: 100%; margin: 10px 0;"> <b>Home Language</b> </div> First language learned by pupil ____<br>Language normally used: By pupil at home ____<br>By parents at home ____ By student with friends ____ |               |                                                                                           |                                                          |     |  |  |  |
| Mother                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Address                                                                   |  |                 |  |                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Father                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | City                                                                      |  |                 |  | MN Zip                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Step-Parent                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Employer                                                                  |  |                 |  |                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Foster Parent                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Work Phone                                                                |  |                 |  |                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Guardian                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Would you like the school to send correspondence to non-custodial parent? |  |                 |  |                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
| Other                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                           |  |                 |  |                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                           |                                                          |     |  |  |  |
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| <b>During the day, the child is usually cared for by: (circle)</b><br><br>Mother<br><br>Father<br><br>Grandparent<br><br>Day Care Provider | <b>Transportation</b><br><b><u>(There are limited transportation options for the 3 year old program, more info will be provided in the fall)</u></b><br><br>Do you anticipate your child will be:<br>____ Dropped off & picked up to/from school<br>____ Riding the bus to school<br>____ Riding the bus home<br>____ Riding the bus to & from school<br>____ Riding the bus from daycare to school<br>____ Riding the bus to daycare from school | <b>School Related Student Support Services</b><br>Check those services that this student receives from the school district<br>____ Autism Spectrum Disorders (ASD)<br>____ Deaf and Hard of Hearing (DHOH)<br>____ Early Childhood Special Education (ECSE)<br>____ Emotional or Behavioral Disorders (EBD)<br>____ Occupational Therapy (OT)<br>____ Physical Therapy (PT)<br>____ Speech or Language Impairments (SP)<br>____ Visually Impaired (VI) |
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| <b>Day Care Provider Information:</b><br>Name<br><hr/> Address<br><hr/> Phone<br><hr/> | <b>Yes <input type="checkbox"/> No <input type="checkbox"/> I give my permission to ISD 309 to transport and/or obtain emergency medical and dental care for my child should he/she have an accident or need emergency medical or dental care beyond the scope of Head Start/ISD 309 staff.</b><br><b>Signature: _____ Date: _____</b> |
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| <b>Conditions which could be important in an Emergency:</b><br>____ Mild/Severe Asthma<br>____ Seizures/Convulsions<br>____ Medication Allergies (list)<br>_____<br>_____<br>Food Allergies _____<br>_____<br>Other Allergies _____<br>Heart Condition _____<br>Other _____ | <b>PREFERRED MEDICAL FACILITY/PERSONNEL TO BE USED IN AN EMERGENCY</b>                                                                                                                                                                                                                  |                                                                                                     |                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                             | <b>Primary Health Care Provider</b><br>Essentia Health – Park Rapids<br>705 Pleasant Avenue<br>Park Rapids, MN 56470<br><br>Doctor's Name _____<br><b>If not Essentia Health-Park Rapids, list below</b><br>Clinic Name _____<br><br>Address _____<br><br>City _____<br><br>Phone _____ | <b>Primary Dental Care Provider</b><br><br>Name _____<br>Address _____<br>City _____<br>Phone _____ | <b>Hospital Emergency Room</b><br><br>St. Joseph's Area Health Service<br>600 Pleasant Avenue<br>Park Rapids, MN 56470<br>218-732-3311<br><b>If not St. Joseph's, list below</b><br>Hospital Name _____<br><br>Address _____<br><br>City _____<br><br>Phone _____ |

**Local emergency contact persons if parent/guardian cannot be found or is delayed in arriving at school to pick up the child.**

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| <b>#1 Contact Name</b> _____<br><br>Physical Address _____<br><br>City _____ MN<br><br>Work Phone _____ Home Phone _____<br>Relationship to Child: <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Brother/Sister<br><input type="checkbox"/> Step Parent <input type="checkbox"/> Other (list) _____ | <b>#2 Contact Name</b> _____<br><br>Physical Address _____<br><br>City _____ MN<br><br>Work Phone _____ Home Phone _____<br>Relationship to Child: <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Brother/Sister<br><input type="checkbox"/> Step Parent <input type="checkbox"/> Other (list) _____ |
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| <b>Is there anyone who is legally restrained from contact with your child?</b><br>Please provide a copy of the restraining order<br><b>Name:</b> _____ | <b>This form must accompany the child, if he/she is taken to the clinic or hospital for emergency medical care.</b> |
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**PARENT AUTHORIZATION FOR PICK-UP/DROP-OFF:** I give my permission for Head Start/Pals to release my child to the following persons; to include taking my child off the bus and picking up my child from **ISD 309**. Attach additional names as needed or changes occur.

| Name & Relationship | Address (Including City) | Work Phone/Home Phone/Message Number |
|---------------------|--------------------------|--------------------------------------|
|                     |                          |                                      |