

Note: First month's tuition is due with registration.

School Readiness Registration Form

1. Complete the registration form below and complete the Health/Emergency, Immunization and Sliding Fee forms for children enrolled in class.
2. Checks for the refundable class deposit (May payment) should be made out to ISD 621. Subsequent payments are due the first of each month beginning September 1, 2009 and ending April 1, 2010.
3. Families will be notified if their child is accepted into School Readiness and receive class information by August 15, 2009. Children who will enter kindergarten Fall 2010 will be given priority class placement. **Registrations will not be processed without completed forms.**
4. Mail registration form, Health/Emergency, and Immunization forms, sliding fee scale, and payment to: **School Readiness Preschool, 2101 14th St. N.W., New Brighton, MN 55112.** Call 651-621-7422 with questions.

—I —H/E —P —Ck — \$ —Ch

Home Phone (____) _____

Work Phone (____) _____

Child's Last Name _____

Child's First Name _____

Birthdate _____

Parent's Last Name _____

Parent's First Name _____

Address _____

City _____ Zip _____

Class Number _____ Days _____

E-mail address _____

Class Fee _____

Visa or MasterCard Number _____

Expiration Date _____ 3 digit security code _____

Signature _____

Fee Enclosed _____



School Readiness Bus Transportation Registration Form



Child's Last Name _____

Child's First Name _____

Address to be picked from _____

Address to be dropped of _____

Phone Numbers _____

Pike Lake Education Center
2101 14th St. N.W.
New Brighton
651-621-7422

School Readiness Preschool 3020
 for children 3½ years old by September 1, 2009
Tuesday, Thursday 9:15-11:45 am
Refundable deposit is due with registration..

School Readiness Preschool 3021
 for children 4 years old by September 1, 2009
Monday, Wednesday, Friday 9:15-11:45 am
Refundable deposit is due with registration..

School Readiness Preschool 3022
 for children 4 years old by September 1, 2009
Monday, Wednesday, Thursday 1:00-3:30 pm
Refundable deposit is due with registration..

School Readiness Preschool 3023
 for children 4 years old by September 1, 2009
Monday, Wednesday, Thursday 1:00-3:30 pm
Refundable deposit is due with registration..

Three **Family Nights** will be scheduled during the school year with parent-child learning activities and parent education. Attendance is required. School Readiness Preschool includes children with special needs and are team taught with Early Childhood Special Education staff.

CALL HEIDI AT 651-621-7422
FOR SCHOOL READINESS PRESCHOOL
APPLICATION FORMS AND
FOR THE SLIDING FEE SCHEDULE.



School Readiness Preschool



2009-2010

School Readiness Preschool

School Readiness Preschool

School Readiness Preschool is a state funded program for children 4 years old by September 1, 2009 and their families. The purpose of SR is to prepare children to enter kindergarten with the necessary skills, behavior, family stability and support to progress and flourish.

School Readiness services include a sliding fee scale and limited transportation assistance. Documentation of income is required. School Readiness classes have children with special needs integrated into the classroom.

A completed SR application does not guarantee enrollment in School Readiness Preschool. We have a limited number of openings and are required to prioritize the applications received.

School Readiness Preschool begins mid-September and meets through May in New Brighton. Call Heidi at 651-621-7422 with questions.

Elements of School Readiness

For Children:

- small group instruction to encourage language and literacy development
- large group instruction to encourage children to listen and to take turns
- activities to encourage problem solving and self-help skills
- activities to promote scientific and mathematical thinking
- self-directed play

For Parents:

Parent involvement is critical to a child's success in school. Parent involvement in School Readiness includes:

- special parent events
- parent-teacher conferences
- active involvement in child's education
- activity ideas to try at home

Quotes from School Readiness Parents

"I think all staff are approachable and certainly know about kids and their behaviors and how to communicate with them."



"My child is learning many things and making new friends. My child is preparing for school readiness. She is learning to speak English, music, crafts, reading books, and practicing social skills in her class."

School Readiness Preschool Curriculum

School Readiness Preschool teachers believe children learn best through play. They plan activities in a variety of ways to promote the following areas of development:

Personal Development

- children view themselves as learners
- children gain a sense of responsibility

Social Development

- children interact with peers and adults and learn how to make friends, solve conflicts and work in a group

Language and Literacy Development

- children learn to communicate their ideas
- child appreciate books

Mathematical Thinking

- children learn math concepts and practice problem solving skills

Scientific Thinking

- children investigate our world through observing, recording, and explaining

Social Studies

- children learn about our culture and other people in our world

Arts

- children use art materials to express their ideas and emotions
- children appreciate the arts

Physical Development

- children practice small muscle skills to lay the groundwork for handwriting and self-care skills
- children practice large muscle skills to develop balance and coordination
- children learn personal health and safety skills

2009-2010 Sliding Fee Scale
Mounds View Public Schools
School Readiness Preschool Program
 2101 14th Street NW
 New Brighton, MN 55112
 (651) 621-7422

Eligible Birth Dates (No exceptions will be made to the cutoff dates): Children may attend preschool 2 days a week if they are 3 by 9/1/09. Children who are 4 by 9/1/09 may attend classes 3 days a week

Sliding Fee Scale:

The Minnesota Legislature made funds available for families to pay tuition using a sliding fee scale. To calculate your tuition for the 2009-2010 school year, please use the following sliding fee scale information:

1. Tuition is based on the yearly total tuition and divided into nine payments.
2. **The first payment is due at the time of registration.**
3. An additional 8 monthly payments (September through April) are required
4. Preschool tuition payments can be paid with cash, check, major credit card or money order.
5. No one will be denied participation due to inability to pay.

Families using the Sliding Fee Scale must fill out the Family Information/Income Form on reverse side.

Parent Education/Participation:

The preschool program is funded by parent paid tuition and by Minnesota State Funding called School Readiness. This state funding requires that parent education and participation be an important part of the Preschool Program.

Therefore, all parents with children in the School Readiness Preschool Program are required to participate in the parenting opportunities provided. This requirement is met by attending Orientation, and two parent/teacher conferences. If funding is available, 3-4 Family Events will be scheduled.

All children must complete the Early Childhood Developmental Screening within 90 days of enrollment or their fourth birthday. Failure to meet these requirements will be grounds for termination from the program.

Sliding Fee Scale

2009-2010 School Year Preschool Program Income Guidelines

To determine your monthly payment, please use the income guidelines below: Find the number of people in your family and move across and find your yearly income (before deductions); move down the column to find your monthly tuition.

Sliding Fee Scale for School Readiness Funds

Family Size

2	\$0 - \$19,000	\$19,001 - \$23,000	\$23,001 - \$28,000	\$28,001 - \$34,000	\$34,001+
3	\$0 - \$23,000	\$23,001 - \$28,000	\$28,001 - \$34,000	\$34,001 - \$40,000	\$40,001+
4	\$0 - \$28,000	\$28,001 - \$35,000	\$35,001 - \$40,000	\$40,001 - \$46,000	\$46,001+
5	\$0 - \$32,000	\$32,001 - \$38,000	\$38,001 - \$45,000	\$45,001 - \$51,000	\$51,001+
6	\$0 - \$36,000	\$36,001 - \$42,000	\$42,001 - \$49,000	\$49,001 - \$56,000	\$56,001+
7	\$0 - \$41,000	\$41,001 - \$47,000	\$47,001 - \$54,000	\$54,001 - \$61,000	\$61,001+!
8	\$0 - \$46,000	\$46,001 - \$52,000	\$52,001 - \$58,000	\$58,001 - \$66,000	\$66,001+

Call for information regarding larger families

	Reduced Tuition		Reduced Tuition		Full Tuition
2 day/week	\$12	\$29 monthly	\$46 monthly	\$ 63 monthly	\$ 90 per month
3 day/week	\$16	\$41 monthly	\$74 monthly	\$108 monthly	\$135 per month

Acceptable documentation of income – 1 Form

A copy of last year's W-2

A copy of last year's income tax forms

Pay stub with year-to-date earnings

Wage statement from your employer

Maxis statement from county

SSI or foster child letter from agency/county

(OVER)

Class Location: _____ Day: _____ Time: _____

FAMILY INFORMATION/INCOME FORM
(To be filled out only if you are using the Sliding Fee Scale - School Readiness Funds)

The Minnesota State Legislature made funds available to the Mounds View Public School's School Readiness Program for families to pay tuition using a sliding fee scale. To calculate your family's tuition please fill out the form below and bring it with you when you register your child. If you fill out this form after the general registration, mail it to: School Readiness Program, 2101 14th St NW, New Brighton, MN 55112. (Before 8/1/09)

FAMILY INFORMATION

Parent's Name(s) _____

Preschool Child's Name: _____

Birth date: _____

Other Family Members (Names and Ages): _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone _____

INCOME INFORMATION

Parent/Guardian Social Security Number(s): _____

Parent/Guardian (Number): _____ Children (Number): _____

Household Size (Total): _____

Yearly earnings from work (**Before Deductions**), include all jobs _____

Social Security Pensions/Retirement _____

Unemployment, Workman's Compensation, Strike Benefits _____

Welfare (MFIP), Child Support, Alimony _____

TOTAL YEARLY INCOME: _____

I certify that all the above information is true and correct and that all income is reported.

Signature of Parent/Guardian

Date

Confidentiality: The information you provide here will be treated confidentially and used only for eligibility determination and verification. Reporting Changes: Notify the School Readiness Preschool office when your household income increases more than \$100 per month

SCHOOL READINESS APPLICATION

Funding is available for free or reduced preschool tuition fees for children who are 3 by September 1. Children will be accepted on a need/availability basis. Complete application below and return to 2101 – 14th St NW, New Brighton, MN 55112

PRESCHOOL SCREENING REQUIRED. CALL 651/621-7420 FOR APPOINTMENT

CHILD'S NAME _____

PARENT/GUARDIAN NAME(S) _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ DATE _____

PARENT'S CHECKLIST OF CONCERNS

PRENATAL

(OFFICE ONLY)

_____ Premature birth: what month (Circle) fifth, sixth, seventh, eighth _____
_____ High risk in pregnancy or at birth with this child _____
_____ Child exposed prenatally to alcohol, tobacco, drugs or stress _____

CHILD

_____ Child has not had any previous preschool or nursery school _____
_____ Mild to moderate delays in speech, emotional development or _____
_____ thinking skills. _____
_____ Child has physical, hearing or sight problems _____
_____ Medical problems (Frequent or chronic illness of child) _____
_____ Child's behavior a problem in home _____
_____ Child unable to behave in out-of-home activities due to behavior _____
_____ problems (e.g. Mild to moderate aggressions, shyness, etc) _____
_____ Foster home or in "out of home" placement _____
_____ Do not have health or dental insurance _____

FAMILY

_____ Family may be new, has no friends or relatives in the local area _____
_____ Have moved two or more times in the past year _____
_____ Single parent household _____
_____ Parent has physical impairment (Hearing, Vision, Mobility, etc.) _____
_____ Do not speak English in the home. Language spoken _____
_____ Frequent or chronic illness of parents. _____
_____ Child lives with grandparents or other relative _____
_____ Brothers or sisters who are school age but are one or more grades _____
_____ behind age-appropriate grades or who are in special education. _____
_____ Family has experienced abuse, neglect or family violence _____

_____ Parent with chemical dependency/abuse. Is it resolved Yes No _____
 _____ Family has requested special education services but child has _____
 not qualified.
 _____ Parent with mental health problems _____

_____ Family stress during past year (unemployment, divorce, death) _____
 _____ Mother below age 18 at birth of first child _____
 _____ Parent/Primary caregiver has no GED or high school diploma _____
 _____ School agencies in community/school district (referral) indicate _____
 family in need of assistance.
 _____ Receiving public assistance (TANF/MFIP) CASE# _____

If you are not receiving public assistance, what is your monthly income before taxes? _____

What is your family size? _____

PARENT/PRIMARY CAREGIVER INFORMATION

Education completed by parents: Grade School High School GED Trade School College

Marital Status: Married Single Separated Divorced

Does the child have contact with both parents: Yes No

Employment Status : Parent is employed part-time Parent is employed full-time Parent is unemployed & seeking employment

Referrals may be made for any of the concerns listed above YES NO

We appreciate your cooperation filling out ALL information on this form, This information is used to determine if recruitment efforts are reaching all segments of the community. **All information on this application will be kept confidential.** Failure to provide the requested information may cause a delay in your child's enrollment. All children must complete the Early Childhood Screening within 90 days of enrollment.

I certify that all information on this application is true and correct and I understand that the Administrative office may verify the information on the application at any time.

 Signature of Parent/Guardian Date

NO CHILD WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, ANTIONAL ORIGIN, SEX OR DISABILITY.

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Date application received _____ Approved _____ Rejected _____ Notified by phone _____
 Approval/Rejection letter sent (date) _____
 Preschool Census confirmed _____ Staff Initial _____
 Class start date _____ SITE _____ DAYS _____ AM/PM
 Transportation needed YES NO Bus Route # _____

Health/Emergency

Each family must complete a **Health/Emergency and Immunization Form** for each child enrolled. Class registrations will only be considered complete with the *Health/Emergency and Immunization Form, Registration Form and payment*. Call 651-621-7420 for more forms.

2009-2010

Family Name _____

Phone () _____

Address _____

City _____ Zip _____

Child's Name _____ Birthdate _____

Class # _____ Location _____

Mother's Name _____ Employer _____

Phone () _____

Father's Name _____ Employer _____

Phone () _____

Child's Physician _____ Phone () _____

Child's Dentist _____ Phone () _____

List any current or continuing health conditions or any medications your child takes regularly.

Do you or your child have health, behavior or other special needs? Please explain.

Person who will care for my child in an emergency if I cannot be reached:

Name _____ Phone () _____

Relationship to Child _____

I give my permission for ECFE/SR to take unidentified photos of my child and/or myself for publication or for posting on the school district website to promote ECFE/SR classes. Yes No

Parent Signature _____

Date _____

Immunizations

It's important to keep track of your child's immunizations! Minnesota law requires children enrolled in school to be immunized against certain diseases. If you have questions about immunizations, call your doctor or the Minnesota Immunization Hotline at 1-800-657-3970. Complete one immunization form for each child enrolled in class or sibling child care each year. You may fax this form to our office at 651-621-7423.

2009-2010

Child's Name _____ Birthdate _____

Parent's Signature _____ Date _____

Child cannot complete the series because _____ of medical exemption.
_____ opposed to immunizations.

Diphtheria, Tetanus, Pertussis (DTP)	Month	Day	Year
1 st shot: 2 mo	1.		
2 nd shot: 4 mo	2.		
3 rd shot: 6 mo	3.		
4 th shot: 15-18 mo	4.		
5 th shot: 4-6 yr	5.		
Polio (POV or IPV)	Month	Day	Year
1 st shot: 2 mo	1.		
2 nd shot: 4 mo	2.		
3 rd shot: 6-18 mo	3.		
4 th shot: 4-6 yrs	4.		
Measles, Mumps, Rubella (MMR)	Month	Day	Year
1 st shot: 12-15 mo	1.		
2 nd shot: 4-6 yr	2.		
Hepatitis B (Hep B)	Month	Day	Year
1 st shot: birth	1.		
2 nd shot: 2-4 mo	2.		
3 rd shot: 6-18 mo	3.		
Varicella (Chicken Pox)	Month	Day	Year
1 st shot: 12-18 mo	1.		
2 nd shot: 4-6 yr	2.		
Pneumococcal (PCV)	Month	Day	Year
1 st shot: 2 mo	1.		
2 nd shot: 4 mo	2.		
3 rd shot: 6 mo	3.		
4 th shot: 12-15 mo	4.		
Influenza	Month	Day	Year
1 shot each fall: 6 mo-6 yr	1.		