

Registration

A Preschool Lottery will be held February 21, 2018. Since space is limited, participants will be selected through a random lottery on February 21, 2018. Complete registrations (including documents) received by noon on February 20, 2018 will be included in the lottery. After the lottery, a confirmation & payment receipt will be emailed to you once your child is placed in a class. Please allow a few business days to receive confirmation by email. If all of your options have filled, you will be contacted by phone. You will not be charged for your class or child care until after the lottery is held. Charges will appear as *Osseo Area Schools*. *After the lottery, registration will continue year round until all classes are full. Tuition will be adjusted based on the date your child starts class.*

How to Register

Complete registration for your child either in person, mail or online.

Online Registration: osseo.ce.eleyo.com

1. Click on **Sign In** in the upper right hand corner.
2. Enter your user name and password or, select **Create Account**.
3. Create family profile including family members and relationship.

Once you have an account

4. Follow prompts to select your classes. Credit or debit card and online bank payment are accepted.
5. Email required registration documents to: ecfe@district279.org

Class Confirmation

Registration will remain in a pending status until documents have been received and the contract is approved. A contract confirmation and payment receipt will be emailed when the registration is complete.

In Person or Mail Registration

Complete a separate form for each child. Cash, Check, Discover, MasterCard, VISA, or electronic bank payments are accepted. (Please do not mail cash.) Make checks payable to ISD 279.

Mail or drop off your completed form, documents, payment and immunization record at either of our Early Childhood Center locations.

Arbor View Early Childhood Center

9401 Fernbrook Lane N
Maple Grove, MN 55369

Willow Lane Early Childhood Center

7020 Perry Avenue N
Brooklyn Center, MN 55429

Registration Questions?

Program staff are available during the school year at either of our Early Childhood Center locations to help answer your questions and assist with registration.

Office hours at both locations are Monday through Friday 8am-4pm during the school year.

Arbor View Early Childhood Center

763-391-8777

Willow Lane Early Childhood Center

763-585-7330

ecfe@district279.org

Registration documents and questions about registration can be sent to this email address.

Registration Requirements

Age Requirement

Children must be the age of 3 by September 1, 2018 to be registered in Preschool and 4 by September 1, 2018 to be registered in PreK. No exceptions.

Immunizations Required

Minnesota State law requires all children attending our preschool program to be current with all required immunizations or have a notarized conscientious exemption on file. A copy of your child's immunizations must be submitted at the time of registration.

Certificate of Birth

A copy of your child's birth certificate, valid passport, baptismal certificate, or Affidavit of a Natural Parent/Guardian is required to be submitted at the time of registration.

Proof of Income

If you are applying for the sliding fee scale, proof of gross annual household income is required at the time of registration. Two current paycheck stubs, taxes or W-2 forms are acceptable.

Proof of Residency

Parent/Guardian proof of residency is required for transportation. A copy of valid Photo ID, utility bill or current lease or government letter dated within 60 days is acceptable.

Payment is due at the time of registration

A \$25 registration fee and first month tuition payment is due at the time of registration. Cash, Check, Discover, MasterCard, VISA, or electronic bank payments are accepted. Make checks payable to ISD 279.

Child Care

Register for **Sibling Care** or **Extended Care** at the time of registration if care will be needed during the school year for your child. A monthly fee is charged for sibling and extended care. Space is limited. *See page 12 for more information.*

Cancellation Policy

If you cancel a class after your registration is processed, you will receive a prorated refund minus your \$25 registration fee. If a class or child care is canceled due to low enrollment, you will receive a full refund.

Preschool Registration Form

Date Received: _____

Use a separate registration form for each child registered for Preschool and/or Child Care.

Payment, and all required registration documents must be submitted at the time of registration in order for the registration to be processed.

Child Attending Class

First Name _____ Middle Name _____

Last Name _____ Male Female

Birth Date _____

Address _____ Apt _____

City _____ Zip _____

1. Parent/Guardian First Name _____ Last Name _____

Birth Date _____ Phone Number _____

Address _____ Apt _____

E-mail Address _____

Male Female Relationship to child _____

2. Parent/Guardian First Name _____ Last Name _____

Address _____ Apt _____

Birth Date _____ Phone Number _____

E-mail Address _____

Male Female Relationship to child _____

Adult attending with child _____ (Parent Connection only)

Address _____

City _____ Zip _____

How did you learn about our program? _____

Has your child completed Early Childhood Screening? Yes No

Are you interested in Volunteering? Yes No

Do you need Interpreter Assistance? Yes No

Does your child have any health or physical concerns that we need to be aware of? _____

Does your child have any food allergies? Yes No

If Yes, please list _____

Is your child receiving, or has your child in the past received, any Special Education services? Yes No

If yes, please list staff who have worked with your child: _____

The questions below are optional, however answers are strongly encouraged. The information from this data will help the Minnesota Department of Education. Data will be handled and protected by state and federal education data privacy laws.

Please indicate whether you are the child's

Mother Father Grandmother Grandfather

Foster Mother Foster Father Guardian Other Relative

Your highest level of school completed (Mark only one)

Eighth grade 12th grade HS Diploma Some college-no degree

Associate's Degree Bachelor's Degree Master's Degree Ph.D

Number of people in household (circle one): 2 3 4 5 6 7 8

What is your current job status?

Employed more than 25 hours per week

Employed less than 25 hours per week

Unemployed, seeking employment

Unemployed, not seeking employment

What was your household's total yearly income, before taxes last year?
\$ _____

What is the primary language spoken by the child? (Circle all that apply)

English Spanish Hmong Somali Vietnamese Karen Arabic

Russian Mandarin Laotian Oromo Cambodian Other: _____

What is the race/ethnicity of your child(ren)? (Circle all that apply)

White Black/African/African American Hispanic or Latino Asian

Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native

Other, single race Other, two or more races

Behavior & Photo Agreements

Behavior Plan for Preschool & PreK classes

Having a foundation of basic social and emotional skills is critical to school readiness. At EC&FE we use positive behavior strategies to help children learn and practice appropriate behaviors, and we are committed to working with your child while they learn these skills.

If your child needs more support, we will partner with you to develop a guidance plan. In addition to teaching and learning, our role is to ensure a safe, secure classroom for all children and staff. If we are not able to agree on a plan your child may be dismissed from the program.

I have read and agree to the terms of the Behavior Plan Agreement.

Parent/Guardian Photo Agreement

I understand my and/or my child's photo may be used by the program. If I wish to deny this I will follow the School Board Policy and Procedure 515 found at the district website, www.district279.org

I have read and agree to the terms of the Photo Agreement.

Registration Requirements

- | | |
|---|---|
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> 1st Month Tuition |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Certificate of Birth |
| <input type="checkbox"/> Proof of Income | <input type="checkbox"/> Proof of Residency |
| (if not Full Fee) | (transportation only) |

Cash, Check, Discover, MasterCard, VISA, or electronic bank payments are accepted. Checks payable to ISD 279.

Preschool Class

1st Choice Class number _____ Fee _____

2nd Choice Class number _____ Fee _____

3rd Choice Class number _____ Fee _____

Do you need Sibling or Extended Child Care?

Yes No (If offered for your class)

If yes, complete a registration form and provide immunizations for each child in sibling care.

Child Care Fee _____ Class Fee _____ Total Fee _____

Credit Card Payment Information

Discover MasterCard VISA

Charge will appear as Osseo Area Schools

Card # _____

Expiration Date _____ 3-Digit Code _____

Name on card _____

Billing address if different _____

Yes, set up payment method as autopay.

Office Use: Date _____ Cash _____

Check _____ Amount _____