Sawtooth Mountain
Preschool
3 year old
2020-2021 REGISTRATION

ELIGIBILITY:
3 years old by September 1st, 2020
Toilet Trained

PROGRAM HOURS:
3 YEAR OLD PROGRAM
7:45
8:10
8:45 – 11:00
11:30

HALF DAY PROGRAM
Arrival Morning Meeting
Breakfast
Learning time
Departure – Pickup

Tuition:
$250 per month
Sliding Fee & Scholarships

INTAKE CONFERENCE:
Look for an enrollment letter with additional forms in the mail Mid-Summer 2020. At the Cook County School Open House you will sign up for one time slot during the following week for your Child’s individual intake conference - and early childhood screening, if needed. During this meeting you will learn about the curriculum and turn in the forms needed to complete the enrollment.

There are a LIMITED number of openings available please sign-up early

Cook County Community Education
101 West 5th Street, Grand Marais, MN 55604
(218)387-2000 x616 - ppuskala@isd166.org
www.cookcountyschools.org/cookcounty/cmed
# Sawtooth Mountain Preschool

<table>
<thead>
<tr>
<th>Student Last Name (Legal)</th>
<th>Student First Name (Legal)</th>
<th>Student Middle Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Preferred Name</th>
<th>Student Gender</th>
<th>Male</th>
<th>Female</th>
<th>Student Birth Date:</th>
</tr>
</thead>
</table>

- [ ] Will need to ride the regular school bus in the morning to preschool.
- [ ] Will need to ride from AM preschool to (circle): Grand Marais Daycare at________, or other drop off location TBD.

<table>
<thead>
<tr>
<th>Mother &amp; Father</th>
<th>Mother (Stepfather if applicable)</th>
<th>Father (Stepmother if applicable)</th>
<th>*Foster Family</th>
<th>*Relative/Other (Please List): ____________</th>
</tr>
</thead>
</table>

Mailing Address:
- City: ____________
- State & Zip Code: ____________
- Home Phone: ____________

**Primary Household Parent/Guardian 1**
- Name: ____________
- Work Phone: ____________
- Cell Phone: ____________
- Email Address: ____________

**Primary Household Parent/Guardian 2**
- Name: ____________
- Work Phone: ____________
- Cell Phone: ____________
- Email Address: ____________

**Student's SECONDARY House**

<table>
<thead>
<tr>
<th>Mother &amp; Father</th>
<th>Mother (Stepfather if applicable)</th>
<th>Father (Stepmother if applicable)</th>
<th>Other (Please List): ____________</th>
</tr>
</thead>
</table>

*Please notify the ECFE office and provide legal documentation if there is a custodial issue.*

**Additional Required Information**

- Has your child been to Early Childhood Screening? [ ] Yes [ ] No
- In what district? ____________

- Has your child currently attend ECFE class? [ ] Yes [ ] No
- Has your child ever been to daycare or preschool? [ ] Yes [ ] No

- [ ] Does your child have any of the following? Allergies [ ] Yes [ ] No
- If yes, describe the Allergy: ____________
- Asthma [ ] Yes [ ] No
- Diabetes [ ] Yes [ ] No
- Seizures [ ] Yes [ ] No
- If yes, does your child take daily medication? [ ] Yes [ ] No
- Does your child take daily medication for? ADD/ADHD [ ] Yes [ ] No
- Any other significant health concern? Please describe: ____________

**Family/Parent (guardian) Information:**
- What is the last completed grade of school?
- Mother (guardian): ____________
- Father (guardian): ____________

- What languages are spoken in the home? ____________

- What is the English language level of:
  - Mother? [ ] none [ ] low [ ] medium [ ] high
  - Father? [ ] none [ ] low [ ] medium [ ] high

Prefer method of communication: [ ] Phone [ ] Email [ ] other: ____________

(Circle one)