

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

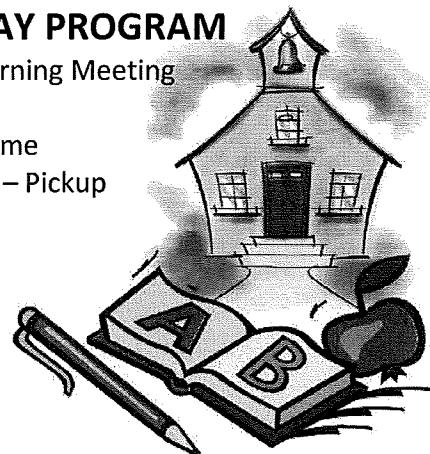
7:45
8:10
8:45 – 11:00
11:30

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

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|--|--|---|
| Student Last Name (Legal) | Student First Name (Legal) | Student Middle Name |
| Student Preferred Name | Student Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Student Birth Date: |
| <input type="checkbox"/> Will need to ride the regular school bus in the morning to preschool. <input type="checkbox"/> Will need to ride from AM preschool to (circle): Grand Marais Daycare at _____, or other drop off location TBD. | | |
| <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother (& Stepfather if applicable) <input type="checkbox"/> Father (& Stepmother if applicable) <input type="checkbox"/> *Foster Family <input type="checkbox"/> *Relative/Other (Please List): _____ <small>*Provide legal custody document or fill in legal parent/guardian info in Secondary Household section below.</small> | Mailing Address | |
| | City | State & Zip Code |
| | Home Phone | |
| | | |
| Primary Household Parent/Guardian 1 | | Primary Household Parent/Guardian 2 |
| Name | | Name |
| Work Phone | | Work Phone |
| Cell Phone | | Cell Phone |
| Email Address | | Email Address |
| Student's SECONDARY House | | |
| <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother (& Stepfather if applicable) <input type="checkbox"/> Father (& Stepmother if applicable) <input type="checkbox"/> Other (Please List): _____ <small>*Please notify the ECFE office and provide legal documentation if there is custodial issue.</small> | Name | |
| | Address | |
| | City | State & Zip |
| Additional Required Information | | |
| Has Your child been to Early Childhood Screening? Yes No In what district? _____ | | Has your child ever been assessed or referred for Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child currently attend ECFE class? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been to daycare or preschool <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does your child have an IEP or IFSP, or receiving any Early Childhood Special Ed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have any of the following? Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the Allergy: _____ | | Do you have any specific concerns about your child, or is there any situation in your family that may affect your child's experience in preschool (divorce, marriage, death, new baby, move, family illness, etc.)? _____ |
| Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does your child take daily medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child take daily medication for? ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> none <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high Father? <input type="checkbox"/> none <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high |
| Prefer method of communication: Phone Email other _____ (Circle one) | | |