

Sawtooth Mountain Preschool

4 year old

2020-2021 REGISTRATION

ELIGIBILITY:

4 years old by September 1st, 2020

Toilet Trained

PROGRAM HOURS: (sample schedule)

4 YEAR OLD PROGRAM

7:45

8:10

8:45 – 11:00

11:30

12:00

12:30

1:00

1:30

2:30

3:10

Full DAY PROGRAM

Arrival Morning Meeting

Breakfast

Learning time

Lunch

Outside activities

Rest

Specialty classes
(Art, Library, Spanish)

Learning time

Outside activities

Departure

(Sample schedule- subject to change)



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

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"/> I would like my child to ride the afternoon bus from preschool		
<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: _____ 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: _____ _____ _____ _____		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.)? _____ _____ 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)		