



Future Ready. Community Strong.

One91 Preschool-Part Time Option 3 or 4 year old Enrollment Diamondhead Education Center

The following checklist is provided to assist you in gathering and completing all information that is needed to successfully enroll your child(ren) in One91 preschool-part time at Diamondhead Education Center. Please return all documents to the Preschool office in the Enrollment Center or email forms to: preschool@isd191.org.

Children must be 3 years old by September 1, 2021 (33 months for Preschool Plus) and not yet kindergarten eligible to qualify for this program.

_____ **Student Name**

_____ **Birth Date**

Preschool Plus at Diamondhead - Parents and children 33 months to 4 years by September 1, 2021

Two day per week program: one day parent/child ECFE class and one day child only preschool. Children do not need to have independent toileting skills mastered to attend. Sibling care is available for family day (An additional form will be needed to enroll siblings). **Please indicate your first choice and whether you will need sibling care.**

_____ **Tue/Thur AM (9:30-11:30 am)** _____ **Tue/Thur PM (12:30-2:30 pm)** _____ **Sibling Care Needed**

One91 Preschool-Part Time at Diamondhead Education Center:

Mark 3 choices: 1, 2 and 3 next to your preferred schedule. AM 9:30 am-12 pm; PM: 1-3:30 pm

Children are placed in their preferred days and time schedule when possible.

_____ **Tue/Thur AM** _____ **Wed/Fri AM** _____ **Tue/Wed/Thur AM**
 _____ **Tue/Wed/Thur/Fri PM** _____ **Tue/Wed/Thur PM**

Space is limited and applications are placed through a lottery system with priority given to 191 residents. Cost is based on a sliding fee scale and scholarships are available based on income qualifications.

Classes are planned for in person learning. Check this box if you would be interested in virtual learning, if offered:

One91 Preschool Registration Forms	First Time Student	Returning Student
Checklist (1 per student)	X	X
Family Information form (1 per family)	X	
Student Information form (1 per student)	X	
Ethnic and Racial Demographic Designation Form (1 per student)	X	X
Minnesota Language Survey (1 per student)	X	
Fee Agreement (1 per student)	X	X
Proof of Legal Name and Birth Date (e.g. birth certificate, passport, I-94 or hospital birth record)	X	
Early Childhood Immunization Record (State or Health Care Provider form)	X	
Early Childhood Screening (required within 90 days of preschool start date) To make an appointment, call Kate at 952-707-4117 or email: earlychildhoodscreening@isd191.org	X	

Diamondhead Education Center, 200 W Burnsville Parkway, Suite 100, Burnsville, MN 55337

For preschool enrollment questions, email preschool@isd191.org

Deana Gallagher: Phone: 952-707-4110 Fax: 952-707-4140

REGISTRATION FORM-FAMILY INFORMATION

Street Address _____ Apt./Lot# _____ City _____ State _____ Zip Code _____

★ **Primary Household – Legal Guardian(s) that Student lives with:**

1. Last Name _____ First Name _____ Cell Phone _____ Work Phone _____

Email Address _____ Relationship to Student _____

Interpreter Needed? No Yes Translated Communications Needed? No Yes If yes, what language? _____

2. Last Name _____ First Name _____ Cell Phone _____ Work Phone _____

Email Address _____ Relationship to Student _____

Interpreter Needed? No Yes Translated Communications Needed? No Yes If yes, what language? _____

★ **Secondary Household – Legal Guardian that Student DOES NOT live with:**

Last Name _____ First Name _____ Cell Phone _____ Work Phone _____

Email Address _____ Relationship to Student _____

Street Address _____ Apt./Lot# _____ City _____ State _____ Zip Code _____

Interpreter Needed? No Yes Translated Communications Needed? No Yes If yes, what language? _____

List ALL CHILDREN (birth to grade 12) in primary household including those children attending elsewhere. Use legal name as listed on birth record.

Last Name	First Name	MI	Birth Date Mo / Day / Yr	Gender	Grade	School Attending
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		

Emergency Contact Information: List a minimum of TWO emergency contacts who will assume temporary care of your child if you cannot be reached.

Name	Relationship to Student	Cell Phone	Work Phone

Please answer the following questions regarding the family.

Have you moved to this school district for temporary or seasonal agricultural work (migrant)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you currently residing in temporary housing (shelter, with relatives/friends, hotel)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Currently, does the student(s) have a parent, guardian, sibling or relative in the military?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If a family member is currently on active duty in the military, is this person currently deployed?	No <input type="checkbox"/> Yes <input type="checkbox"/>

REGISTRATION FORM-STUDENT INFORMATION

Student Legal Name as listed on birth record.

Last Name	First Name	Middle Name	Student ID <small>(Office use)</small>
		Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	Grade Level		

Please answer the following questions regarding the student.

Has the student moved to the United States from another country?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Country:
If yes, date the student first entered the United States	Month / Day / Year		
If yes, date the student first attended school in the United States	Month / Day / Year		

Educational History

If entering Kindergarten, has your child received an early childhood screening?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, where?
Has your child ever attended District ONE91 Schools?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, where?
Has your child attended another Minnesota Public School?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, where?
Does this student participate in special services or programs?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Does this student have a current 504 plan? No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the student have a current IEP?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

Health Information

Asthma	No <input type="checkbox"/> Yes <input type="checkbox"/>	Other Medical Conditions (e.g. ADD/ADHD, surgeries, emotional concerns, GI issues, etc.)
Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/>	Allergies (e.g. bee stings, food, latex, pollen, etc.)
Seizures	No <input type="checkbox"/> Yes <input type="checkbox"/>	List ALL Medications
Hearing Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>	Special Diet Restrictions (e.g. gluten, dairy, fruit, etc.)
Vision Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>	
ALL medications and treatments both prescribed and over the counter require a parent signature and a signed authorization form which can be found on the "Health Services" web page at www.ISD191.org		
Physician/Clinic Name (optional)		Phone #

Minnesota Statutes and rules require the school district to keep accurate and updated records for all students. All data on this form is confidential and will only be shared with authorized district personnel. The information will become a part of the student's permanent cumulative record. Certain information, known as "directory information", is available to the public unless the district receives a written request from a legal guardian indicating otherwise.

I understand that I may refuse to provide the requested information and acknowledge that by doing so, school personnel may be unable to contact me in the event of an emergency and as a result will contact 911. I verify that all information provided is accurate to the best of my knowledge.

Parent/Guardian Signature _____ **Date** _____

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
2. My student speaks:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
3. My student understands:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	

Language alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent / Guardian Information	
Parent / Guardian Name (Printed):	
Parent / Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

If you qualify for financial assistance, you will be required to complete a scholarship application. (Out of district residents and children who are kindergarten eligible will pay the monthly fee listed under Level 4 of the graph below.)

Income Documentation for Financial Assistance

You have two options for verifying your income. Choose only one of the two options.

OPTION 1 – Provide a copy of your most recent program statement or invoice that your child(ren) are currently participating in one of the following public assistance programs below.

- Minnesota Family Investment Program (MFIP)
- Free and Reduced-Price Lunch Program (FRLP)
- Child and Adult Care Food Program (CACFP)
- Child Care Assistance Program (CCAP)
- Food Support (SNAP)

(If you choose Option 1 to verify income, please skip Option 2.)

OPTION 2 – To qualify for fee levels 1, 2 and 3, provide proof of all income for each member of your household, including yourself, other parent or legal guardians (no proof required for level 4).

All sources of income require proof of income (evidence). Proof of income may include a recent tax form, W-2 form, two most recent pay stubs, financial aid statement, or a statement from your employer on company letterhead.

Preschool Family Yearly Gross Income Table

Family Size	Income Level 1	Level 2	Level 3	Level 4*
2	Under \$31,894	\$31,895-\$43,550	\$43,551-\$52,259	\$52,260+
3	Under \$40,182	\$40,183-\$54,900	\$54,901-\$65,879	\$65,880+
4	Under \$48,470	\$48,271-\$66,250	\$66,251-\$79,499	\$79,500+
5+	Under \$56,758	\$56,759-\$77,600	\$77,601-\$93,119	\$93,120+
4-Day Monthly Fee	\$0	\$112	\$168	\$224
3-Day Monthly Fee	\$0	\$84	\$126	\$168
2-Day Monthly Fee	\$0	\$56	\$84	\$112
2-Day Preschool Plus	\$0	\$30	\$60	\$90
Monthly Fee for Preschool Plus Sibling Care on Parent/Child Day (per child)				\$25

*Out of District Residents' Monthly Fee (no income proof required).

Payment Agreement

By signing this form, you are authorizing ISD 191 to debit your account for your tuition payment on the 10th of each month for a total of nine tuition payments beginning September 10, 2021, with the final payment due May, 2022. This authority will remain in effect unless you cancel it in writing.

Monthly Payment \$ _____ Visa/MasterCard _____ - _____ - _____ Exp. _____

Student Name _____

Cardholder Name _____ Phone _____

Cardholder Address _____

City/State _____ Zip _____ Email _____

Cardholder Signature _____