



**Virginia Public School & Head Start Pre-K Programs**

Parkview Learning Center  
506 9<sup>th</sup> Avenue North  
Virginia, Minnesota 55792  
Phone: 218-742-3805  
[skushjeffery@vmmps.org](mailto:skushjeffery@vmmps.org)



Dear Parents and Guardians,

Virginia Public Schools and AEOA Head Start are taking registrations for area four-year-old children to participate in our innovative early childhood program for the 2017-2018 school year. Research shows that an investment in early childhood education dramatically increases a child's ability to be successful. The Virginia School District has made an investment in the education of our youngest learners so they can ultimately be successful.

We encourage and welcome you to enroll your child in this unique learning opportunity. Our program will provide students with high quality programming led by professionals who will provide the following key components:

- A developmentally appropriate curriculum.
- Trained and experienced teachers.
- A safe environment
- Small class sizes
- Regular and consistent parent-teacher communication (family engagement)

All programs include transportation to and from school. The following options are available to accommodate the needs of children and their families.

Option one: Four days per week, (Mon, Tue, Wed., Thur.), (FREE).

\*Note: The Head Start program operates 146 days, from September 5-May 31. 8:00-3:00

\*Note: The School Readiness program operates 131 days, from September 18-May 18. 8:00-2:45

Option two: Two days per week, (Tue, Thur.), 8:00-2:45 p.m. (FREE).

\*Note: This program runs 66 days, from September 18-May 18

Option three: Friday, 8:00-2:45 p.m. Note: this option can be a stand alone option or it can be added to option one or option two as noted above.

\*Note: This option costs \$100 per month. However, there is a sliding fee scale for families who meet certain income eligibility guidelines.

**Preschool Registration dates/times at Parkview: Monday, February 27 through Friday, March 17 from 7:45 a.m. to 3:30 p.m.**

**Please be sure to bring your child's immunization records and all enclosed registration forms.**

After we receive your registration form, a letter will be mailed to you confirming your child's acceptance into the Virginia Pre-K program. We look forward to meeting the needs of you and your child. If you have any questions or concerns, please feel free to stop by or call the ECFE/School Readiness office (218)-742-3805.

Sincerely,

Shanon Kush-Jeffery, Early Childhood Coordinator



# 2017-2018 Virginia Pre-K Programs Registration Form

506 9th. Ave. N. Virginia, MN. 55792

Phone: 218-742-3805 Fax: 218-741-8522



Child's Legal Name: \_\_\_\_\_ M/F Date of Birth: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student resides with: \_\_\_\_\_ Phone Number where student resides: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Child concerns:** Please X all that apply

premature/low birth weight/high risk pregnancy

homeless or in transition

development concern

speech/language

separation anxiety

health/ medical

disability

behavior

other: \_\_\_\_\_

**Family Concerns:** Please X all that apply

medical/health issues

living with extended family

recent divorce or death in the family

parent absent from home for extended period

unemployment

history of chemical abuse

English is not primary language

homeless or in transition

teen parent

Other \_\_\_\_\_

Number of people living in my home \_\_\_\_\_

This child is in foster care \_\_\_\_\_ Yes \_\_\_\_\_ No

Our household qualified for free or reduced lunch this year \_\_\_\_\_ Yes \_\_\_\_\_ No

If my income meets the guidelines for a Head Start, I would like to be considered for this and am willing to talk with a Head Start representative further about qualifications. I agree information can be shared between the school and Head Start.

Please initial here

My child has received Early Childhood Screening: \_\_\_ Yes \_\_\_ No District where child was screened: \_\_\_\_\_

Child has attended preschool before \_\_\_ Yes \_\_\_ No

**Immunizations:** It is the policy of Virginia School District that all students must be current on immunizations and form must be on file. Conscientious Objectors must have a form stating as such.

Please select the class(es) you are interested in:

\_\_\_ FOUR FULL HEAD START DAYS (M,T,W,TH)—8:00 am-3:00 pm **FREE**

\_\_\_ FOUR FULL SCHOOL READINESS DAYS (M,T,W,TH)—8:05 am-2:45 pm **FREE**

\_\_\_ TWO FULL SCHOOL READINESS DAYS (T, TH)— 8:05 am-2:45 pm **FREE**

\_\_\_ ONE FULL DAY: Friday wrap around care session—8:05-2:45 **\$100 a month**

\*\*This session may be an addition to the 2 day or 4 day classes, or as Friday only!

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Compete the graph section if your child will attend Friday wrap around care.

**Our House Income Category is:** (Please circle number in household & yearly income.)

Income Ranking Scale for Friday class Monthly Fee \$100				
Number in Household	Income Eligible%	25% of Fee	50% of Fee	75% of Fee
2	<16,020	16,021-20,826	20,827-29,637	29,638-32,040
3	<20,160	20,161-26,208	26,209-37,296	37,297-40,320
4	<24,300	24,301-31,590	31,591-44,955	44,956-48,600
5	<28,440	28,441-36,972	36,973-52,614	52,615-56,880
6	<32,580	32,581-42,354	42,355-60,273	60,274-65,160
7	<36,730	36,731-47,749	47,750-67,951	67,952-73,460
8	<40,890	40,891-53,157	53,158-75,647	75,648-81,780

**Document Verification for waivers/reduced fees.**

_____ Income Tax Form 1040	_____ W-2	_____ Pay Stub or pay envelop
_____ Written statement from employer	_____ Unemployment	_____ TANF or MFIP (federal/state Welfare document)
_____ SSI Document	_____ Certificate of No Income	_____ Child Support(regular/irregular)
_____ Foster Care Reimbursement	_____ Other, specify:	

I understand that if I have chosen to leave areas of this application blank, it may affect acceptance into the School Readiness Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Virginia Parent/Guardian Contract

- I understand that my child must be 4 years of age prior to September 1, 2017 to enroll in school, but may not yet attend kindergarten.
- I understand that the Minnesota Department of Education and Head Start require parent involvement as a component of the program.
- I agree to attend events and volunteer in the classroom activities as I am able.
- I agree to complete all necessary paperwork.
- I agree to participate in a fall parent/teacher conference.
- I understand that an Early Childhood Screening is required for all children enrolled in the program.
- I agree to provide the school district with screening records if completed in another school district or Head Start.
- I agree to provide the school district with current immunization records.

**I have read the parent/guardian contract and agree to honor the contract.**

**Parent/Guardian Signature** \_\_\_\_\_

## Early Childhood Family Education (ECFE) and School Readiness Parent Questionnaire

**General Information:** Please help us learn about your child and family. Neither you nor your child will be identified in any published report. If you do not wish to participate in the parent questionnaire, it will not prevent you or your child from participating in any program or service. All data provided are protected by state and federal data privacy standards.

If you choose to voluntarily answer the questions, your information will be used by your local school district and the Minnesota Department of Education for program planning and evaluation in line with state and federal data privacy practices. Again, only aggregated information will be published. Thank you for your help in improving public services!

**1. Please indicate whether you are this child's**

Mother       Father       Grandmother       Grandfather  
 Foster Mother       Foster Father       Guardian       Other Relative

**2. Your highest level of school completed. Mark only one.**

Eighth grade       Associate's Degree  
 12th grade       Bachelor's Degree  
 High School Diploma       Master's degree  
 Some college but no degree       Ph. D.

**3. Your Date of Birth (Month/Day/Year) \_\_\_\_\_**

**4. Your current job status, mark only one.**

Employed > 25 hours per week, employed more than 25 hours per week  
 Employed < 25 hours per week, employed less than 25 hours per week  
 Unemployed, seeking employment  
 Unemployed, not seeking employment

**5. 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

**6. What are your primary home languages? (circle all that apply)**

English      Spanish      Hmong      Somali      Vietnamese      Karen      Arabic  
 Russian      Mandarin      Laotian      Oromo      Cambodian      Other: \_\_\_\_\_

**7. What was your household's total yearly income, before taxes last year, rounding to the nearest thousand? \$ \_\_\_\_\_**

**8. How many people were in your household last year? Circle one.**

2      3      4      5      6      7      8

**For School Use Only – SSID Number \_\_\_\_\_**

# VIRGINIA PUBLIC SCHOOLS EARLY CHILDHOOD STUDENT ENROLLMENT FORM

STUDENT'S LEGAL (LAST) NAME \_\_\_\_\_ (FIRST) \_\_\_\_\_ (FULL MIDDLE) \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

**DOES YOUR CHILD RECEIVE SPECIAL ED SERVICES?**     YES     NO

**MILITARY FAMILY?**  
 YES     NO

**STUDENT LIVES WITH :**     BOTH PARENTS     MOTHER     FATHER     OTHER \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PRIMARY EMAIL ADDRESS \_\_\_\_\_ CELL NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PRIMARY EMAIL ADDRESS \_\_\_\_\_ CELL NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

IMMUNIZATIONS UP TO DATE:    yes \_\_\_\_\_    no \_\_\_\_\_

Any Special Needs or Delay NOT eligible for Special Education \_\_\_\_\_

Receiving Interpreter Assistance:    yes \_\_\_\_\_    no \_\_\_\_\_

**REGISTERING PERSON:**

\*Name (Last, First): \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

**OTHER FAMILY MEMBERS 0 – 18 YEARS OF AGE, LIVING AT HOME:**

NAMES	GRADE	SEX	BIRTHDATE
_____	_____	_____	_____
_____	_____	_____	_____

**IN CASE OF AN EMERGENCY, CONTACT:** \_\_\_\_\_

**Federal Race/Ethnicity categories required by No Child Left Behind. Complete Parts A and B**

**Part A – Check only one**

- Is student/parent Hispanic/Latino?
- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture Or origin, regardless of race.)

**Part B – Check ALL that apply**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**What race do you want listed for your child (check one):**

American Indian     Asian     Black     White

**PRIMARY HOME LANGUAGE**                      **HOMELESS**

English     Yes     No

Other (Please specify) \_\_\_\_\_

**MIGRANT WORKER**    **BORN IN USA**

Yes     No                       Yes     No (Country) \_\_\_\_\_

**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

MARSS Number \_\_\_\_\_

Registration Date \_\_\_\_\_ # of Classes \_\_\_\_\_

Program Name \_\_\_\_\_ Funding Source \_\_\_\_\_

Teacher / Day \_\_\_\_\_

Fee Status \_\_\_\_\_ ECFE \_\_\_\_\_ SR \_\_\_\_\_ PK4 \_\_\_\_\_

Resident District \_\_\_\_\_ \*Classroom Volunteer \_\_\_\_\_

VIRGINIA PUBLIC SCHOOLS  
INDEPENDENT SCHOOL DISTRICT 706  
Parkview Learning Center  
506 Ninth Avenue North  
Virginia, Minnesota 55792

Dr. Noel Schmidt  
Superintendent of Schools

PHONE: 218-749-5437  
FAX: 218-741-8522

MICHAEL KREBSBACH  
Parkview Learning Center Principal

PHONE: 218-742-3802  
mkrebsbach@vmpls.org

To: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Start Date \_\_\_\_\_

\_\_\_\_\_, Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

who was formerly enrolled in your school system has entered the Parkview Learning Center. Please send the official school records including:

- a. grades
- b. health records
- c. attendance records
- d. standardized test results
- e. psychological services, if any
- f. all special education records, if any
- g. Early Childhood Screening along with the MARSS Registration Form
- h. other information which may be helpful in admission and placement of this student.
- i. MARSS State I.D. Number \_\_\_\_\_

I give my consent that all school records listed above, including health records, be released for the purpose of educational needs and placement.

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
Public Law 93-380 Section 433 (b) allows the release of educational records of student without the written consent of the parents to officials of other schools or school systems in which the student intends to enroll.  
\*\*\*\*\*

Thank you for providing us with the information requested.

Mr. Michael Krebsbach, Principal