

# Fillmore Central Preschool 2021-22



## Important Parent-Guardian Points

The goal of School Readiness is to provide children with successful starts through healthy nurturing learning environments

Both the 3/4 and 4/5 classrooms will be introduced and use the Action 100 reading program. Pre-schoolers need to learn how books work to be on-level when entering Kindergarten. Students will become familiar with books, expand their vocabulary, model thinking skills and reading strategies.

"The more that you read, the more things you will know.  
The more that you learn, the more places you'll go." - Dr. Seuss.

Fillmore Central Preschool is a 4-Star Parent Aware program. By voluntarily becoming rated, we are showing that we care enough about early learning to use the best practices for getting children ready for kindergarten. This includes a commitment to the latest training and to daily routines and play that help children learn.

Fillmore Central Schools  
702 Chatfield St., Preston, MN 55965

Jessica Bradt - 4/5 PreK Teacher - [jessica.bradt@isd2198.k12.mn.us](mailto:jessica.bradt@isd2198.k12.mn.us)

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Angi Kaase - Community Education Director - [angi.kaase@isd2198.k12.mn.us](mailto:angi.kaase@isd2198.k12.mn.us)

## What will we do at Preschool?

**Circle Time** - we will share ideas, plans and observations to stimulate our thinking, enrich our social skills & expand our attention spans.

**Gross-motor activities** - fun exercises like running, jumping & climbing to use our muscles and imaginations.

**Fine-motor activities** - puzzles, beads, laces, pegboards, coloring & cutting with scissors to work our small muscles and eye-hand coordination.

**Art activities** - colors, shapes, and size relationships so we can be creative and express our thoughts and feelings.

**Dramatic Play** - doctor, waitress, dump truck driver, it can be anything! We will express ourselves, practice life skills, improve social skills, increase our self-esteem, build our vocabulary & solve problems.

**Music activities** - we will explore sound, volume, tempo & rhythm.

**Science activities** - observe, explore, investigate, predict and experiment! It's going to be so much fun!

**Sand & Water activities** - we will explore with texture to promote the development of math, science and language.

**Block play** - experimenting with different concepts like shape, size, number skills, balance, organization, cause & effect and creativity!

**Story time** - Reading is fun! We will learn more vocabulary & comprehension skills to expand our knowledge.

## Did You Know That...

The number of years a child is attending a preschool program is positively associated with a child's learning and development.



We offer small class sizes and low child-to-staff ratios. This allows for greater learning gains!

We have highly trained professionals and offer ongoing professional development.

The communication between 3/4 and 4/5 staff and the 4/5 kindergarten staff, help to prepare students for their educational journey

[www.fillmorecentral.k12.mn.us](http://www.fillmorecentral.k12.mn.us)

Phone: 507.765.3809 Fax: 507.765.3636





# FILLMORE CENTRAL SCHOOL

## Community Education

To: School Readiness Parents  
From: Angi Kaase, Fillmore Central Community Education Director  
Date: February 26, 2021  
Re: 2021-22 School Readiness Registration

We are happy to invite you to attend Fillmore Central's School Readiness Program for children 3/4 and 4/5 years of age. Fillmore Central School Readiness Programs are 4-Star Parent Aware rated!!! Parent Aware's Star Ratings help parents find programs that go above and beyond to prepare children for school and life. Enclosed you will find a registration form, child information sheets, and other program information. **All pages need to be filled out completely.**

The goal of school readiness is to provide children with successful starts through healthy nurturing learning environments. Our teachers use research-based curriculum to teach your child important skills they will need for kindergarten.

The 3/4 programs introduce children to a structured academic setting with their peers. Teachers help to develop good relationships in the classroom through turn taking, sharing, routine & schedule and understanding rules. Children are introduced to pre-academic concepts through an interactive curriculum. Children should be able to use the restroom independently.

The 4/5 program focuses on preparing children for their transition to Kindergarten through daily academic practice, following classroom routines, and further developing positive self-image, self-esteem, and social skills. Children should be able to use the restroom independently.

Please use the enclosed registration form to register your child for Fillmore Central's 2021-22 School Readiness Program. **Return this information no later than April 16, 2021.** We will enroll your child in the order we receive your registration. **All pages need to be filled out completely.** We do have class size limits, so you will want to register early. There will also be an opportunity to meet the teacher and visit the classroom during Fillmore Central's open house in August.

We have scholarships available for tuition costs. Please indicate on your registration form if you are interested in this information. Additional paperwork will need to be filled out in July or August to ensure scholarship eligibility.

We can not ensure transportation will be offered through the district. If your child has an older sibling or bus buddy, they may be able to ride on the bus. You will need to contact Harmony Transit to confirm this.

NOTE: this is school readiness paperwork and NOT Early Childhood Screening paperwork. These two groups of paperwork sometimes get mixed up.

Contact us if you have any questions. We look forward to offering you and your child a fun and positive learning experience.



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P.O. Box 50  
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FILLMORE CENTRAL

**SCHOOL READINESS 2021-2022 CLASS REGISTRATION FORM**

Community Education, PO Box 50, Preston, MN 55965

507.765.3809

**REGISTRATIONS & \$30 REGISTRATION FEE ARE DUE BY APRIL 16, 2021**

Today's Date \_\_\_\_\_ Grade Enrolling In (circle one) ☐ 3/4 ☐ 4/5

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Gender: M or F

| Dad's Information | Mom's Information |
|-------------------|-------------------|
| Name _____        | Name _____        |
| Address _____     | Address _____     |
| Phone _____       | Phone _____       |
| Email _____       | Email _____       |

Child lives with: ☐ Both Parents ☐ Father ☐ Mother Other: \_\_\_\_\_

I would like my child to participate in the following class: **NOTE: Afternoon class is a great option if your child does not nap.**

**3-Year-Old Option**

☐ 3/4 Monday/Wednesday (8:15-10:15)

☐ 3/4 Tuesday/Thursday (8:15-10:15)

**4-Year-Old Option**

☐ 4/5 M, W, F (8:15-11:15 a.m.)

☐ 4/5 M-F (8:15-11:15 a.m.)

☐ 4/5 M-F (12:05-3:05 p.m.)

**\*\*\*Children must be toilet trained; pull ups are not acceptable\*\*\***

**\$30 Registration Fee payable with your PreK registration to complete the application process.**

**Tuition Cost**

3/4 Class: 2 Day Class: \$75 per month \$675 per year

4/5 Class: 3 Day Class: \$110 per month \$990 per year 5 Day Class: \$180 per month \$1,620 per year

**If transportation is available our rates are listed below. Please indicate your need.**

If transportation will be provided by Fillmore Central, routes will be done in August. Drop-off/Pick-up will be from in-home/center-based daycare or a central location.

☐ Transportation for 3/4 Preschool; \$50/mo.

☐ Transportation for 4/5 Preschool; \$75/mo.

My daycare provider/Central Location: \_\_\_\_\_

☐ **Send me Scholarship Information.**

**All pages are to be filled out completely.  
Each blank is required information as determined by the  
Minnesota Department of Education.**

**Include a copy of your child's Immunization Records  
with your registration form.**



Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_



**FILLMORE CENTRAL**

**SCHOOL READINESS 2021-2022 CLASS REGISTRATION FORM**

LOCATIONS PARENTS CAN BE REACHED IF NOT AT HOME:

Father: \_\_\_\_\_  
Business Name Location/Address Hours/Days Phone

Mother: \_\_\_\_\_  
Business Name Location/Address Hours/Days Phone

If parents cannot be reached during the day, please name a local person or relative who would be able to pick your child up if (s)he becomes ill during school hours.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**RELEASE:** In case of emergency, accident or serious illness to the student named on this form in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach one of the above, designated people, my signature below authorizes the school to exercise their own judgment in contacting the physician indicated on the back side of this form and to follow his/her instructions. If this physician is unavailable, the school may make whatever arrangements are necessary or transport the student to a hospital emergency room.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Does this student have any major or unusual health conditions? Yes No

If yes, please specify: \_\_\_\_\_

Allergies: Yes No if yes, list allergens \_\_\_\_\_

Asthma: Yes No if yes, list medications \_\_\_\_\_

Activity Restrictions: Yes No Please explain \_\_\_\_\_

Other health concerns: \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Preferred Emergency Hospital: \_\_\_\_\_

**IMPORTANT NOTE: PLEASE NOTIFY THE SCHOOL OF ANY CHANGES!**

# I am excited for preschool!

Please fill out the following to help us learn more about your child and their upcoming school experience.

Name (s)he will be printing in school \_\_\_\_\_ Birthday \_\_\_\_\_

Parents

Father \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Other person to contact if needed \_\_\_\_\_ Phone \_\_\_\_\_

My child lives with (check all that apply) \_\_\_\_\_ mom & dad \_\_\_\_\_ mom \_\_\_\_\_ dad \_\_\_\_\_ other Who? \_\_\_\_\_

My Siblings (name and ages) \_\_\_\_\_

Sometimes I struggle with \_\_\_\_\_

I am really good at \_\_\_\_\_

You should know that I \_\_\_\_\_

My friends are \_\_\_\_\_

I currently attend daycare at \_\_\_\_\_

My parents have questions about \_\_\_\_\_

\_\_\_\_\_

If school is canceled due to inclement weather, use the following phone and email addresses to inform my dad and mom

\_\_\_\_\_

\_\_\_\_\_

## Photos

My child's photo (circle one) **CAN / CAN NOT** be printed in the Fillmore Central Elementary Yearbook.

\_\_\_\_\_ I give permission for my child's photo to be taken for publication.

\_\_\_\_\_ I give permission to have my child's photo taken for classroom use only.

\_\_\_\_\_ I do not give permission to have my child's photo taken.

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

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

### Emergency Information 2021-2022

Please list the parent/guardian who should be contacted first in case of emergency.

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Pick up Authorization

**Emergency Contact(s):** Provide a list of responsible adults One Block at a Time may call if parents cannot be reached. These adults may drop off and/or pick up your child. We ask that those listed provide a photo ID until staff becomes familiar with them. List the contacts in the order of who should be contacted first. Thank you for helping us ensure your child's safety.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

List any people that are not authorized to pick up your child. Must have custody papers and/or any other legal documentation on file in the office. Provide a photo if possible.

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

### Medical Emergency Contact Information 2021-2022

Please list the Medical Emergency Contact who should be contacted first in case of emergency.

Child's Physician & Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Dentist & Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

To indicate that you understand each policy, please check each of the following:

\_\_\_\_ I understand that bills are distributed on or around the first of each month. Payment is due on the 1st of the previous month. For example, November's tuition will be due on October 1<sup>st</sup>.

\_\_\_\_ I understand that if my payment is not made by the 1<sup>st</sup> of the month, a \$10.00 per week late fee will be assessed.

\_\_\_\_ I understand that if my child will not be attending on a scheduled day, I must contact Fillmore Central Schools by 8:15 a.m. at 507.765.3809.

\_\_\_\_ If transportation is offered, I utilize this service and my child will not be attending on a scheduled day, I must contact the van driver to inform them to not pick my child up.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Early Childhood Immunization Form

Must be on file **before** a child attends any early childhood programs\*

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

Minnesota law requires children enrolled in early education programs to be immunized against certain diseases or file a legal medical or conscientious exemption.

## Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the early education program to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

\*Early childhood programs are defined as programs that provide instructional or other services to support children's learning and development and:

- Serve children from birth to kindergarten.
- Meet at least once a week for at least six weeks or more during the year.

This includes but not limited to early childhood family education (ECFE), early childhood special education (ECSE), school readiness programs, and other public and private preschool and pre-kindergarten programs.

| Type of Vaccine   | DO NOT USE (✓) or (x) | 1st Dose<br>Mo/Day/Yr | 2nd Dose<br>Mo/Day/Yr | 3rd Dose<br>Mo/Day/Yr | 4th Dose<br>Mo/Day/Yr | 5th Dose<br>Mo/Day/Yr |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Required</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)  |                       |                       |                       |                       |                       |                       |
| <b>Diphtheria, Tetanus, and Pertussis (DTaP, DTP)</b><br>• 3 doses during 1st year (at 2-month intervals)<br>• 4 <sup>th</sup> dose at 12-18 months<br>• 5 <sup>th</sup> dose at 4-6 years<br>Indicate vaccine type: DTaP or DTP                  |                       |                       |                       |                       |                       |                       |
| <b>Polio (IPV, OPV)</b><br>• 2 doses in the first year<br>• 3 <sup>rd</sup> dose by 18 months<br>• 4 <sup>th</sup> dose at 4-6 years  |                       |                       |                       |                       |                       |                       |
| <b>Measles, Mumps, and Rubella (MMR)</b><br>• Required for children 15 months and older<br>• 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday<br>• 2 <sup>nd</sup> dose at 4-6 years   |                       |                       |                       |                       |                       |                       |
| <b>Haemophilus influenzae type b (Hib)</b><br>• 2-3 doses in the first year<br>• 1 dose required after 12 months or older<br>• For unvaccinated children 15-59 months, 1 dose is required<br>• Not required for children 5 years or older         |                       |                       |                       |                       |                       |                       |
| <b>Varicella (chickenpox)</b><br>• Required for children 15 months and older<br>• 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday<br>• 2 <sup>nd</sup> dose at 4-6 years  |                       |                       |                       |                       |                       |                       |
| <b>Pneumococcal Conjugate Vaccine (PCV)</b><br>• Required for children age 2 - 24 months<br>• 3 doses in the first year<br>• 4 <sup>th</sup> dose after 12 months<br>• At least 1 dose is recommended for children age 24-59 months in child care |                       |                       |                       |                       |                       |                       |
| <b>Hepatitis B (hep B)</b><br>• 2-3 doses in the first year<br>• 3 <sup>rd</sup> dose (final dose) by 18 months   |                       |                       |                       |                       |                       |                       |
| <b>Hepatitis A (hep A)</b><br>• 2 doses separated by 6 months for children 12 months and older  |                       |                       |                       |                       |                       |                       |
| <b>Recommended</b>  |                       |                       |                       |                       |                       |                       |
| <b>Rotavirus (2-3 doses between 2 and 6 months)</b>   |                       |                       |                       |                       |                       |                       |
| <b>Influenza (annually for children 6 months or older)</b>  |                       |                       |                       |                       |                       |                       |



**Instructions, please complete:**

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

**1. Certify Immunization Status.** Complete A or B to indicate child's immunization status.**A. Children who are 15 months or older:**

For children who are 15 months or older and who have received all the immunizations required by law for early childhood programs:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

\_\_\_\_\_  
Signature of Parent / Guardian OR Physician / Nurse  
Practitioner / Physician Assistant / Public Clinic

\_\_\_\_\_  
Date

**B. Children who are younger than 15 months:**

For children who are younger than 15 months OR have not received all required immunizations:

I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of Physician / Nurse Practitioner / Physician  
Assistant / Public Clinic

\_\_\_\_\_  
Date

**2. Exemptions to Immunization Law.** Complete A and/or B to indicate type of exemption.**A. Medical exemption:**

No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see \* below). List exempted immunization(s):

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant  
\_\_\_\_\_  
Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician  
assistant (If disease occurred before September 2010, a parent can sign)

**B. Conscientious exemption:**

No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_  
Signature of parent or legal guardian  
\_\_\_\_\_  
Date

Subscribed and sworn to before me this:

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)

**3. Parental/Guardian Consent to Share Immunization Information (optional):**

Your child's early childhood program is asking your permission to share your child's immunization documentation with MIIIC, Minnesota's immunization information system, to help better protect children from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow early childhood program personnel to share my child's immunization documentation with Minnesota's immunization information system:

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date



# FILLMORE CENTRAL SCHOOL DISTRICT #2198

## Community Education

### General Registration Reporting Information School Readiness

**INSTRUCTIONS:** This registration form must be completed by the parent/guardian of the child.  
Please print the information clearly.

#### CHILD IDENTIFICATION INFORMATION

|  |   |                                   |
|--|---|-----------------------------------|
| Child's Legal Name (First, Middle, Last)   |   |                                   |
| Child's Birth Date   | Gender<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                                   |
| Address  |   |                                   |
| City   | State   | Zip Code                          |
| State Race & Ethnicity - Due to differences in State & Federal Reporting guidelines, it is necessary to make selection(s) in all sections below:                     |   |                                   |
| Race/Ethnicity (mark <b>ONLY</b> one box)  |   |                                   |
| <input type="checkbox"/> White, not of Hispanic Origin   | <input type="checkbox"/> American Indian                                | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander   | <input type="checkbox"/> Black, not of Hispanic Origin                  |                                   |
| Additional federal Race/Ethnicity categories are required for the 2021-22 school year. Mark the box YES or NO in Part A below. More than one box may be marked in B. |   |                                   |
| *Part A - Is the child Hispanic/Latino? (choose only one)  |   |                                   |
| <input type="checkbox"/> Not of Hispanic Origin  |   |                                   |
| <input type="checkbox"/> Of Hispanic or Latino   |   |                                   |
| *Part B - For Federal Race reporting, check <u>all</u> responses that apply:   |   |                                   |
| <input type="checkbox"/> American Indian/Alaska Native   |   |                                   |
| <input type="checkbox"/> Asian   |   |                                   |
| <input type="checkbox"/> Black/African American  |   |                                   |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander  |   |                                   |
| <input type="checkbox"/> White   |   |                                   |

#### PRIMARY/SECONDARY LANGUAGE INFORMATION

|   |                                  |                                      |
|---|----------------------------------|--------------------------------------|
| Which language did your child learn first?    | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ |
| Which language is most spoken in your home?   | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ |
| Which language does your child usually speak? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ |

#### PREVIOUS HEALTH AND DEVELOPMENTAL SCREENING INFORMATION

|   |  |
|---|--|
| If your child is between the ages of 3-5 years of age, has your child received a comprehensive health and development screening as a preschooler? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| If yes, screening date: _____ Where: _____  |  |
| Has your child ever been evaluated for special education or ever received special education services through an Individual Education Plan (IEP), Individual Family Services (IFSP) or Individual Interagency Intervention Plan (IIIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

#### PARENT/GUARDIAN VERIFICATION OF INFORMATION

|   |               |
|---|---------------|
| I hereby verify that the above information is true and correct to the best of my knowledge. |               |
| _____<br>Signature - Parent/Legal Guardian  | _____<br>Date |

#### FOR OFFICE USE ONLY

|  |                          |                 |
|--|--------------------------|-----------------|
| Registration Date: _____   | Begin Date: _____        | End Date: _____ |
| Fee Status: _____  | Reason for exited: _____ |                 |
| Immunizations Up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                 |

**OVER**



## 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** \_\_\_\_\_

## CHILD HEALTH AND DEVELOPMENTAL HISTORY (3-6 YEARS)

Child's Name: \_\_\_\_\_ M \_\_\_\_\_ F Birthdate: \_\_\_\_\_ Age \_\_\_\_\_  
(For office use only)

MARSS other ID: \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

How often does your child see a doctor or nurse? \_\_\_\_\_ Date of last well child visit: \_\_\_\_\_

How often does your child see a dentist? \_\_\_\_\_ Date of last dental check-up: \_\_\_\_\_

Date of your child's most recent comprehensive vision (eye) exam, if your child received one: \_\_\_\_\_  
*The comprehensive vision exam is performed by an optometrist or ophthalmologist.*

Does your child have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Applied

**Please check the boxes if you or your child use, if any:**

|   |                              |                            |
|---|------------------------------|----------------------------|
| _____ Early Childhood Family Education  | _____ Child & Teen Check-ups | _____ Child care center    |
| _____ Early Childhood Special Education | _____ School-based pre-K     | _____ Family/neighbor care |
| _____ Follow Along program              | _____ Private preschool      | _____ Library              |
| _____ Parenting Education               | _____ Head Start             | _____ WIC                  |
| _____ Parks and Recreation programs     | _____ Foster Care            | _____ Food shelf           |

### HEALTH

**Please check any concerns that apply to your child and describe:**

\_\_\_\_\_ Allergies: \_\_\_\_\_ food \_\_\_\_\_ medicine \_\_\_\_\_ animals/insect \_\_\_\_\_ dust/mold \_\_\_\_\_ seasonal \_\_\_\_\_

\_\_\_\_\_ Takes medicines, herbs and/or vitamins: \_\_\_\_\_

\_\_\_\_\_ Visits to health specialist(s), hospital stays and/or surgeries: \_\_\_\_\_

\_\_\_\_\_ Serious injuries or illnesses, visit to Emergency Room. Reason and date: \_\_\_\_\_

\_\_\_\_\_ Head injuries (loss of consciousness?) \_\_\_\_\_

\_\_\_\_\_ Lead poisoning, level if known: \_\_\_\_\_

\_\_\_\_\_ Trouble breathing, coughing or asthma: \_\_\_\_\_

\_\_\_\_\_ Skin problems or rashes: \_\_\_\_\_

\_\_\_\_\_ Seizures, staring spells: \_\_\_\_\_

\_\_\_\_\_ Vision problem or wears glasses: \_\_\_\_\_



☐ Ear (PE) tubes or hearing problems: \_\_\_\_\_  
☐ Teeth: one or more cavities: \_\_\_\_\_  
☐ Eating, stomach concerns or constipation: \_\_\_\_\_  
☐ Mental health concerns such as anxiety, depression or attention concerns? \_\_\_\_\_  
☐ Adopted, if Yes, at what age: \_\_\_\_\_  
☐ Problems during pregnancy or birth? \_\_\_\_\_  
☐ Born more than three weeks early or late \_\_\_\_\_ # weeks at birth. Child's birth weight: \_\_\_\_\_  
☐ At birth, stayed in the hospital longer than mother, reason: \_\_\_\_\_  
☐ Is it possible that before you knew you were pregnant you took medications, alcohol, cigarettes, or street drugs? \_\_\_\_\_  
☐ Please list any other concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check any Family Health problems (child's parents or siblings):

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Attention problems | <input type="checkbox"/> Vision problems          | <input type="checkbox"/> Diabetes              |
| <input type="checkbox"/> Allergy            | <input type="checkbox"/> Learning Problems        | <input type="checkbox"/> Growth Problems       |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Mental Health Disorders  | <input type="checkbox"/> Epilepsy/Seizures     |
| <input type="checkbox"/> Deafness/Hearing   | <input type="checkbox"/> Sickle Cell Anemia/Trait | <input type="checkbox"/> Other health problems |

### CHILD'S DAILY ROUTINES

|  |   |
|--|---|
| <input type="checkbox"/> Sleeps at _____ pm. Wakes up at _____ am. | <input type="checkbox"/> Gets 60 minutes or more of exercise each day       |
| <input type="checkbox"/> Has difficulty falling/staying asleep     | <input type="checkbox"/> Is NOT able to/does NOT get 60 minutes of exercise |
| <input type="checkbox"/> Takes a nap: from _____ to _____          | <input type="checkbox"/> TV/Video Game/Screen Time: hours per day           |

Every day eats some foods from the food groups:

☐ 5-9 servings fruits/vegetables: oranges, apples, bananas, mangos, berries, spinach, corn, peas  
☐ 3 servings calcium rich foods: milk, cheese, yogurt, soymilk, tofu  
☐ 2-3 serving iron rich foods: fish, poultry, meat, beans, legumes, eggs  
☐ 3 or more servings: whole grains: whole wheat bread, cereal, brown rice, tortillas, crackers, pasta  
☐ More than one serving of sweets, fruit drinks or junk food each day

In the past 12 months, we worried whether our food would run out before we could buy more ☐ yes ☐ no

In the past 12 months, the food we bought didn't last and we didn't have money to get more ☐ yes ☐ no



## HOME SAFETY

### Current housing situation:

\_\_\_\_\_renting or homeowner \_\_\_\_\_with friends or family \_\_\_\_\_hotel or motel

\_\_\_\_\_emergency shelter/transitional housing

Does your child live or play in a home or building built before: \_\_\_\_1978 \_\_\_\_remodeled in last 5 years?

Does anyone at home or who cares for your child: \_\_\_\_use tobacco/smoke \_\_\_\_use alcohol \_\_\_\_have a gun

Do you have concerns that your child is exposed to: \_\_\_\_violence \_\_\_\_street drugs \_\_\_\_unsafe conditions

### Do you and /or your child use/have the following:

\_\_\_\_\_car seats \_\_\_\_\_bike helmets \_\_\_\_\_smoke detector \_\_\_\_\_carbon monoxide detector

## LEARNING

\_\_\_\_\_My child learned to do things at the same age as other children (sit, stand, walk, toilet trained, etc.)

If not, please explain: \_\_\_\_\_

My child needs help with: \_\_\_\_toileting \_\_\_\_activity/mobility \_\_\_\_dressing \_\_\_\_nutrition/eating

Other: \_\_\_\_\_

### Please check any of the following:

\_\_\_\_\_Says numbers 1 to 10

\_\_\_\_\_understands other people

\_\_\_\_\_Has trouble speaking or hard to understand

\_\_\_\_\_Able to follow directions

\_\_\_\_\_Has trouble being understood by others

\_\_\_\_\_Plays in a variety of ways

\_\_\_\_\_Seems clumsy when using hands

\_\_\_\_\_Walks or runs poorly (falls)

# FILLMORE CENTRAL SCHOOL DISTRICT #2198

## Community Education

### JMC Parent Online Application

<http://fillmorecentral.k12.mn.us>

If you have previously filled this or a similar form out for JMC, do not fill this out again. Thank you

Our website offers parents a convenient way to access information (grades, hot lunch accounts, attendance) about their students. If you are interested in having online access, fill out this application and return to your child's homeroom teacher.

JMC messenger is also how we communicate district wide for emergency announcements.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Password Requested: \_\_\_\_\_

Student(s) Name and Grade

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Signature: \_\_\_\_\_

You will receive an email with your login information as soon as your account has been activated. Thank you for using our online information system.

# Fillmore Central Schools Census Information Request

The schools in the state of Minnesota are required to complete an annual census of all children ages 0-4 residing in their district. Please complete this form if you have children age 0-4 in your household. The completed form should be returned to Fillmore Central Schools, Census Information, PO Box 50, Preston, MN 55965.

If you have any questions regarding programs at Fillmore Central Schools, please contact us at 507.765.3809 or 507.886.6464.

If you have previously completed this form, and there have been no changes, you do not need to fill this out again.

Sincerely,

*Heath Olstad*

Superintendent

## FILLMORE CENTRAL SCHOOLS CENSUS INFORMATION

Father:

Mother:

Home address:

Telephone number:

Email Address:

### CHILDREN:

| First Name | Middle Initial | Last Name | Gender | Birthdate | Special Needs?<br>Circle one |
|------------|----------------|-----------|--------|-----------|------------------------------|
|            |                |           |        |           | Yes No                       |
|            |                |           |        |           | Yes No                       |
|            |                |           |        |           | Yes No                       |
|            |                |           |        |           | Yes No                       |
|            |                |           |        |           | Yes No                       |



**PO Box 50  
Preston, MN 55965**

**Place  
Stamp  
Here**

**FILLMORE CENTRAL SCHOOLS  
Census Information  
PO BOX 50  
PRESTON, MN 55965**