

## Fillmore Central Preschool 2023-24

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



### 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 & 4/5 staff, ECSE Staff and kindergarten staff, help to prepare students for their educational journey.



### Important Parent-Guardian Points

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 spaces that help children learn.



# FILLMORE CENTRAL SCHOOL DISTRICT #2198

*Home of the Falcons*

700 Chatfield Street, PO BOX 50

Preston, MN 55965

telephone (507) 765-3809, (507) 765-3845, or (507) 886-6464

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

To: School Readiness Parents  
From: Angi Kaase, Fillmore Central Community Education Director  
Date: February 22, 2023  
Re: 2023-24 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 Program is a 4-Star Parent Aware rated!!! Parent Aware 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 completely filled out.**

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 2023-24 School Readiness Program. **Return this information no later than April 14, 2023.** We will enroll your child in the order we receive your registration. **All pages need to be filled out completely along with submitting the \$30 registration fee and \$20 snack/supply fee.** 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 cannot guarantee 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.

Mr. Heath Olstad, Superintendent/7-12 Principal  
Mrs. Micki Breitsprecher, Special Education Director

Mr. Jim Peters, PreK-6 Principal  
Mr. Chris Mensink, A.D./K-6 Dean of Students



FILLMORE CENTRAL

**SCHOOL READINESS 2023-2024 CLASS REGISTRATION FORM**

Community Education, PO Box 50, Preston, MN 55965

507.765.3809

**\$30 REGISTRATION FEE, \$20 SNACK/SUPPLY FEE & REGISTRATION PAPERWORK: DUE BY APRIL 14, 2023**

Today's Date \_\_\_\_\_

Grade Enrolling In (circle one) 3/4 PreK

4/5 PreK

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-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\*\*\***

**IMPORTANT NOTE: \$30 Registration Fee & \$20 snack/supply fee are due with your PreK registration to complete the application process.**

**Tuition Cost**

**This is a flat rate. No refunds/prorations. This includes weather related cancellations.**

3/4 Class: 2 Day Class: \$85 per month \$765 per year

4/5 Class: 5 Day Class: \$190 per month \$1,710 per year

**IF WER ARE ABLE TO PROVIDE transportation is available our rates are listed below. Please indicate your need.** If transportation will be provided, routes will be done in August. Pick-up/Drop-off will be from in-home or center-based daycare or a central location only.

\_\_\_\_\_ Transportation for 3/4 Preschool; \$100/mo.

\_\_\_\_\_ Transportation for 4/5 Preschool; \$125/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 2023-2024 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 2023-2024

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 2023-2024

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 20<sup>th</sup> of the previous month. For example, November's tuition will be due on October 20<sup>th</sup>.

\_\_\_\_ I understand that that my preschool bill is a flat rate and there are no refunds or prorations due to unforeseen circumstances/class cancellations.y

\_\_\_\_ I understand that if my payment is not made by the 20<sup>th</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: \_\_\_\_\_



# 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 <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 ONLY 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 (IIP)? <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.	
_____ Signature - Parent/Legal Guardian	_____ 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 \_\_\_\_\_**



# 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?	
					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**