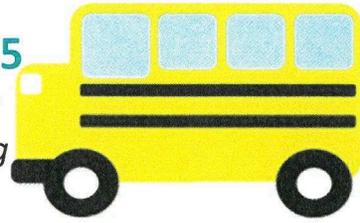


Fillmore Central Successful Learners 2024-25

The goal of Supporting Successful Learners is to provide children with successful starts through healthy nurturing learning environments.



What will we do at class?

- **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 successful learner 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.

We offer a 4-Star Parent Aware rated program. This signifies our dedication to early learning and extends to ongoing training for the staff.

Important Parent-Guardian Points

Fillmore Central Supporting Successful Learners employs the Pyramid Model in our curriculum, as studies have indicated that the essential skills children need for future success are social and emotional skills.

The Pyramid Model serves as a framework for nurturing the social and emotional development of children. Our objective is to establish a conducive educational environment that fosters a sense of wellbeing and enthusiasm among every student. Through our classrooms, we promote active engagement in learning and cultivate positive relationships among students, families, and faculty.

The mission of the Fillmore Central's Pyramid Model implementation team is to develop and put into practice the skills that will empower and assist families in helping their children to grow and learn in the most meaningful ways in their natural environment. In addition, we will support fellow teachers and staff members through training, coaching and ongoing purposeful collaboration with all partners.





FILLMORE CENTRAL

SCHOOL READINESS 2024-2025 CLASS REGISTRATION FORM

Community Education, PO Box 50, Preston, MN 55965
507.765.3809

\$30 REGISTRATION FEE, \$25 SUPPLY & REGISTRATION PAPERWORK: DUE BY APRIL 12, 2024

Today's Date _____ Grade Enrolling In (circle one) 3/4 PreK 4/5 PreK

Child's Name _____ Birthday _____ Gender: M or F

Form with two columns: Dad's Information and Mom's Information. Each column has fields for Name, Address, Phone, and Email.

Child lives with: ___ Both Parents ___ Father ___ Mother Other: _____

Please choose your class options below. Afternoon class is a great option for children who do not nap.

3-Year-Old Option

4-Year-Old Option

___ 3/4 Monday/Wednesday (8:00-10:15)
___ 3/4 Tuesday/Thursday (8:00-10:15)

___ 4/5 M-F (8:00-11:15 a.m.)
___ 4/5 M-F (11:45/12-3:00 p.m.)

Children must be toilet trained; pull ups are not acceptable

IMPORTANT NOTE: \$30 Registration Fee & \$25 supply fee are due with your PreK registration!

Tuition Cost

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

Tuition and transportation can be paid with check, money order, cash (do not send cash in your child's backpack) or on the school website https: fillmorecentral.k12.mn.us

3/4 Class: 2 Day Class: \$85/month \$765/year 4/5 Class: 5 Day Class: \$190/month \$1,710/year

IF WE ARE ABLE TO PROVIDE transportation, our rates are listed below. Please indicate your need. All routes will be decided in August. Pick-up/Drop-off will be from in-home or center-based daycare or central location; Harmony Community Center & Fountain Trailhead Park.

___ 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 2024-2025 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 _____

Fillmore Central utilizes JMC to send parents tests/email/phone messages to quickly relay school cancellations in the case of inclement weather and important school announcements.

Create a JMC account at <https://www.fillmorecentral.k12.mn.us>

PARENTS tab

JMC PARENT ONLINE APPLICATION

You only need to create 1 JMC account per family, you may already have an account if you have older children.

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 2024-2025

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 2024-2025

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

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

___ I understand that if my payment is not made by the 20th 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 (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.	
_____	_____
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

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.

**PO Box 50
Preston, MN 55965**

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