

RCW SKILLS FOR SCHOOL AND BRIGHT BEGINNINGS PRESCHOOL REGISTRATION FORM

Early education student information form

All data collected/provided is protected by the state and federal privacy standards. It will be used by the local school district and Minnesota Department of Education for programming and evaluation.

Preschool Student

Legal Name: _____

First, Middle, Last

Date of Birth: _____ Age as of Sept 1: _____

Gender: Male ___ Female ___

Race/Ethnicity: Hispanic ___ Black, not Hispanic ___ White ___

American Indian ___ Asian or Pacific Islander ___

Primary Language: _____

Migrant: Yes ___ No ___ Homeless: Yes ___ No ___

Early Childhood Screening Completed: Yes ___ No ___

If yes, date _____ Location _____

Does your child has any significant health issues?:

Hearing ___ Vision ___ Heart ___ Convulsions ___ Epilepsy ___

Diabetes ___ Speech ___ Orthopedic ___ Medication ___

Mental Health ___

Allergies: Yes ___ No ___ Modified Diet: Yes ___ No ___

If yes, please explain

Immunizations up to date/on file: Yes ___ No ___

Has your child ever had an IEP?: Yes ___ No ___

Permission to photograph and/or electronically record child or family at pre-school?

Yes ___ No ___

Daycare Provider: _____ Phone: _____

Registering Adult *Required Information

*First and Last Name: _____

Date of Birth : _____

*Are you this child's: (choose one) Father ___ Mother ___

Foster Father: ___ Guardian-Male ___ Other Relative—Male ___

Foster Mother ___ Guardian— Female ___ Other Relative-Female ___

Education Background: (choose one)

Some elementary and middle school, none beyond 8th grade ___

Some high school, no diploma ___ High school diploma/GED ___

Associate's Degree ___ Some college, no degree ___

Bachelor's Degree ___ Master's Degree ___ PhD ___

Employment status: (choose one)

Employed more than 25 hours/week ___

Employed less than 25 hours/week ___

Unemployed, seeking employment ___

Unemployed, not seeking employment ___

Yearly household income before taxes (round to nearest thousand): _____

Number of people in household: _____

*Needing interpreter assistance: Yes ___ No ___

*Classroom Volunteer Type: Classroom volunteer ___ Not volunteering ___

Parent Advisory Council volunteer ___ Other as district identified ___

Office Use Only

Date received: _____

Child is registered for:

Skills for School M,W Th ___ Skills for School M, T, F _____

Bright Beginnings A.M. ___ Bright Beginnings P.M. _____

MARSS # _____

Class selection — We will try to honor your first choice, but cannot guarantee it.

Skills for School (4 years old by Sept. 1) - 3 full days per week, same start and end times as the K-12 students, bus transportation provided to and from school to home or daycare, must be potty trained

Please select one:

Mondays/Wednesday/Thursdays _____

Mondays/Tuesdays/Fridays _____

Bright Beginnings (3 years old by Sept. 1) - 2 half days per week, no transportation provided, must be potty trained.

Please select one:

Tuesdays/Fridays AM 8:30—11:30 _____

Tuesdays/Fridays PM 12:00—3:00 _____

In Skills for School children:

- Participate in daily activities to develop language, pre-math and pre-reading skills
- Participate in the preschool Reading Corps model in language and literacy skills in preparation for kindergarten
- Are taught social skills from the early learning Second Step Curriculum
- Provided sufficient nutrition, play and rest
- Use art, dramatic play and music to express creativity
- Learn about getting along with same age friends
- Develop relationships with caring and enthusiastic teachers
- Become more independent and self sufficient
- Develop fine and large motor skills

In Bright Beginnings children:

- Learn beginning preschool skills such as shapes, colors and the alphabet
- Follow routines in a school atmosphere
- Participate in the preschool Reading Corps model in language and literacy skills in preparation for kindergarten
- Develop relationships with caring and enthusiastic teachers
- Become more independent and self sufficient
- Develop fine and large motor skills

Please return this registration form to:

RCW -Becky Ditterich

PO Box 338

Renville MN 56284

Classes will be filled on a first come, first served basis.



Parent Contact Information

Female Parent/Guardian _____

Cell/Home # _____ Work # _____

Email _____

Male Parent/Guardian _____

Cell/Home # _____ Work # _____

Email _____

Child lives with:

Both Parents ____ Mother ____ Father ____ Legal Guardian _____

Physical Address _____ Mailing Address _____

City, State, Zip code _____

Do you have Internet Access in your home? Yes ____ No ____

Email will be used for newsletters, calendars and other notices.

Emergency Contact: (if parents can't be reached) Ex. Grandparents/Aunts/Uncles/Family Friends

Name _____ Phone # _____

Name _____ Phone # _____

The following are authorized to pick up my child from school:

RCW school has received Voluntary Pre K funding from the MN legislature for the 2019-20 school year. The RCW School Board has determined there will not be a tuition cost for preschool children to attend Skills for School or Bright Beginnings for the 2019-20 school year.