



Inver Grove Heights Little Spartans Preschool 2024-2025 School Year Enrollment Forms

Return forms to the IGH Early Learning Center

3203 68th St East, Inver Grove Heights 55076 (Next to Hilltop Elementary Door #2)

Email: Preschool@isd199.org / Phone: 651-306-7503 / Fax: 651-306-7521

Student Information (Use Legal Name)

First Name:		Middle Name:	Last Name:
Date of Birth:	Child's Age On 9/01/2024	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred name to be called on nametag:

Choose classes based on your child's age on 9/1/24. Openings in each class are limited.
Select all options that apply. Please number your selections in order of preference.

Little Spartans 3-year-old Preschool - Classes for children age 3 on or before September 1, 2024

Early Learning Center 3203 68th St East IGH MN 55076

(Not eligible for transportation)

_____ Monday-Wednesday-Friday AM	8:15-10:45 AM	\$203* a Month
_____ Monday & Wednesday PM	11:45AM-2:15PM	\$152* a Month
_____ Tuesday & Thursday AM	8:15-10:45 AM	\$152* a Month
_____ Tuesday & Thursday PM	11:45AM-2:15PM	\$152* a Month

Little Spartans 4-year-old Preschool - Classes for children age 4 on or before September 1, 2024

Hilltop Elementary 3201 68th St East IGH MN 55076

_____ Monday – Friday AM	7:50 AM-10:30 AM	\$328* a Month
_____ Monday – Thursday PM	11:45AM-2:30PM	\$267* a Month

Pine Bend Elementary 9875 Inver Grove Trail IGH MN 55076

_____ Monday – Friday All Day	7:50 AM-2:30 PM	\$907* a Month
_____ Monday – Friday AM	7:50 AM-10:30 AM	\$328* a Month
_____ Monday – Thursday PM	11:45AM-2:30PM	\$267* a Month

Salem Hill Elementary 5899 Babcock Trail IGH MN 55076

_____ Monday – Friday AM	7:50 AM-10:30 AM	\$328* a Month
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*** Preschool fees are paid with 9 monthly payments, Sept - May ***

Tuition assistance for most classes is available for qualifying families. To be considered for assistance, you must turn in the attached financial aid application, and required income documentation, along with your enrollment form. You will be contacted once we have received and processed your completed application. More information on financial aid can be found in the attached "Frequently Asked Questions" document.

Family Information

Parent/Guardian #1 Full Name:	
Date of Birth:	Relationship to Child:
Address (Street Address):	
City, State, Zip Code:	
Cell Phone:	Work Phone:
Email Address:	
Primary Language of Parent:	Interpreter Request: <input type="checkbox"/> YES <input type="checkbox"/> NO

Parent/Guardian #2 Full Name:	
Date of Birth:	Relationship to Child:
Address (Street Address):	
City, State, Zip Code:	
Cell Phone:	Work Phone:
Email Address:	
Primary Language of Parent:	Interpreter Request: <input type="checkbox"/> YES <input type="checkbox"/> NO

Unauthorized Persons

Is there a restraining order for anyone who is NOT legally authorized to pick up your child? ☐ YES ☐ NO

**** If yes, you MUST provide a copy of the legal documents to the Early Learning Center****

List Unauthorized Persons Name:

Enrollment Information

Has your child completed an Early Childhood Screening through a school district? <input type="checkbox"/> YES What district: _____ <input type="checkbox"/> NO Please call 651-306-7520 or visit www.IGHEarlyLearning.org to schedule an appointment.	
IGH Community Preschool sends out program updates and monthly invoices by email. List Email Address (print clearly): _____ <input type="checkbox"/> No email. We will use the US Postal Service to deliver monthly invoices.	
If you have already made arrangements to carpool with another family OR you are enrolling more than one child in preschool, please fill in the name of the other student .	
Please list any other children <u>under the age of 6 years old</u> living in the home.	Include the child's legal name, date of birth and gender
Does your child have Allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES Please Describe Does your child have any dietary restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES Please Describe	

Has your child ever had a seizure? ☐ YES ☐ NO

If YES Please Describe

Does your child have Asthma/RAD? ☐ YES ☐ NO

If YES Please Describe

Does your child need medication or have any other conditions that require management during the school day? ☐ YES ☐ NO

If YES Please Describe

Do you have any concerns about your child's vision, hearing, development or speech? ☐ YES ☐ NO

If YES Please Describe

Is your child receiving any special services? (Ex. IEP, IFSP, speech therapist and/or behavior specialist) ☐ YES ☐ NO

If YES Please Describe

My child is able to go to the toilet independently (with reminders): ☐ YES ☐ NO

To Be in Preschool, Children must be able to independently use the toilet. Exceptions are made for documented medical conditions.

Transportation (4-year-old classes only)

Transportation is available on a limited basis for **4-year-old preschool students ONLY**. Requests will be prioritized based on need.

Bus transportation may be available for students whose home or daycare address falls within the school boundary area.

It is also important to note that preschool children are transported with K-5 students.

Do you wish to have your child ride the bus if available?

☐ **YES** If yes, a transportation form is attached. Complete and returned by to Early Learning Center by Friday June 28, 2024

Parents/Guardians are responsible for walking/standing with preschool students at the bus stop when they leave home and meeting the bus when students arrive home. Please be ready for the bus 5-10 minutes before the scheduled time.

☐ **NO** bus

Financial Aid

☐ **We request financial assistance and will turn in a financial aid application with income verification. Funds are limited.**

Limited Funding is available for tuition assistance. You will be contacted as soon as all Financial Aid documents are received and processed.

Preschool Consent & Agreement

☐ **I agree to pick up and drop off my child on time.** Picking up and dropping off my child promptly is a requirement. A pattern of late pick-ups and/or drop-offs could result in dismissal from the program.

☐ **I agree my child will complete an Early Childhood Screening.** I understand my child's screening must be completed before the first of school.

*If your child has already completed an Early Childhood Screening in another school district or with Head Start, please provide us with a copy of the screening summary. Your child does not need to complete another screening.

Children who do not turn 3 until summer must complete early childhood screening by October 15, 2024.

☐ **I agree that my child's photo can be used for district publications,** including catalog/brochures, IGH webpage, district Facebook page, or other district publications promoting our programs. Your child's name will not be used, only the picture.

OR ☐ **I do not want my child's photo used in publications.** If you have questions, email Preschool@isd199.org.

☐ **I agree to keep my contact information up to date** by notifying my child's teacher or the Early Learning Office of any changes in address, phone number and emergency contact information.

☐ **I agree to pay the tuition fees** as stated in the preschool contract unless financial assistance is requested and approved. If there is a change in my ability to pay, I will notify the Early Learning Office to discuss available options.

☐ **A two-week notice must be given for any child withdrawing from IGH preschool** before the end of the school year. Without notice, you will be charged for up to two weeks following the child's last day.

Parent/Guardian Signature:		Date:	
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These documents must be submitted to complete your preschool application:

- ☐ **Online or Paper Application Enrollment**
- ☐ **PROOF OF AGE DOCUMENT** Child must have accepted identification. Please provide a copy of your child's birth certificate, baptismal certificate, or other verification of their legal name and birth date when registering your child for ISD 199 schools.
- ☐ **Financial Aid Application with Income Verification** (If requesting financial assistance)

Due August 15:

- ☐ **Immunization Record** (required before student can start class)
- ☐ **Early Childhood Screening** - Schedule online <https://ighscreening.as.me/> or call 651-306-7503

Return forms to the IGH Early Learning Center* In-person, email or fax

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