



Enrollment Form, part A

Student Last name: _____ First Name: _____ Middle name: _____

Nickname (if any) _____ Birth date: _____ Gender: Male Female

Country of Birth: _____ If born outside of USA, date of entry to USA: _____

Has your child been enrolled in the Hopkins School District in the past? No Yes -Where? _____

Primary Household Information:

Adult #1

Last Name: _____ First Name _____ Gender: Male Female

Relationship to student: _____ Cell Phone: _____ Work Phone: _____

Home Phone : _____ Email address: _____

Address: _____ City: _____ State: _____ Zip _____

Adult #2

Last Name: _____ First Name _____ Gender: Male Female

Relationship to student: _____ Cell Phone: _____ Work Phone: _____

Home Phone : _____ Email address: _____

Address: _____ City: _____ State _____ Zip _____

Other child(ren) in this household:

Last name	First name	Relationship to student	Birth date	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Secondary Household Information: (if applicable)

Adult #1

Last Name: _____ First Name _____ Gender: Male Female

Relationship to student: _____ Cell Phone: _____ Work Phone: _____

Home Phone : _____ Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Adult #2

Last Name: _____ First Name _____ Gender: Male Female

Relationship to student: _____ Cell Phone: _____ Work Phone: _____

Home Phone : _____ Email address: _____

Address: _____ City: _____ State: _____ Zip _____

Other child(ren) in this household:

Last name	First name	Relationship to student	Birth date	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female



Enrollment Form, part B

EMERGENCY INFORMATION FOR TEACHERS:

Student Name: _____ Birth date: _____ Age: _____

Address: _____ City: _____ Zip code: _____

First Person to call in an emergency: _____ Phone Number _____

Other numbers to try _____

Next person to call in an emergency: _____ Phone Number _____

Other numbers to try _____

Other people to call in an emergency/ Those AUTHORIZED to PICK-UP my child:

Name: _____ Relationship to student? _____

Phone Numbers: _____

Name: _____ Relationship to student? _____

Phone Numbers: _____

Name: _____ Relationship to student? _____

Phone Numbers: _____

Name: _____ Relationship to student? _____

Phone Numbers: _____

Health Conditions:

ALLERGIES/ SPECIAL DIETARY NEEDS or KNOWN HEALTH CONDITIONS:

MEDICATIONS: Please note, we will need a medication form filled out in order to give any medications at school, and these must be prescription medication only. We cannot give over the counter medications at school without Doctor Authorization.

Name of medication:

Dose:

If your child becomes ill or injured during their school day, the staff will attempt to call the first people listed above. If they cannot be reached, then the staff will begin calling the Authorized pick up/Emergency contacts as listed above. To ensure the health and safety of your child, this form may be shared with school district staff/emergency personnel.

Parent/Guardian Signature: _____ Date: _____



Enrollment Form, part C

Student Name: _____

Name of parent/guardian completing this form: _____

Is this student:
McKinney-Vento Homeless?
Yes No
Ward of the State? Yes No
Immigrant? Yes No

Does your child receive **Special Services** or have an **Individual Education Plan (IEP)** for any of the following? Check those that apply:

<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Severe –Profound Impaired
<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Severely Multiple Impaired
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Physically Impaired
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Other Health Disabilities
<input type="checkbox"/> Specific Learning Disabilities	<input type="checkbox"/> Speech/Language Impaired
<input type="checkbox"/> Emotional/Behavioral Disorder	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Mild –Moderate Impaired	<input type="checkbox"/> Visually Impaired

Case Manager Name: _____

Information used to report to state and federal agencies:

<p>*Racial/Ethnic background of student: American Indian or Alaska Native Asian Hispanic/Latino Black or African American Native Hawaiian/Pacific Islander White, not of Hispanic origin Other – single race Other-two or more races</p>	<p>Primary Home language: Which language did your child learn first? English Other (specify) _____</p> <p>Which language is most often spoken in your home? English Arabic Cambodian Hmong Laotian Oromo Russian Serbo-Croatian Spanish Somali Vietnamese Other (specify) _____</p> <p>Which language does your child usually speak? English Other (specify) _____</p>
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*Your age: Under 20 years old 20-29 years old 30-39 years old 40 years or older

*Your highest level of school completed (mark only one)

8th grade or less Some high school High School or GED Some college or trade school beyond high school

Associate Degree Bachelor’s Degree Graduate or professional school degree

*Your current job status (mark only one):

Employed 25 hours or more per week Employed less than 25 hours per week Unemployed, seeking employment

Not employed, not seeking employment

*Your household’s total yearly income, before taxes (mark only one)

Under \$10,000 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999 \$40,000-\$49,999

\$50,000-\$74,999 \$75,000 or more

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Hopkins Public Schools Preschool programs and grants permission to all student records pertaining to my child.

Parent/Guardian Signature: _____ **Date:** _____

EXPLANATION OF PRIVATE INFORMATION REQUESTED ON THIS FORM

In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law, you are not required to provide the information noted with an asterisk (*). There will be no adverse effect on you or your student if you do not choose to provide it. However, your cooperation in providing this information will ensure its accuracy and help to facilitate equitable educational opportunities for all students. Be assured that we will use the information in a manner that respects the privacy of our students and families.

***Home Primary Language:** In order to assist school districts to provide equal opportunity for a meaningful education to all students, Minnesota law requires that schools count and report the primary language of their students.

***Racial/Ethnic Background of Student:** This information is needed to comply with state and federal reporting requirements relating to equity in education. Your cooperation in providing this information will ensure that we have accurate data on your child. In addition to meeting our reporting responsibilities, the District may also use this data to analyze student achievement across a range of demographic and programmatic characteristics in order to better meet the learning needs of our students.



Health Information Form, used by our school nurses

Child's Name: _____

(Last)

(First)

(Middle)

Date of Birth: _____ School: _____ Grade/Program: _____

Health or Disability Concerns: Please indicate if your child has any of these concerns and explain:

- No Health Concerns**
- Allergic Reactions to be aware of at school (to what?) _____
(Describe reaction) _____ Medication (see below)
If your child will require an epi-pen, you will need to complete a consent form, signed by your pediatrician.
- Attention Disorder: ADD ADHD Medication (see below) Does not take medication for ADD / ADHD
- Asthma Known Triggers: _____ Medication (see below)
- Autism Spectrum Disorder, age of diagnosis _____
- Diabetes: Type 1 Type 2 Insulin Injections Insulin Pump Oral medication
- Heart Problem (describe) _____
- Hearing Loss: right ear left ear Hearing Aids: right ear left ear
- Vision: Wears glasses /contacts wears in classroom only lost / broken
- Neurological _____
- Seizures: Type: _____ Date of last seizure: _____
- Recent surgery or hospitalization: Explain _____
- Mental Health concerns _____
- Other health concerns or additional health information: _____

Emergencies: Does your child have a health concern that could result in an emergency? YES NO

If yes, please describe: _____

Medications: List All medications that your child takes every day or when needed. * Consent forms are required yearly for ALL medications administered at school. Forms are available on-line or in nurses offices.

Name of Medication	Purpose	Dose	How Often Taken

Does your child need a special diet? YES NO If yes, please describe: _____

Preschool and Kindergarten: Has your child had an Early Childhood Screening? YES NO

If Yes, location and date of screening: _____

Do you have any comments or information that would help us care for your child's health needs while at school?

The above information is helpful in establishing a comprehensive picture of your child's health and safety needs while at school. The information on this form will be entered into the district's secure electronic data system and considered confidential. There will be no consequences for not providing the information. However, it may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success. (MS Section 13.04, Subdivision 2)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Primary Phone: _____

Emergency Contact/ Authorized to Pick Up Student and Phone Number: _____



I understand that cancellation of my registration for fall of 2018 after July 15, 2018 will result in loss of my deposit. After the school year has begun, if I am choosing to withdraw, I must give a 30 day notice. At that time, my deposit will be used toward my final payment.

Signature _____

I have read the Kaleidoscope Parent Information and Program policies (pages 8, 9 and 10 of this packet).

Signature _____

Use this as a checklist to be sure your entire application is complete:

Most current Immunization record faxed/mailed -

Mail to:
Kathy Willett
125 Monroe Ave South
Hopkins, MN 55343
Or
Fax to Kathy Willett at 952-988-5349

(May use your clinic form, not required to use our form)

Enrollment pages
(3 pages - part A, B, and C)

Health Information Form for nurses

Permission page

Getting To Know you page

This Page - Signatures

Deposit paid for one month of tuition for section of choice online

or

check mailed

For office use only:

Enrollment pages received:

Page 1 - A _____

Page 2 - B _____

Page 3 - C _____

Page 4 - Health Information Form complete _____

Page 5 - Permission page complete _____

Page 6 - Getting to Know you page complete _____

Page 7 - Signature page _____

Immunization record received _____

Additional notes: _____

REMEMBER – You are NOT registered until all the forms listed above are received in our office. Please return them as soon as possible to avoid forfeiting your spot in class. All seven pages and your immunization form can be dropped off at or mailed to: 125 Monroe Ave South, Hopkins, MN 55343 Attention: Kathy Willett They can also be sent as an attachment to: kathy.willett@hopkinsschools.org

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Kaleidoscope's goals for children are:

- to encourage social, emotional, intellectual, physical and ethical development,
- to promote and stimulate individuality, creativity, language development, self-help skills and a sense of community
- to provide children with a variety of experiences in an inclusive environment.

Education in the early childhood years provides a foundation for the teaching of skills and facts focused on in the elementary school and beyond. Our staff will provide children with opportunities to learn in both small and large groups. The play-based experiences allow children to engage with many different materials using themes, which emerge while following children's conversations, play and choices. The introduction and practice of basic concepts occurs creatively within all of the classroom experiences.

Kaleidoscope Preschool classes begin in September and end in May. Our class days often follow the Hopkins Public Schools school year calendar.

**A summer option, Summer Adventures, offers an additional classroom experience at our Harley Hopkins site.

** Class content varies according to age, ability, group needs and interests. Children must be three years of age prior to their first day of class.

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PARENT INVOLVEMENT - Research shows that children whose parents come to visit school and become involved with school are more successful in the school environment. Regular parent-child events are scheduled in your child's classroom during class time. We hope you will find a way to participate.

TOYS FROM HOME - We cannot be responsible for personal possessions brought to school. Limit these to items requested by the teacher as part of the curriculum and mark them clearly with your child's name.

SNACKS – To support sensible eating habits, when snacks or birthday treats are provided from home, we ask that families send a **nutritious, commercially prepared snack from an unopened container** off of a program approved list of options for the entire class. These approved options are all nut free, as we strive for a nut-free classroom for our allergic classmates. We will not be able to serve cake, cupcakes, cookies or chips, even as a special treat. Milk is available through the National School Milk Program. Be sure to inform the staff of any food allergies.

OUTDOOR PLAY - All children will go outside to play as often as the weather permits. In the winter, each classroom will designate outdoor days. It is important for the children's well-being to go outside even in winter. However, if the temperature is below 15 degrees, we will remain inside.

ASSESSMENT - Students growth and development is followed using developmental guidelines developed by the Work Sampling System. Staff will document these observations during typical play situations, conversations, group work and explorations. The following areas will be followed and reported to parents with a copy sent to your child's assigned Hopkins Public School elementary: Personal and Social Development, Language and Literacy, Mathematical Thinking, and Physical Development. We encourage your involvement in your child's growth in these areas at home and are happy to provide you with ideas for this practice in an easy and fun way. The most important suggestion we can give is to converse with your child often, observe closely and wonder about the things around you, and read, read, read together!

CLOTHING – Children's activities are often messy. Dress your child in comfortable clothing and shoes that offer protection.



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CONFERENCES - All classes will hold two scheduled conferences each year. An orientation conference will be offered before your child begins, to allow staff to get to know you and your child as well as to acquaint you with the classroom routine and answer any questions you may have. Another conference is offered in late winter/early spring to discuss your child's adjustment, growth and development. If you have any questions or concerns at any time during the school year, please feel free to set up an additional conference to discuss it with us.

CLASSROOM MANAGEMENT GOALS – Our staff is dedicated to establishing a safe and comfortable environment for your child. Classroom expectations will be clear, reminders will be given as necessary, and staff will assist children in problem-solving situations or redirect children. If issues continue, staff will follow through with fair and logical consequences. We will ask for your input and assistance when a problem becomes consistent or important. We may call you to join us, or to pick up your child when behaviors become too difficult to manage or unsafe while caring for the whole group of children. A meeting to determine outside resources or referrals may need to be arranged.

TRANSFER OF RESPONSIBILITY – An adult must accompany the child into the classroom, connect with a staff person and sign in the child. At pick-up, the same process must be followed. If someone other than you or an authorized person is picking up your child, we will need written notice or a phone call.

LATE PICK-UPS - It is important for your child's sense of security to leave on time. If an emergency arises, it is your responsibility to find an alternative ride for your child and notify us of the authorized pick -up. **If you are 15 minutes late, we will levy a \$15 late pick-up fee payable to us before your child's next day of class.** Chronic late pick-ups (10 minutes or more late on more than one occasion) will also be charged a late fee if prior arrangements have not been made with the classroom teacher. **Pick-ups later than 30 minutes will be levied a \$30 late pick-up fee.** Please note, our program is not staffed after 4 pm Mondays through Thursdays and after 1 pm on Fridays. If your child has not been picked up by an hour after class or by our closing time and we have not been able to reach you or an authorized pick up person, we must notify local police.

AUTHORIZED PICK-UPS - In order to release your child to someone other than the parent, a list of people authorized to pick up your child is needed. We can accept a written note or phone call in the event that someone other than those listed is taking your child home or on a one-time play date. The adult picking up your child may be asked for a photo ID if we are not familiar with them. If the person picking up your child is not authorized, or you have not contacted us, we will not release the child. If we are unable to connect with parents or authorized individuals, we will contact the police.

HEALTH – Remember that children play in close contact with each other and colds and flu are easily passed between them. If your child is displaying any of the following symptoms, they need to stay home:

- undiagnosed rash
- severe cold or sore throat
- unexplained lethargy
- inflamed or mattering eyes
- vomiting/diarrhea (Your child can come back to school 24 hours after the last episode)
- fever of 100 degrees or above (Your child needs to be completely fever-free for 24 hours, without medication, before they can come back to school)

It is helpful for your child to wash his hands entering the classroom. This small step helps to keep all children healthier.

Please give your child any medication necessary before or after class time.



TOILETING – We do not expect your child to be completely toilet trained, but we do ask you to work towards independence with toileting skills, particularly when it comes to wiping. If needed, staff can offer resources for extra assistance in toilet learning. It is often helpful to make a stop in the bathroom before class begins. Extra clothes or pull-ups may be sent with your child.

SUSPECTED CHILD ABUSE – Employees having reasonable cause to suspect abuse or neglect legally must report this information to Hennepin County Child Protection.

ABSENCES - Please notify us if your child will be absent by calling the teacher directly. Children benefit from a regular and predictable schedule. Late arrivals, a string of non-illness related missed days or random attendance, impact your child’s ability to benefit from the school experience.

FEES – Fees are due by the 1st day of the month. Please mark the due dates on your home calendar, as a bill is not sent out each month unless you have provided us an email address. Checks should be made payable to ISD 270. You may pay your bill online with Visa, Mastercard, or Discover or set up an auto-charge plan. A \$15 late fee will be assessed if tuition is received after the 10th.

TUITION ASSISTANCE - Kaleidoscope is funded through parent fees. A limited tuition assistance fund is available for qualifying families. Information is available in the office.

NON-PAYMENT – Your Kaleidoscope slot will be released if payment has not been received by the end of the month. If your family is having difficulty paying tuition, consider applying for our assistance program or visit thinksmall.org as a resource for helping pay for childcare fees.

WITHDRAWAL FROM THE PROGRAM – Once registered, a written notice of withdrawal must be received in the Kaleidoscope office either by July 15, for the new school year or once school has begun, 30 days in advance. If less than the 30 day notice is given, the family is responsible for one month’s tuition.

NON-SCHOOL DAYS – We publish a calendar of non-school days and remind you of those days through our classroom and program newsletters. We will be closed a few various days over the course of the year to observe holidays, have parent conferences or provide staff development opportunities. Generally, these days coincide with the Hopkins Schools calendar.

SCHOOL CLOSING - Kaleidoscope Preschool will be closed when Hopkins School District 270 is closed because of the weather or other emergency situations. This will be announced on local TV/radio stations and posted on the district website. If schools have been announced to begin two hours late, our morning class will be cancelled. When Hopkins schools are cancelled after the children have already arrived, we will call parents for early pick-up. An automated phone/email system should alert families of any changes in programming. To find our more detailed closing information, check the district website at www.hopkinsschools.org or call school district’s closing line, 952-988-4019.

IMMUNIZATIONS – Your child must be up-to-date with recommended immunizations. Proof of current immunizations must be provided to begin class. Fax to 952.988.5349.

Kaleidoscope Locations:

Harley Hopkins Family Center
125 Monroe Ave South
Hopkins, MN 55343
952-988-5000

Meadowbrook Elementary
5430 Glenwood Avenue
Golden Valley, MN 55422
952-988-5126

Glen Lake Elementary
4801 Woodridge Road
Minnetonka, MN 55345
952-988-5146



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 (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (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.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year (at 2-month intervals) • 4 th dose at 12-18 months • 5 th dose at 4-6 years <i>Indicate vaccine type: DTaP or DTP</i>						5th dose not required if 4th dose was given on or after the 4th birthday
Polio (IPV, OPV) • 2 doses in the first year • 3 rd dose by 18 months • 4 th dose at 4-6 years					4th dose not required if 3rd dose was given on or after the 4th birthday	
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Haemophilus influenzae type b (Hib) • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older						
Varicella (chickenpox) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Pneumococcal Conjugate Vaccine (PCV) • Required for children age 2 - 24 months • 3 doses in the first year • 4 th dose after 12 months • At least 1 dose is recommended for children age 24-59 months in child care						
Hepatitis B (hep B) • 2-3 doses in the first year • 3rd dose (final dose) by 18 months						
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older						
Recommended						
Rotavirus (2-3 doses between 2 and 6 months)						
Influenza (annually for children 6 months or older)						

