

Child's Full Name (First): _____ (Middle): _____ (Last): _____ Male Female
 Race/Ethnicity: _____ Birthdate (month/day/year): _____ Age on September 1, 2021: _____
 Street Address: _____ Apt #: _____ City: _____ Zip _____
 Primary language spoken at home: _____ Do you need interpreter assistance? No Yes
 Special Health Concerns (accommodations, allergy, dietary restrictions, or special needs we should be aware of): No Yes, explain:

Is your child receiving ECSE services or have an IEP? No Yes If yes, what is your child's disability: _____

Has your child completed an early childhood screening? No Yes If yes, when: _____ where: _____

If your child completed screening outside of Roseville Area Schools, please provide a copy of the summary.

Pre-K Class Choice

1st Choice (class #): _____
 2nd Choice (class #): _____
 3rd Choice (class #): _____

1st month payment: _____
 Registration fee: \$50
 Total Due: _____

Please contact me with financial assistance information.
 Go to isd623.org/Pre-K for the financial assistance application.

Please check all that apply:

- I can transport child to school.
 I need bus transportation for my child. (Address must be in Roseville Area School District.)

Bus Pick Up (address): _____

Bus Drop Off (address): _____

Are there older siblings in district? Yes No

If yes, which school(s): _____

Parent/Guardian Data

Parent/Guardian #1

Parent/Guardian #2

Name (First, MI, Last)		Name (First, MI, Last)	
Date of birth		Date of birth	
Relationship to student		Relationship to student	
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Phone <input type="checkbox"/> cell <input type="checkbox"/> home		Phone <input type="checkbox"/> cell <input type="checkbox"/> home	
Job status/hours per week		Job status/hours per week	
Yearly household income		Yearly household income	
Email		Email	

Are you interested in volunteering? No Yes If yes, are you interested in: Classroom volunteering Advisory council

First payment by cash, check or credit/debit card.

Enroll in auto pay by credit/debit card only.

(9 payments. First payment due with registration along with a \$50 non-refundable registration fee. Remaining payments processed on the 5th of the month.)

Cash Check (Make Checks Payable to Roseville Area Schools) Credit/Debit Card (please fill out info below)

Card Type (check one): Mastercard Visa Discover

Name on Card: _____

Credit Card Number: _____ Exp: _____

Authorized Signature: _____ Date: _____

By registering your child for Pre-K classes, you are acknowledging that photos of you and your child may be used for educational and publicity purposes for Roseville Area Schools or Roseville Community Education. To read the District's full policy on Directory Information, please contact Roseville Pre-K at 651-604-3578. Immunization record or a notarized conscientious objector letter is required in order to participate in ECFE and Pre-K classes. Please submit to the Pre-K teacher or the office.

Name of adult filling out this registration form: _____ Signature: _____ Date: _____

