



2020 - 2021 VIRGINIA PRE-K PROGRAMS REGISTRATION FORM
506 9TH AVE NORTH, VIRGINIA, MN 55792
Phone: 218-742-3805 Fax: 218-741-8522 Email: skushjeffery@vmmps.org



Child's **Legal** Name: _____ Date of Birth: ____/____/____
Last First Middle Month Day Year

FOUR'S AND FIVE'S (MUST BE FOUR YEARS OLD BY 09-01-2020):

_____ FOUR FULL HEADSTART DAYS (M, T, W, TH)	8:10am - 3:10pm	FREE
_____ FOUR FULL SCHOOL READINESS DAYS (M, T, W, TH)	8:05am - 2:45pm	FREE
_____ TWO FULL SCHOOL READINESS DAYS (T, TH)	8:05am - 2:45pm	FREE
_____ TRANSITIONS 3 1/2 & 4 YEAR OLD (T, TH)	8:05am - 2:45pm	FREE
_____ ONE FULL DAY - FRIDAY WRAP AROUND	8:05am - 2:45pm	\$100 PER MONTH

**DOES YOUR
CHILD RECEIVE
SPECIAL ED
SERVICES?**
___ YES ___ NO

THREE'S (MUST BE THREE YEARS OLD BY 09-01-2020):

_____ FOUR FULL HEADSTART DAYS (M, T, W, TH)	8:10am - 3:10pm
_____ TWO HALF DAYS (M, W)	8:00am - 11:00am

If my income meets the guidelines for Head Start, I would like to be considered for this and am willing to talk with a Head Start representative further about qualifications. I agree information can be shared between the school and Head Start.

Please Initial _____

Are you a resident of the Virginia School District: ___ Yes ___ No If NO, which school district do you reside in: _____
My child has received Early Childhood Screening: ___ Yes ___ No If YES, date and district where child was screened: _____

Immunizations: It is the policy of the Virginia School District that all students must be current on immunizations, and a copy must be on file in the school nurse's office. Conscientious Objectors must have a notarized form stating as such

Student resides with:

___ Mother & Father	___ Mother Only	Address _____	PO Box / Apt No. _____
___ Mother & Stepfather	___ Father Only		
___ Father & Stepmother	___ Other (please list)	City _____	State _____
		Home Phone _____	Zip Code _____
			County _____

Parent / Guardian Information		Parent / Guardian Information	
Name	_____	Name	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Work Phone	_____	Work Phone	_____
Email Address	_____	Email Address	_____
Address (if different)	_____	Address (if different)	_____

EMERGENCY CONTACT INFORMATION (if parents / guardians can NOT be reached)

CONTACT NAME	RELATIONSHIP TO STUDENT	DAYTIME PHONE	ADDRESS

Note: It is your responsibility to contact the school with any changes to your address, phone number, or email.

OTHER FAMILY MEMBERS 0-18 YEARS OF AGE, LIVING AT HOME:

NAME	GRADE	SEX	DATE OF BIRTH

FEDERAL RACE / ETHNICITY CATEGORIES REQUIRED BY NO CHILD LEFT BEHIND. PLEASE COMPLETE PARTS A, B, AND C

PART A Is the student Hispanic or Latino? ___ NO, not Hispanic or Latino
___ YES, Hispanic or Latino (Mexican, Puerto Rico, South or Central American or other Spanish culture or origin, regardless of race.)

PART B Check ALL that apply ___ American Indian / Alaskan Native ___ Asian ___ Black / African American
___ Hawaiian / Pacific Islander ___ White

PART C For state reporting purposes, check ONE response
___ 0 - Not North American Indian (i.e. student is Central American Indian, White, Asian, etc)
___ 1 - American Indian or Alaskan Native Persons having origins in any of the original peoples of North America

01/2020

Parent / Guardian Signature _____ Date _____