



Rock Ridge Public Schools Three & Four-Year-Old Programs

Parkview Learning Center
506 North 9th Avenue, Virginia, MN 55792
Phone (218) 742-3805 shanon.kush@rrps.org



Dear Parents and Guardians,

Rock Ridge Public Schools and AEOA Head Start are taking registrations for area three and four-year-old children to participate in our innovative School Readiness program for the 2021-2022 school year. Research shows that an investment in early childhood education dramatically increases a child’s ability to be successful. The Rock Ridge School District has made an investment in the education of our youngest learners so they can ultimately be successful.

We encourage and welcome you to enroll your child in this unique learning opportunity. Our program will provide students with high quality programming led by professionals who will provide the following key components:

- * A social emotional curriculum
- * Trained and experienced teachers
- * Small class sizes
- * A developmentally appropriate curriculum
- * A safe environment
- * Regular and consistent parent-teacher communication

The following options are available to **four-year-old School Readiness** children and their families, which include transportation to and from school.

Option One: Four days per week (Monday, Tuesday, Wednesday & Thursday) (FREE) GILBERT or VIRGINIA CAMPUS
*Note: The School Readiness program operates 129 days, from September 20-May 19. 8:05am-2:45pm

Option Two: Two days per week (Tuesday and Thursday) (FREE) VIRGINIA CAMPUS
*Note: The School Readiness program operates 65 days, from September 21-May 19. 8:05am-2:45pm

Option Three: Friday can be a stand-alone option or it can be added to option one or two. GILBERT or VIRGINIA CAMPUS
*Note: The Friday option costs \$150 per month. However, there is a sliding fee scale and scholarships are available for families who meet certain income eligibility guidelines. 8:05am-2:45pm
*Note: The class operates 30 Fridays, from September 24-May 20.

The following option is available to **three-year-old Terrific 3’s**, which does not include transportation.

Option One: Two days per week (FREE) GILBERT or VIRGINIA CAMPUS
*Note: The School Readiness program operates 48 days, October 4- April 28 8:00am–1:00pm

The following options are available to three and four-year-old **Head Start** children and their families, which include transportation to and from school. Eligibility is based on income guidelines to determine program participation. Contact Jerry Crittenden at jerry.crittenden@aeoa.org for Head Start information.

Option One: Four days per week (Monday, Tuesday, Wednesday & Thursday) (FREE) VIRGINIA CAMPUS
*Note: The Head Start program operates 140 days, from September 7-May 26. 8:00am-3:30pm

Option Two: Four days per week (Monday, Tuesday, Wednesday & Thursday) (FREE) GILBERT CAMPUS
*Note: The Head Start program operates 128 days, from September 7-May 12. 8:30am-12:30pm

Please be sure to bring or mail a copy of your child’s birth certificate and all enclosed registration forms.

After we receive your registration, a letter will be mailed to you confirming your child’s acceptance into the Rock Ridge program. We look forward to meeting the needs of you and your child. If you have any questions or concerns, please feel free to stop by or call the Early Childhood office (218) 742-3805.

Sincerely,
Shanon Kush-Jeffery, Early Childhood Coordinator



2021 - 2022 ROCK RIDGE REGISTRATION FORM

506 9TH AVE NORTH, VIRGINIA, MN 55792

Phone: 218-742-3805 Fax: 218-741-8522 Email: shanon.kush@rrps.org



Child's Legal Name: _____
 Last First Middle
 Child's Date of Birth: ____ / ____ / ____ Child's Gender: _____

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

CONTACT NAME	RELATIONSHIP TO STUDENT	DAYTIME PHONE	ADDRESS

ROCK RIDGE PUBLIC SCHOOL DISTRICT

FOUR'S AND FIVE'S (MUST BE FOUR YEARS OLD BY 09-01-2021):

<input type="checkbox"/> FOUR FULL SCHOOL READINESS DAYS (M, T, W, TH)	Virginia Campus	8:05am - 2:45pm	FREE
<input type="checkbox"/> FOUR FULL SCHOOL READINESS DAYS (M, T, W, TH)	Gilbert Campus	8:05am - 2:45pm	FREE
<input type="checkbox"/> TWO FULL SCHOOL READINESS DAYS (T, TH)	Virginia Campus	8:05am - 2:45pm	FREE
<input type="checkbox"/> ONE FULL DAY - FRIDAY WRAP AROUND	Virginia Campus	8:05am - 2:45pm	\$150 PER MONTH
<input type="checkbox"/> ONE FULL DAY - FRIDAY WRAP AROUND	Gilbert Campus	8:05am - 2:45pm	\$150 PER MONTH

THREE'S (MUST BE THREE YEARS OLD BY 09-01-2021):

<input type="checkbox"/> TWO HALF DAYS (M, W)	Virginia Campus	8:00am - 1:00pm	FREE
<input type="checkbox"/> TWO HALF DAYS (T, TH)	Gilbert Campus	8:00am - 1:00pm	FREE

AEOA HEAD START PROGRAM

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 _____

THREE'S AND FOUR'S (MUST MEET AGE BY 09-01-2021):

<input type="checkbox"/> FOUR FULL HEAD START DAYS (M, T, W, TH)	Virginia Campus	8:00am - 3:30pm	FREE
<input type="checkbox"/> FOUR FULL HEAD START DAYS (M, T, W, TH)	Gilbert Campus	8:30am - 12:30pm	FREE

SCHOOL DISTRICT INFORMATION

Are you a resident of the Rock Ridge School District: Yes No

If NO, what school district do you reside in: _____

EARLY CHILDHOOD SCREENING

My child has received an Early Childhood Screening: Yes No

If YES, date and location of where child was screened: _____

BIRTH CERTIFICATE

It is a program requirement that we receive a copy of your child's birth certificate. If you do not have a copy, please visit the St Louis County Recorder's Office website at www.co.st-louis.mn.us or contact the Virginia Vital Records Office at 218-749-0673 for information on how to apply. We do not need a certified copy.

IMMUNIZATIONS

It is the policy of the Rock Ridge 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.

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

02/12/2021

Parent / Guardian Signature _____ Date _____

Early Childhood Family Education (ECFE) and School Readiness Parent Questionnaire

General Information: Please help us learn about your child and family. Neither you nor your child will be identified in any published report. If you do not wish to participate in the parent questionnaire, it will not prevent you or your child from participating in any program or service. All data provided are protected by state and federal data privacy standards.

If you choose to voluntarily answer the questions, your information will be used by your local school district and the Minnesota Department of Education for program planning and evaluation in line with state and federal data privacy practices. Again, only aggregated information will be published. Thank you for your help in improving public services!

1. Please indicate whether you are this child's

Mother Father Grandmother Grandfather
 Foster Mother Foster Father Guardian Other Relative

2. Your highest level of school completed. Mark only one.

Eighth grade
 12th grade
 High School Diploma
 Some college but no degree
 Associate's Degree
 Bachelor's Degree
 Master's degree
 Ph. D.

3. Your Date of Birth (Month/Day/Year) _____/_____/_____

4. Your current job status, mark only one.

Employed > 25 hours per week, employed more than 25 hours per week
 Employed < 25 hours per week, employed less than 25 hours per week
 Unemployed, seeking employment
 Unemployed, not seeking employment

5. What is the race/ethnicity of your child(ren) (Check all that apply)

White Black/African/African American Hispanic or Latino
Asian Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native
Other, single race Other, two or more races

6. What was your household's total yearly income, before taxes last year, rounding to the nearest thousand? \$ _____

7. How many people were in your household last year? Check one.

2 3 4 5 6 7 8

For School Use Only – SSID Number _____



ROCK RIDGE PUBLIC SCHOOLS STUDENT ENROLLMENT FORM

ENROLLMENT CHOICE: PARKVIEW ___ NELLE SHEAN ___ FRANKLIN ___ ROOSEVELT ___ EVELETH-GILBERT JUNIOR HIGH ___
EVELETH-GILBERT HIGH SCHOOL ___ VIRGINIA HIGH SCHOOL ___

STUDENT INFORMATION

LEGAL NAME _____ GRADE _____
LAST FIRST FULL MIDDLE
BIRTHDATE ___/___/___ GENDER: ___ MALE ___ FEMALE
BORN IN USA ___ YES ___ NO IF NO, WHICH COUNTRY _____
ADDRESS/PHONE _____
STREET ADDRESS CITY/STATE/ZIP CODE STUDENT'S CELL PHONE
STUDENT CURRENTLY LIVES WITH ___ BOTH PARENTS ___ MOTHER ___ FATHER ___ OTHER _____

SCHOOL ENROLLMENT INFORMATION

PREVIOUSLY ATTENDED: ROCK RIDGE, VIRGINIA or EVELETH PUBLIC SCHOOLS? ___ YES ___ NO
MN PUBLIC SCHOOL? ___ YES ___ NO
LAST SCHOOL ATTENDED _____
NAME OF SCHOOL STREET ADDRESS CITY/STATE/ZIP CODE TELEPHONE/FAX
DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES? ___ YES ___ NO 504 SERVICES? ___ YES ___ NO

GUARDIAN/FAMILY INFORMATION

MILITARY FAMILY ___ YES ___ NO ACTIVELY DEPLOYED ___ YES ___ NO MIGRANT FAMILY ___ YES ___ NO
PRIMARY HOME LANGUAGE ___ ENGLISH ___ OTHER (PLEASE SPECIFY) _____
STUDENT'S LEGAL GUARDIAN: ___ BOTH PARENTS ___ MOTHER ___ FATHER ___ OTHER
PARENT/LEGAL GUARDIAN NAME _____
RELATIONSHIP TO STUDENT _____ PARENT EMAIL _____
PARENT/LEGAL GUARDIAN ADDRESS _____
STREET ADDRESS CITY/STATE/ZIP CODE
PARENT/LEGAL GUARDIAN EMPLOYER _____ WORK PHONE _____
HOME PHONE _____ CELL PHONE _____
PARENT/LEGAL GUARDIAN NAME _____
RELATIONSHIP TO STUDENT _____ PARENT EMAIL _____
PARENT/LEGAL GUARDIAN ADDRESS _____
STREET ADDRESS CITY/STATE/ZIP CODE
PARENT/LEGAL GUARDIAN EMPLOYER _____ WORK PHONE _____
HOME PHONE _____ CELL PHONE _____

IN CASE OF EMERGENCY, CONTACT:

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

OTHER FAMILY MEMBERS 0-GRADE 12 LIVING AT HOME

NAME _____ GRADE _____ GENDER _____ BIRTHDATE _____ SCHOOL _____
NAME _____ GRADE _____ GENDER _____ BIRTHDATE _____ SCHOOL _____
NAME _____ GRADE _____ GENDER _____ BIRTHDATE _____ SCHOOL _____
NAME _____ GRADE _____ GENDER _____ BIRTHDATE _____ SCHOOL _____

STATE/FEDERAL REPORTING REQUIREMENTS

RACIAL/ETHNICITY DATA

For federal reporting purposes, check **all** that apply:

- White
- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/Pacific Islander

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

For federal reporting purposes, check **one** response:

- YES, Hispanic or Latino: Mexican, Puerto Rican, South or Central American and other Spanish culture or origin, regardless of race
- NO, not Hispanic or Latino

MCKINNEY-VENTO REPORTING REQUIREMENTS

Check the box that most accurately describes the student/family living arrangement.

- Staying in a shelter.
- Unsheltered (living in a car, abandoned building, etc)
- Motel/Hotel due to loss of housing.
- Sharing housing of others due to loss of housing, economic hardship or similar reason.
- Migrant Worker
- Transitional housing unit.
- Unaccompanied youth; not in physical custody of a parent or legal guardian.
- Other: Please explain _____
- None of these apply. The student is not homeless.

I certify that the information is accurate:

Parent/Legal Guardian Signature

Date

*******FOR OFFICE USE ONLY*******

MARSS NUMBER _____ STUDENT ID _____ RESIDENT DISTRICT _____

ENROLLMENT DATE _____ CODE _____
WITHDRAWAL DATE _____ CODE _____

CHANGES _____
CHANGES _____
CHANGES _____

STATE AID CODE _____ TRANSPORTATION CODE _____ SCHOOL BUILDING # _____

HOMELESS LIAISON CONTACTED (if applicable) _____ DATE _____

