



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

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 2023-2024 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** children and their families. These options include transportation to and from school.

Option One: Four days per week (Monday, Tuesday, Wednesday & Thursday) (FREE) EVELETH or VIRGINIA CAMPUS
*Note: The School Readiness program operates 128 days, from September 18-May 17. Full days

Option Two: Friday can be a stand-alone option or it can be added to option one.. VIRGINIA CAMPUS
*Note: The Friday option costs \$150 per month. However, there is a sliding fee scale and Full days
scholarships are available for families who meet certain income eligibility guidelines.
*Note: The class operates 30 Fridays, from September 22-May 17.

The following option is available to **three-year-old** children and their families. This option does not include transportation.

Option One: Two days per week (Monday/Tuesday or Wednesday/Thursday) (\$100 per month) VIRGINIA CAMPUS
8:00-12:00
Option Two: Two days per week (Monday/Tuesday) (\$100 per month) EVELETH CAMPUS
8:00-12:00
Option Three: One day per week (Friday) (\$100 per month) EVELETH CAMPUS
8:00-2:50

*Note: The School Readiness program operates 62 days, September 18-May 16.

Please be sure to bring or mail a copy of your child's birth certificate and schedule a preschool screening.

Head Start Options: contact Jerry Crittenden at jerry.crittenden@aeoa.org or 218-748-7315 for class availability for three and four-year-old **Head Start** children and their families, which may include transportation to and from school. Eligibility is based on income guidelines to determine program participation.

After we receive your registration, a letter will be mailed to you by early July 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



2022- 2023 ROCK RIDGE REGISTRATION FORM
506 9TH AVE NORTH, VIRGINIA, MN 55792
Phone: 218-742-3805 Email: shanon.kush@rrps.org

Child's **Legal Name:** _____
Last First Middle

Date of Birth: ____/____/____ Gender: ____ F / M

FOUR'S AND FIVES (MUST BE FOUR YEARS OLD BY 09-01-2023):

- ___ FOUR FULL SCHOOL READINESS DAYS (M, T, W, TH) Virginia Campus Full Days **FREE**
- ___ FOUR FULL SCHOOL READINESS DAYS (M, T, W, TH) Eveleth Campus Full Days **FREE**
- ___ FOUR FULL SCHOOL READINESS DAYS (F) Virginia Campus Full Day **\$150 PER MONTH**

THREES (MUST BE THREE YEARS OLD BY 09-01-2023):

- ___ TWO HALF DAYS (M, T) Virginia Campus 8:00am-12:00pm **\$100 PER MONTH**
- ___ TWO HALF DAYS (W, TH) Virginia Campus 8:00am-12:00pm **\$100 PER MONTH**
- ___ TWO HALF DAYS (M, T) Eveleth Campus 8:00am-12:00pm **\$100 PER MONTH**
- ___ ONE FULL DAY (F) Eveleth Campus Full Day **\$100 PER MONTH**

SLIDING FEE SCALE AND SCHOLARSHIPS ARE AVAILABLE TO FAMILIES WHO MEET CERTAIN INCOME ELIGIBILITY GUIDELINES. A CHILD WILL NOT BE DENIED ACCESS DUE TO INABILITY TO PAY FEE.

I give Rock Ridge Public Schools permission to perform a Child Health and Development Screening with my child. **Initial:** _____

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. **Initial:** _____

Parent/Guardian Signature: _____



ROCK RIDGE PUBLIC SCHOOLS STUDENT ENROLLMENT FORM

ENROLLMENT CHOICE

- ☐ PARKVIEW (PK-2, VIRGINIA CAMPUS) ☐ LAURENTIAN (PK-6, EVELETH CAMPUS)
☐ NORTH STAR (3-6 VIRGINIA CAMPUS) ☐ ROCK RIDGE HIGH SCHOOL

SCHOOL ENROLLMENT INFORMATION

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

SCHOOL ENROLLMENT INFORMATION

PREVIOUSLY ATTENDED ROCK RIDGE, VIRGINIA, OR EVELETH-GILBERT ☐ YES ☐ NO
MN PUBLIC SCHOOL ☐ YES ☐ NO
LAST SCHOOL ATTENDED _____
NAME OF SCHOOL ADDRESS CITY STATE ZIP
PHONE NUMBER FAX NUMBER

DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES? ☐ YES ☐ NO
DOES STUDENT RECEIVE 504 SERVICES? ☐ YES ☐ NO
HAS STUDENT RECEIVED AN EARLY CHILDHOOD SCREENING? (PRE-K AND KINDERGARTEN ONLY) ☐ 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 #1 NAME _____
RELATIONSHIP TO STUDENT _____ PARENT EMAIL _____
PARENT/LEGAL GUARDIAN ADDRESS _____
STREET ADDRESS CITY/STATE/ZIP
EMPLOYER _____ WORK PHONE _____
HOME PHONE _____ CELL PHONE _____

PARENT/LEGAL GUARDIAN #2 NAME _____
RELATIONSHIP TO STUDENT _____ PARENT EMAIL _____
PARENT/LEGAL GUARDIAN ADDRESS _____
STREET ADDRESS CITY/STATE/ZIP
EMPLOYER _____ WORK PHONE _____
HOME PHONE _____ CELL PHONE _____

LANGUAGE SURVEY

MY STUDENT FIRST LEARNED:	<input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST): _____	<input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST): _____	<input type="checkbox"/> ONLY ENGLISH
MY STUDENT SPEAKS:	<input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST): _____	<input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST): _____	<input type="checkbox"/> ONLY ENGLISH
MY STUDENT UNDERSTANDS:	<input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST): _____	<input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST): _____	<input type="checkbox"/> ONLY ENGLISH
MY STUDENT HAS CONSISTENT INTERACTION IN:	<input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST): _____	<input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST): _____	<input type="checkbox"/> ONLY ENGLISH

OTHER FAMILY MEMBERS K-12 LIVING AT HOME

NAME _____	BIRTHDATE _____	GENDER _____
NAME _____	BIRTHDATE _____	GENDER _____
NAME _____	BIRTHDATE _____	GENDER _____
NAME _____	BIRTHDATE _____	GENDER _____

EMERGENCY CONTACTS (IF PARENTS/GUARDIANS CANNOT BE REACHED)

NAME _____	RELATIONSHIP _____	PHONE _____
NAME _____	RELATIONSHIP _____	PHONE _____
NAME _____	RELATIONSHIP _____	PHONE _____

MCKINNEY-VENTO REPORTING REQUIREMENTS

CHECK THE BOX THAT MOST ACCURATELY DESCRIBES THE STUDENT/FAMILY LIVING ARRANGEMENT

- | | |
|---|---|
| <input type="checkbox"/> STAYING IN A SHELTER | <input type="checkbox"/> MIGRANT WORKER |
| <input type="checkbox"/> MOTEL/HOTEL DUE TO LOSS OF HOUSING | <input type="checkbox"/> TRANSITIONAL HOUSING UNIT |
| <input type="checkbox"/> UNACCOMPANIED YOUTH; NOT IN PHYSICAL CUSTODY OF A PARENT OR LEGAL GUARDIAN | <input type="checkbox"/> SHARING HOUSING OF OTHERS DUE TO LOSS OF HOUSING, ECONOMIC HARDSHIP/SIMILAR REASON |
| <input type="checkbox"/> UNSHELTERED (LIVING IN A CAR, ABANDONED BUILDING, ETC.) | <input type="checkbox"/> OTHER (PLEASE EXPLAIN): _____ |
- ☐ NONE OF THESE APPLY. THE STUDENT IS NOT HOMELESS

STATE REPORTING REQUIREMENTS – CHECK ONE

- ☐ AMERICAN INDIAN (PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA AND MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION)
- ☐ NOT NORTH AMERICAN INDIAN (STUDENT IS CENTRAL OR SOUTH AMERICAN INDIAN, WHITE, ASIAN, ETC.)

STATE/FEDERAL REPORTING REQUIREMENTS – CHECK ALL THAT APPLY

- HISPANIC/LATINO** ☐ YES ☐ NO
 IF YES, CHOOSE ALL THAT APPLY ☐ DECLINE TO INDICATE ☐ GUATEMALAN ☐ SALVADORAN ☐ OTHER HISPANIC/LATINO
☐ COLOMBIAN ☐ MEXICAN ☐ PUERTO RICAN ☐ UNKNOWN
☐ ECUADORIAN ☐ SPANIARD/SPANISH/SPANISH-AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE** ☐ YES ☐ NO
 IF YES, CHOOSE ALL THAT APPLY ☐ DECLINE TO INDICATE ☐ CHEROKEE ☐ OTHER NORTH AMERICAN INDIAN TRIBAL AFFILIATION
☐ ANISHINAABE/OJIBWE ☐ DAKOTA/LAKOTA ☐ UNKNOWN
- AMERICAN INDIAN FROM SOUTH OR CENTRAL AMERICA** ☐ YES ☐ NO
- ASIAN** ☐ YES ☐ NO
 IF YES, CHOOSE ALL THAT APPLY ☐ DECLINE TO INDICATE ☐ ASIAN INDIAN ☐ BURMESE ☐ OTHER ASIAN
☐ CHINESE ☐ FILIPINO ☐ VIETNAMESE ☐ UNKNOWN
☐ KAREN ☐ KOREAN ☐ HMONG
- BLACK OR AFRICAN AMERICAN** ☐ YES ☐ NO
 IF YES, CHOOSE ALL THAT APPLY ☐ DECLINE TO INDICATE ☐ AFRICAN-AMERICAN ☐ ETHIOPIAN-OROMO
☐ ETHIOPIAN-OTHER ☐ LIBERIAN ☐ NIGERIAN
☐ SOMALI ☐ OTHER BLACK ☐ UNKNOWN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** ☐ YES ☐ NO
- WHITE** ☐ YES ☐ NO

PERMISSIONS

- | | |
|---|--|
| I GIVE THE DISTRICT PERMISSION TO PHOTOGRAPH/VIDEOTAPE MY CHILD | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I UNDERSTAND THAT IF MY CHILD HAS OVERDUE LIBRARY BOOKS, HE/SHE MAY NOT BORROW MORE BOOKS UNTIL THE OVERDUE BOOKS ARE RETURNED. I ALSO UNDERSTAND THAT IF THE BOOKS ARE LOST, I MAY HAVE TO REPLACE THEM. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I GIVE PERMISSION FOR MY CHILD TO ATTEND ANY SCHOOL-SPONSORED FIELD TRIPS THAT OCCUR DURING SCHOOL HOURS | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I HAVE READ AND UNDERSTAND THE STUDENT INFORMATION TECHNOLOGY USE AGREEMENT (FOUND ON THE DISTRICT WEBSITE) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I HAVE READ AND UNDERSTAND MY STUDENT'S SCHOOL HANDBOOK (FOUND ON THE DISTRICT WEBSITE) | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PARENT/GUARDIAN NAME (PRINT): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____