2024-2025 Rock Ridge School District #2909 Early Childhood Family Education Registration Student Registration Information

Class 1	Monday	8:30-10:00	Stepping Stones	4-5 Years	Eveleth
Class 2	Tuesday	8:30-10:00	Mixed Ages	Birth-5 Years	Eveleth
Class 3	Tuesday	10:30-12:00	Mixed Ages	Birth-5 Years	Eveleth
Class 4	Wednesday	8:30-10:00	Toddlers	12 months-36 months	Virginia
Class 5	Wednesday	10:30-12:00	Mixed Age	Birth-5 Years	Virginia
Class 6	Thursday	8:30-10:00	Mixed Age	Birth-5 Years	Virginia
Class 7	Thursday	10:30-12:00	Mixed Age	Birth-5 Years	Virginia
Class 8	Friday	8:00-10:00	Stepping Stones	4-5 Years	Virginia
Class 9	Friday	10:30-12:00	Baby(see schedule)	Birth-Not Yet Walking	Virginia
Class 10	Friday	10:30-12:00	Specialty (see schedule)	18 months-5 Years	Virginia

Children participating need to be age by September 1.

Note: Schedule subject to change due to enrollment.

RESIDENT II	NFORMATION
Are you a resident of Rock Ridge? Yes No If no, in	which school district do you reside?
Student resides with:	Address
Mother & FatherMother Only Mother & StepfatherFather OnlyFather & Stepmother Other (please list)	City State Zip Code
	Home Phone County
Parent # 1 Information	Parent #2 Information
Name	Name
Home Phone	Home Phone
Email Address	Email Address

STUDENTS THAT WILL ATTEND ECFE

						enter cla	ass number from	m above
						Fall	Winter	Spring
CHILD 1:				M/F	Date of Birth: — / —- / —-			
	Last	First	Middle	Circle One				
CHILD 2:				M/F	Date of Birth: —- / —- / —-			
	Last	First	Middle	Circle One				
CHILD 3:				M/F	Date of Birth: — / —- / —-			
	Last	First	Middle	Circle One				

CLASS FEE INFORMATION

Fees: per trimester			
Income	1.5 hour class	Specialty(per trimester)	Stepping Stone(per month)
\$75,000+	\$100	\$50	\$50
\$60,000-\$79,999	\$75	\$37.50	\$37.50
\$45,000-\$59,999	\$50	\$25	\$25
\$25,000-\$44,999	\$25	\$12.50	\$12.50
\$Under \$25,000	\$5	\$6	\$6
		7.	T =

PAYMENT PLAN: Fee enclosed Fee reduction-able to pay \$

NO FAMILY WILL BE DENIED PARTICIPATION DUE TO INABILITY TO PAY THE CLASS FEE.

Checks made payable to ISD #2909 and electronic payments are available through community education portal.

RETURN COMPLETED REGISTRATION AND FEE TO: Rock Ridge Early Childhood ATTN: ECFE, 506 9th Ave. N., Virginia, MN. 55792

INFORMATION: Call 218-742-3805 or shanon.kush@rrps.org

ROCK RIDGE PUBLIC SCHOOLS EARLY CHILDHOOD STUDENT ENROLLMENT FORM

STUDENT'S LEGAL (LAST) NAME (FIRST) (/FILL MIDDLE	GRADE
	(FULL MIDDLE)	
	CHILD RECEIVE SERVICES?	MILITARY FAMILY? ☐ YES ☐ NO
ADDRESS		
STREET ADDRESS CITY/STATE	/ZIP CODE	
STUDENT CURRENTLY LIVES WITH: BOTH PARENTS MOTHER	FATHER ☐ OTHER	
DOES THE STUDENT MEET THE FEDERAL DEFINITION OF HOMELESS (Check yes if you lack a fixed, regular, and adequate nighttime residence including the control of the contro	_YESNOUNSURE ng temporary housing, shelters, la	ck of water/heat, etc.)
STUDENT'S LEGAL GUARDIAN : BOTH PARENTS MOTHER FA	THER OTHER	
MOTHER/GUARDIAN ADDRESS	CITY/STATE/ZIP	HOME PHONE
MOTHER'S PRIMARY EMAIL ADDRESS		CELL PHONE
EMPLOYER	WORK PHON	NE
FATHER/GUARDIAN ADDRESS	CITY/STATE/ZIP	HOME PHONE
FATHER'S PRIMARY EMAIL ADDRESS		CELL PHONE
EMPLOYER	WORK PHONE	<u> </u>
IMMINATIONS LIP TO DATE: yes	or Assistance: yes	
IMMUNATIONS UP TO DATE; yes no Receiving Interprete	el Assistance, yes no_	
Any Special Needs or Delay NOT eligible for Special Education		
Any Special Needs or Delay NOT eligible for Special Education OTHER FAMILY MEMBERS 0 – 18 YEARS OF AGE, LIVING AT HOME:		
Any Special Needs or Delay NOT eligible for Special Education OTHER FAMILY MEMBERS 0 – 18 YEARS OF AGE, LIVING AT HOME: NAMES		
Any Special Needs or Delay NOT eligible for Special Education OTHER FAMILY MEMBERS 0 – 18 YEARS OF AGE, LIVING AT HOME:	GRADE SEX	
Any Special Needs or Delay NOT eligible for Special Education OTHER FAMILY MEMBERS 0 – 18 YEARS OF AGE, LIVING AT HOME: NAMES IN CASE OF EMERGENCY, CONTACT: Name RELATIONSHIP Federal Race/Ethnicity categories required by No Child Left Behind. Complete Parts A and B Part A – Check only one Is student/parent Hispanic/Latino? No, not Hispanic/Latino?	PRIMARY HOME LANG English Other (Please specify) MIGRANT WORKER	BIRTHDATE GUAGE HOMELESS Yes No
Any Special Needs or Delay NOT eligible for Special Education OTHER FAMILY MEMBERS 0 – 18 YEARS OF AGE, LIVING AT HOME: NAMES IN CASE OF EMERGENCY, CONTACT: Name RELATIONSHIP Federal Race/Ethnicity categories required by No Child Left Behind. Complete Parts A and B Part A – Check only one Is student/parent Hispanic/Latino? No, not Hispanic/Latino Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture Or origin, regardless of race.)	PHONE NUMBERPHONE NUMBER	BIRTHDATE GUAGE HOMELESS Yes No BORN IN USA Yes No (Country) OFFICE USE ONLY *****
Any Special Needs or Delay NOT eligible for Special Education OTHER FAMILY MEMBERS 0 – 18 YEARS OF AGE, LIVING AT HOME: NAMES IN CASE OF EMERGENCY, CONTACT: Name RELATIONSHIP Federal Race/Ethnicity categories required by No Child Left Behind. Complete Parts A and B Part A – Check only one Is student/parent Hispanic/Latino? No, not Hispanic/Latino Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture Or origin, regardless of race.) Part B – Check ALL that apply American Indian or Alaska Native	PHONE NUMBER	BIRTHDATE GUAGE HOMELESS Yes No BORN IN USA Yes No (Country) OFFICE USE ONLY *****
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Any Special Needs or Delay NOT eligible for Special Education OTHER FAMILY MEMBERS 0 – 18 YEARS OF AGE, LIVING AT HOME: NAMES IN CASE OF EMERGENCY, CONTACT: Name	PHONE NUMBER	BIRTHDATE GUAGE HOMELESS Yes No BORN IN USA Yes No (Country) DEFICE USE ONLY ***** Class Reason Funding Source
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Early Learning Services 1500 Highway 36 West Roseville, MN 55113-426 Early Childhood Family Education (ECFE) and School Readiness Parent Questionnaire

ED-02470-05

Early Childhood Family Education and School Readiness Parent Questionnaire

Help us learn about your child and family. Neither you nor your child will be identified in any published report. If you wish not to take part in this questionnaire, it will not prevent you or your child from taking part in any program or service. All data is protected by state and federal data privacy standards.

If you choose to answer the questions, your information will be used by your local school district and the Minnesota Department of Education for program planning. None of your personal information will be published.

Thank you for helping improve public services.

1.	Relationship to child			
	Mother			_ Father
	Mother's signifi	cant other		_ Father's significant other
	Grandmother			_ Grandfather
	Court Appointe	d Guardian		
2.	Your highest level of	school comple	eted. Ma	rk only one.
	No school comp	oleted		
	Preschool			Career & Technical Education Certificate
	Kindergarten			Associate's Degree
	Grade:			Bachelor's Degree
	High School Dip	loma/GED	-	Master's degree
	Some college bu	ut no degree		Ph. D.
	Other			
3.	Your Date of Birth (N	lonth/Day/Ye	ar)	_//
4.		disability, and	unempl	me (including farm income, child support/alimony, oyment and veterans benefits) before taxes, rounding to
				ing with you and shares income and expenses, even if not
5.	How many people liv	ed in your hor	ne last y	ear? Choose one.
	2 3 4	5 6	7	8
or sch	ool use only:			