

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 INFORMATION

Are you a resident of Rock Ridge? Yes No If no, in which school district do you reside?

Student resides with: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother Only <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father Only <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Other (please list)	Address
	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 class number from 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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Mother's significant other | <input type="checkbox"/> Father's significant other |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Court Appointed Guardian | |

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

- | | |
|---|---|
| <input type="checkbox"/> No school completed | <input type="checkbox"/> Career & Technical Education Certificate |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Grade: _____ | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Ph. D. |
| <input type="checkbox"/> Some college but no degree | |
| <input type="checkbox"/> Other | |

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

4. What is your household's* total yearly income (including farm income, child support/alimony, pension/retirement, disability, and unemployment and veterans benefits) before taxes, rounding to the nearest thousand? \$ _____

*Members of your household are anyone living with you and shares income and expenses, even if not related.

5. How many people lived in your home last year? Choose one.

- 2 3 4 5 6 7 8

For school use only: _____