Rock Ridge Public Schools
Three & Four-Year-Old School Readiness 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 2026-2027 school year. Research shows that an investment in early childhood education dramatically increases a child's ability to be successful.

School Readiness Options:

CLASS	DAYS	TIMES	TRANSPORTATION	LOCATION	FEES
3 Year Old Program Oct. 5- April 27	Mondays & Tuesdays	8:00 - 12:00	NO	Laurentian Elementary	$120/month
3 Year Old Program Oct. 7- April 29	Wednesdays & Thursdays	8:00 - 12:00	NO	Laurentian Elementary	$120/month
4 Year Old Program	Mon - Fri	Full Days	YES	Parkview Elementary	$200/month

Payment options and information are on the back of this form. Tuition help is available to families whose household income meets requirements. Please see the sliding fee scale, also located on the back of this form.

Preschool registration dates/times at Laurentian and Parkview:

- Monday, March 2nd through Wednesday, March 11th
- 7:45 AM to 4:00 PM

During registration, please bring with you:

- A copy of your child's birth certificate - required (we can make you a copy)
- All enclosed registration forms
- Fee reduction or waiver documentation verification, if applicable

If you are unable to register your student during this time, please call 218-742-3805 to set up a time. We will have someone in the Parkview or Laurentian office to assist you.

After we receive all your registration forms, a letter will be mailed to you by early June 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
Chad Hazelton, Community Education Director

Payment Information:

- Tuition is due by the 1st of each month.
- Electronic payments will be made available through the community education office.

Sliding Tuition Scale			
Annual Household Income	**Participant Fees**	**4 Year Old Monthly Fees**	**3 Year Old Monthly Fees**
Under $25,000	Eligible for Scholarship	FREE	FREE
$25,001 - $44,999	5% of listed tuition	$ 10.00	$ 6.00
$45,000 - $59,999	25% of listed tuition	$ 50.00	$ 30.00
$60,000 - $74,999	50% of listed tuition	$100.00	$ 60.00
$75,000 - $89,999	75% of listed tuition	$150.00	$ 90.00
$90,000 - $900,999	100% of listed tuition	$200.00	$120.00

Tuition assistance is available for families

- Families that qualify for tuition assistance will be required to provide proof of income. The allowable documentation for these fee reductions or waivers is listed below.
  - Income tax form 1040
  - Unemployment
  - SSI Document
  - Foster Care reimbursement
  - W-2 Certificate of NO income
  - Pay stub
  - SNAP, TANF or MFIP
  - Child support
  - Written statement from employer

Scholarship option:

- Pathway II scholarship
  - Parents/Guardians must complete and be approved for the Pathway II scholarship before school begins. Forms are available upon request from the Rock Ridge Early Childhood Office.
- Pathway I scholarship
  - Pathway I scholarships can be transferred from your childcare center to the school program.

Head Start Options: contact Jerry Crittenden (AEOA) 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.

ROCK RIDGE PUBLIC SCHOOLS STUDENT ENROLLMENT FORM

1405 PROGRESS PARKWAY, VIRGINIA, MN 55792

ENROLLMENT CHOICE

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

MAILING _____
STREET ADDRESS CITY STATE ZIP

STUDENT CELL PHONE NUMBER

CURRENTLY LIVES WITH ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHER

WILL STUDENT UTILIZE DISTRICT TRANSPORTATION TO/FROM THEIR RESIDENT ADDRESS? AM: ☐ YES PM: ☐ YES AM: ☐ NO PM: ☐ NO

SCHOOL ENROLLMENT INFORMATION

PREVIOUSLY ATTENDED ROCK RIDGE, VIRGINA, 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 _____

OTHER FAMILY MEMBERS K-12 LIVING AT HOME

FULL NAME _____ BIRTHDATE _____ GENDER _____

FULL NAME _____ BIRTHDATE _____ GENDER _____

FULL NAME _____ BIRTHDATE _____ GENDER _____

FULL NAME _____ BIRTHDATE _____ GENDER _____

EMERGENCY CONTACTS (IF PARENTS/GUARDIANS CANNOT BE REACHED)

FULL NAME _____ RELATIONSHIP _____ PHONE _____

FULL NAME _____ RELATIONSHIP _____ PHONE _____

FULL NAME _____ RELATIONSHIP _____ PHONE _____

LANGUAGE SURVEY

MY STUDENT FIRST LEARNED:	☐ LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ONLY ENGLISH
MY STUDENT SPEAKS:	☐ LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ONLY ENGLISH
MY STUDENT UNDERSTANDS:	☐ LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ONLY ENGLISH
MY STUDENT HAS CONSISTENT INTERACTION IN:	☐ LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ONLY ENGLISH

MCKINNEY-VENTO REPORTING REQUIREMENTS

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

- ☐ STAYING IN A SHELTER
- ☐ MOTEL/HOTEL DUE TO LOSS OF HOUSING
- ☐ UNACCOMPANIED YOUTH; NOT IN PHYSICAL CUSTODY OF A PARENT OR LEGAL GUARDIAN
- ☐ UNSHELTERED (LIVING IN A CAR, ABANDONED BUILDING, ETC.
- ☐ MIGRANT WORKER
- ☐ TRANSITIONAL HOUSING UNIT
- ☐ SHARING HOUSING OF OTHERS DUE TO LOSS OF HOUSING, ECONOMIC HARDSHIP/SIMILAR REASON
- ☐ 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 AFFLIATION	
	☐ 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	☐ YES	☐ 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.	☐ YES	☐ NO
I GIVE PERMISSION FOR MY CHILD TO ATTEND ANY SCHOOL-SPONSORED FIELD TRIPS THAT OCCUR DURING SCHOOL HOURS	☐ YES	☐ NO
I HAVE READ AND UNDERSTAND THE STUDENT INFORMATION TECHNOLOGY USE AGREEMENT (FOUND ON THE DISTRICT WEBSITE)	☐ YES	☐ NO
I HAVE READ AND UNDERSTAND MY STUDENT'S SCHOOL HANDBOOK (FOUND ON THE DISTRICT WEBSITE)	☐ YES	☐ NO

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

PARENT/GUARDIAN SIGNATURE: _____

2026-2027 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: ☐ Female ☐ Male

FOURS AND FIVES (MUST BE FOUR YEARS OLD BY 09-01-2026):

☐ FIVE FULL SCHOOL READINESS DAYS (M-F) Parkview Elementary
$200 PER MONTH

THREES (MUST BE THREE YEARS OLD BY 09-01-2026):

☐ TWO HALF DAYS (M, T) 8:00am-12:00pm Laurentian Elementary
$120 PER MONTH

☐ TWO HALF DAYS (W, TH) 8:00am-12:00pm Laurentian Elementary
$120 PER MONTH

SLIDING FEE SCALE AND PATHWAY SCHOLARSHIPS ARE AVAILABLE TO FAMILIES WHO MEET INCOME ELIGIBILITY GUIDELINES. A CHILD WILL NOT BE DENIED ACCESS DUE TO INABILITY TO PAY FEE. I WOULD LIKE TO RECEIVE INFORMATION ON AVAILABLE SCHOLARSHIPS.

☐ YES ☐ NO

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

☐ YES ☐ NO **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.

☐ YES ☐ NO **Initial:** ____

Parent/Guardian Signature: _____

TURN OVER ———>

DEPARTMENT OF EDUCATION

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 significant other
   ____ Father's significant other
   ____ Grandmother
   ____ Grandfather
   ____ Court Appointed Guardian

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

   ____ No school completed
   ____ Preschool
   ____ Kindergarten
   ____ Grade: _____
   ____ High School Diploma/GED
   ____ Some college but no degree
   ____ Other
   ___ Career & Technical Education Certificate
   ___ Associate's Degree
   ___ Bachelor's Degree
   ___ Master's degree
   ___ Ph. D.

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: _____

Transportation Questionnaire

Student Name: _____

1. Will your child need transportation provided by the school district?
   - ☐ Yes (if "yes," please go to question #2)
   - ☐ No (if "no," you are done)

2. Will your child be transported from your home address?
   - ☐ Yes (if "yes," you are done)
   - ☐ No (if "no," go to question #3)

3. Please indicate the address where you need transportation to/from (if different from your home address).

   Note: District transportation is provided only to addresses within each elementary school's attendance boundaries. For example, students living in the Midway area or north of Midway attend Parkview or North Star, while students living south of Midway attend Laurentian.

   Name of address (ex. Daycare name): _____

   Street Address: _____

If you are unsure which school your child will attend due to attendance boundaries, please contact the Laurentian office at 218-735-6201 or the Parkview office at 218-742-3801 for assistance.

Laurentian = K - 6
North Star = 3 - 6
Parkview = PreK - 2