



LITTLE GIANTS PRESCHOOL

Offered through ISD 2397, Le Sueur-Henderson Public Schools
Early Childhood Family Education Program

Little Giants Preschool classes are located in room 106 and 107 at Park Elementary School, 115 North Fifth Street in Le Sueur and at St. Paul's United Church of Christ, 111 S. 6th Street in Henderson. We offer two, three, four and a three full day a week class options with a class size of 16 students.

Little Giants Preschool Options 2021-2022

Option 1:	M, W, & F	Le Sueur	8:15 a.m. - 3:15 p.m.	4-5 year olds	\$260/month
Option 2:	M-TH	Le Sueur	12:15 - 3:15 p.m.	4-5 year olds	\$150/month
Option 3:	T & TH	Le Sueur	9:00 - 11:30 a.m.	3-4 year olds	\$80/month
Option 4:	M, W, & F	Henderson	8:15 - 11:15 a.m.	3-5 year olds (mixed age)	\$120/month

****Scholarships for preschool are available upon request****

NEED CHILDCARE?

If your preschooler needs childcare before or after preschool we are offering a childcare program called Early Ed-Ventures program which is also located at Park Elementary.

For details contact Cheri Youngren, the Early Ed-Venture's coordinator, at cyoungren@isd2397.org or contact Community Ed at 507-665-4620.

**Independent School District #2397
Le Sueur-Henderson Public Schools**



Student Registration Form

School Use Only

Entry Date _____
 MARSS ID _____
 Birth Verification _____
 Start Date _____
 Service Type: Primary or Part-time _____
 Graduation Year _____
 Resident District _____
 MARSS Entry Code _____
 Teacher _____
 Grade _____
 Enrolling School _____

Student LAST Name (Legal) _____ **Student FIRST Name (Legal)** _____ **Student MIDDLE Name (Full)** _____
Gender: Male Female **Birth Date (mm/dd/yyyy):** _____ **Grade Entering:** _____

Last School Attended: _____
 Name of Last School _____ City _____ State _____

Student's PRIMARY Household – all information will be sent to the primary household.

- Student lives with:**
 Mother
 Father
 Step-parent
 Foster-parent
 Family Relative
 Other (please list): _____

Note: Please notify the school office and provide legal documentation if there is a custodial change.

Primary Street Address _____
 City _____ State _____ Zip Code _____

	Primary Parent/Guardian	Primary Parent/Guardian	Emergency Contact
Name (Include Maiden)			
Date of Birth			
Home Phone			
Cell Phone			
Work Phone			
Email Address			
Did you attend a LS-H School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Student's SECONDARY Household (if applicable) – all information will be sent to the secondary household.

- Student lives with:**
 Mother
 Father
 Step-parent
 Foster-parent
 Family Relative
 Other (please list): _____

Note: Please notify the school office and provide legal documentation if there is a custodial change.

Primary Street Address _____
 City _____ State _____ Zip Code _____

	Secondary Parent/Guardian	Secondary Parent/Guardian	Emergency Contact
Name (Include Maiden)			
Date of Birth			
Home Phone			
Cell Phone			
Work Phone			
Email Address			
Did you attend a LS-H School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Student LAST Name (Legal)

Student FIRST Name (Legal)

Student MIDDLE Name (Full)

Does your student have permanent housing: Yes No

* If "No" is this student "Doubled Up"; living in a shelter, hotel/motel, or other temporary living situation? (Circle one)

Was your student born in the United States?

Yes No

If not, when did the student enter the United States?

Date: _____

Birth Country: _____

Is this student a child or sibling of an active duty member of the uniformed services, National Guard, Reserves or a veteran who was medically discharged or retired for one year? Yes No

If yes, is that member currently deployed? Yes No

PRE SCHOOL SCREENING INFORMATION

****Preschool Screening-is required for your child's entry into public school kindergarten or first grade.****

Has your child received a comprehensive health & developmental screening as a preschooler?

Yes No

If Yes, screening date: _____ (3-5 years old)

If Yes, check type of Provider: _____ Child/Teen Checkups _____ Head Start _____ Private Provider

_____ Another District _____ Conscientious Objector

If Yes, Name of Provider or District: _____

SPECIAL EDUCATION SERVICES INFORMATION – please check all that apply

Which Special Service(s) has the student received or is currently receiving?

- Vision Impaired
- Hearing Impaired
- Speech/Language
- Title One Reading
- Emotional/Behavioral
- Learning Disabled
- English Language Learner (ELL)
- Other: _____
- Gifted & Talented
- Student has an IEP
- Student has a 504 Plan

CENSUS – please list all other children in student's household

Full Legal Name	Date of Birth (mm/dd/yyyy)	Gender (male or female)	Grade Level

Data provided on this registration form will be used by personnel in the Le Sueur-Henderson School District 2397 to identify the student and family for school placement, open enrollment, and transportation. You are not required to respond to all requests for information on this form; however, be advised that incomplete information may limit the ability Le Sueur-Henderson Schools to fully provide educational services.

I certify the information given above is true and complete to the best of my knowledge.

Parent/Guardian Signature

Parent/Guardian Signature

Date

2019-20 Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (in bold) for their children. If you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below *(this question will not be answered by school staff):*

Decline to indicate

Guatemalan

Salvadoran

Other Hispanic/Latino

Colombian

Mexican

Spaniard/Spanish/

Unknown

Ecuadorian

Puerto Rican

Spanish-American

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. *[This question is needed to calculate state aid/funding.]*

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below *(this question will not be answered by school staff):*

Decline to indicate

Cherokee

Other North American Indian Tribal Affiliation

Anishinaabe/Ojibwe

Dakota/Lakota

Unknown

Go to Question 2.

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (this question will not be answered by school staff):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.²

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (this question will not be answered by school staff):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.³

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
4. My student has consistent interaction in:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

REGISTRATION FORM

Thank you for your interest in Little Giants Preschool. To begin the full registration process, please complete this form and return it with the \$35.00 non-refundable registration fee and payment for the first month of tuition.

Mail to: Little Giants Preschool, Park Elementary School, 115 N. 5th Street, Le Sueur, MN 56058. All other forms must be completed by August 29 to assure your child's placement in preschool.

CLASS CHOICE (check)

_____ **Option #1** Park Elementary Ages 4/5 (Mon. Wed. Fri. 8:15 a.m. - 3:15 p.m.) \$260 per month

_____ **Option #2** Park Elementary Ages 4/5 (Mon. Tues. Wed. Thur. 12:15 a.m. - 3:15 p.m.) \$150 per month

_____ **Option #3** Park Elementary Ages 3/4 (Tues. Thur. 9:00 - 11:30 a.m.) \$80 per month

_____ **Option #4** Henderson Multi-age (ages 3-5) (Mon. Wed. Fri. 8:15-11:15 a.m.) \$120 per month

Child's Name (First) _____ (Last) _____

Parent/Guardian _____

These people are authorized to accompany my child home from the Little Giants Preschool program. or emergency contact. (Include yourself)

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Parent/Guardian Signature _____

TRANSPORTATION

Child's Name _____

We encourage parents to carpool when arranging transportation to and from preschool. Knowing this option is not always available, parents can make arrangements with MN River Valley Transit (1-888-880-4696) or Trail Blazer Transit in Sibley County (1-888-743-3828) to meet your transportation needs. Children in the afternoon preschool sessions are welcome to ride the public school bus home with the older children free of charge.

Please tell us what option(s) you have chosen to meet your transportation needs. We want to keep all children safe and it is important for us to have this information in place before the school year begins. We do ask that the transportation options you choose for your child remain consistent throughout the year.

Little Giants Preschool Transportation Options

Park Elementary T, Th AM

- I will bring my child to and from preschool.
 - My child will ride the transit to and from preschool.
 - My child will be attending Kids Club, before preschool, after preschool or both.
(Please circle the correct option.)
 - Other _____
-

Park Elementary M, T, W, Th PM Preschool

- I will bring my child to and from preschool.
 - My child will ride the transit to and from preschool.
 - I will bring my child to school, they will ride the afternoon public school bus home.
 - My child will ride the transit to school and will ride the school bus home.
 - My child will ride the transit to school and I will pick them up.
 - My child will be attending Kids Club, before preschool, after preschool or both.
(Please circle the correct option.)
 - Other _____
-

Park Elementary M, W, F All Day

- My child will ride the bus to school in the morning.
 - I will bring my child to and from school.
 - My child will ride the transit to and from school.
 - My child will ride the school bus to school and the transit home.
 - My child will be attending Kids Club, morning, afternoon, or both. (Please circle the correct option.)
 - Other _____
-

Henderson Preschool Options M, W, F

- I will bring my child to and from preschool.
 - My child will ride the transit to and from preschool.
 - I will bring my child to school, they will ride the transit after preschool.
 - My child will ride the transit to school and I will pick them up.
 - Other _____
-

CHILD'S NAME _____

Date _____

MEDICAL PERMISSION

I, _____, hereby give my consent to the supervising teacher of the
(Parent's Name)

Little Giants Preschool program to call Dr. _____, phone number _____
should an emergency arise.

In the event of an emergency, I hereby give permission for my child to be taken to the Minnesota Valley Health Center for treatment,
and I will be responsible for medical charges.

(Signature)

FIELD TRIP PERMISSION

Field trips will be planned from time to time as part of the activities of the program. This will entail walking to nearby parks, wooded areas, stores,
etc. Trips involving busing will also be planned. My child has permission to participate in the field trips.

(Signature)

INFORMATION EXCHANGE

I, _____, hereby give my consent to the exchange of information
(Parent's Name)

between ISD 2397 Licensed staff and the Little Giants Preschool staff whenever such exchange would better enable either party
to meet my child's needs.

(Signature)

HEALTH CARE SUMMARY

Child's Name _____ Birth Date ____ / ____ / ____

Date of last physical examination _____

Does this child have any allergies (including allergies to medication)? _____

Does allergy require an epi-pen? _____

Does child require medication while at school? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's vision? _____ hearing? _____ speech? _____

Please list below any important health problems. Indicate if you or some other medical source is monitoring the child for the problem. Check which problems, if any, require special attention at the school.

Important Health Problem	Followed by you	Followed by other medical source (name)	Requires special attention at school
_____	_____	_____	_____
_____	_____	_____	_____

Other information that may be helpful to the school in caring for this child. _____

Source of Health Care _____

Address _____ Phone _____

Parent Signature _____ Date _____



Le Sueur-Henderson Public Schools
Independent School District 2397

Photo & Information Consent Form

Le Sueur-Henderson Public Schools is proud of our students' accomplishments and we regularly showcase them via various publications (social media, websites, newspapers, newsletters, etc.). This form will apply through your child's tenure at Le Sueur-Henderson Public Schools unless the building principal is notified in writing to revoke permission.

I (print name) _____ release to Le Sueur-Henderson Public Schools (115 North 5th St., Suite 200, Le Sueur, MN 56058), for good and valuable consideration the right to publish my child's likeness, photograph, words, and/or artistic works; and/or my likeness, photograph and the same to be published in any form or medium.

Student's Name: _____

Signed: _____ Date: _____
(Parent/Guardian/Eligible Student)

Telephone: _____

Address: _____

PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE

Automatic Payment Authorization

Little Giants Preschool

Tuition is due on the 5th of each month and can be made by check, cash or auto-withdrawal by using a credit or debit card. If you think you may qualify for reduced tuition, check the appropriate box on the registration form. An Educational Benefits application will be available at orientation. If you have further question, you may call the Early Childhood Family Education office at 665-4631, located at Park Elementary School, 115 N. 5th Street, Le Sueur, MN 56058.

OPTION #1 CREDIT CARD or DEBIT CARD

Your Little Giant's payments can be made by automatic withdrawal charged to your VISA/MasterCard or Discover credit/debit. Autowithdrawal payments are made on the 5th of the month.

Name of Child(ren) _____

First and Last Name(s)

Name of cardholder (please print) _____

Address of cardholder _____

City _____ State _____ Zip _____

Home phone # of cardholder _____

Work phone # of cardholder _____

Cell phone # of cardholder _____

I authorize the Little Giant's payment to be automatically charged to my credit/debit card for my monthly bill.

Please charge my ___ Visa ___ MasterCard ___ Discover

Credit Card Number ____ - ____ - ____ - ____

Expiration date _____

Signature of cardholder _____ Date _____

E-mail address _____

Option #2

Pay with check or cash given to the preschool teacher monthly.

Parent's name if choosing this option. _____

Child/Children's names _____

Parent Signature _____

Responsibility of Payment

I am responsible for LeSueur-Henderson Little Giants Preschool tuition for _____ (name of child) for the 2020-2021 school year. I understand that all fees are due and payable on or before the 5th of each month. If a payment will be late please contact the ECFE/Little Giants Preschool office immediately.

Mother Signature

Date

Father Signature

Date

Other Responsible Party

Date