

Wadena-Deer Creek Public Schools
4's Preschool Class Registration Form



Please complete and return this form
WDC Elementary, 215 Colfax Ave SW, Wadena MN 56482
Any questions, call Patti Isaacson at 218-632-2364.

Child's Legal Name: _____
First Middle Last

Child's Birth Date: _____ **Male** **Female**

Parent/Guardian #1 Information

Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent/Guardian #2 Information

Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Preferred Method of communication (circle one): Call Text Email

Emergency Contact Name & Phone # (Not Parent) _____

Any allergies, special needs, medical concerns? _____

Is your child on an IEP? Yes No I don't know

Has your child gone through Early Childhood Screening:? Yes No If yes, date of screening _____

If NO, children need to complete ECS within 90 days of starting preschool. Call your County Public Health to schedule.

WDC Preschool Class Selection

Please indicate **FIRST** choice and **SECOND** choice; class size will be limited

FULL DAY PRESCHOOL: 4/5 yr-olds two days/week. 8:00 a.m. to 3:00 p.m. (Exact start/finish times may change)

M & W _____

T & Th _____

Wadena-Deer Creek Preschool has received additional funding from the State of Minnesota. This program is called Voluntary PreKindergarten or VPK. With this funding, we will be able to waive tuition for some of our students in 4's preschool. We also have scholarships available.

Parent/Guardian Name: _____

Child's Name: _____

Family Size (Adults & children): _____

Check the appropriate income amount for your family:

0-15,000	
30,000	
40,000	
50,000	
60,000	
70,000	
80,000	



Other criteria to qualify, check any that apply:

<input type="checkbox"/>	Lack of other preschool programs in my area
<input type="checkbox"/>	Live more than 5 miles from school
<input type="checkbox"/>	Child qualifies for ECSE services
<input type="checkbox"/>	Child may be at risk for learning difficulties
<input type="checkbox"/>	Qualify for free or reduced priced meals
<input type="checkbox"/>	Is an American Indian
<input type="checkbox"/>	Is an English Language learner
<input type="checkbox"/>	Has experienced homelessness in the last 24 months
<input type="checkbox"/>	Is in foster care

0-5 YEARS OLD - CENSUS FORM

Please list all the children in the household from age 0 - 5 years old and are not in school. In order that we may complete our census records for this year, will you please fill in the blanks below and return this form with one of your children during the first week of school or mail to Wadena-Deer Creek Elementary School, 215 SW Colfax Ave, Wadena, MN 56482.

HOUSEHOLD INFORMATION (Please print)

Parent/Guardian #1 Full Name

Parent/Guardian #2 Full Name

Home Telephone

Mailing Address

Parent/Guardian #1 cell

Parent/Guardian #2 cell

School District you live in:

CHILD INFORMATION: Please use legal name

	First Name	Middle Name	Last Name	SEX M/F	Birthdate MM/DD/YY	HANDICAP*
1						
2						
3						
4						
5						

* Do any of the above children have problems with vision, hearing, seizures, or are they speech or language physically disabled, learning disabled, developmentally delayed, or do they have other health concerns? _____

Signature (Parent or Guardian): _____

As a help to us in locating new families, will you please list below any families that have moved into, or out of, the neighborhood 'within the past year' and their address, if known. Also, any parents who have had their first child within the past year. Thank you.
