

ISD 112 Community Education Family Literacy Program 2016-17

Application Form

Date application completed : _____ Application completed by: _____

Start date: _____ Transportation notified date: _____

Testing Date: _____ ABE only ABE with early care

Enrolling Parent/Guardian Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Emergency Contact (In the event that a parent or child becomes ill and will need transportation home)

Name of Contact: _____ phone: _____

Name of Contact: _____ phone: _____

Child's Resident District: _____

Ethnicity (Circle all that apply): American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander
Hispanic/Latino Black/African American White

Has your child received a comprehensive health/developmental screening as a preschooler (3-5 years old)? ___No ___Yes

If Yes, Screening date: _____

If Yes, type of Provider ___Child/Teen Checkups ___Head Start ___Private Provider-DR ___Another District ___Conscientious Objector

If Yes, Name of Provider or District _____ City _____

Has your child ever been evaluated for special education or ever received special education services through an Individual Education Plan(IEP), Individual Services Plan(ISP) or Individual Interagency Intervention Plan(IIIP)? ___No ___Yes

Which language did your child learn first? ___ English Other: _____

Which language is most often spoken in your home? ___ English Other: _____

Which language does your child usually speak? ___ English Other: _____

Names of Enrolled Child(ren) In Family Literacy (Non Preschool) Gender Date of Birth Age

Other members of household (Adults):

Name	Relationship to Parent
_____	_____
_____	_____

How did you hear about the Family Literacy Program? _____

Other Sibling Information – Please list all children, including pre-schoolers who reside at the student’s address

<u>Last Name</u> (as it appears on birth certificate)	<u>First Name</u>	<u>Full Middle Name</u>	<u>Gender</u>	<u>Birthdate</u>	<u>Name of Program</u> <u>School Attending</u>
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Do you have a valid MN Drivers License? No Yes Permit? No Yes

How will you get to Family Literacy Program?

Provide own transportation

Request district bus transportation

Child Information: General Information:

Child Name: _____

Allergies: _____

Diaper Potty trained

Does the child need bathroom reminders – when and how? _____

Has your child been separated from parents before? _____

Sleep pattern/naps _____

Typical schedule for the child (Sleeping, eating, and play times) _____

What type of discipline is used at home? _____

Based on the above information: The actual cost of early care is \$1,942 per child per year/ \$15 per day

Payment of early care to be billed to the family, monthly: _____ (Due on the 1st day of each month)

Adult Basic Education Services are FREE of charge.

Preschool tuition is based on a sliding fee scale and requires a separate registration form for each child.