

Zumbrota-Mazeppa Community Education

705 Mill Street
Zumbrota, MN 55992

Phone 507-732-4244

Fax 507-732-4522

juliev@zmsch.k12.mn.us

Dear Parents & Guardians,

Zumbrota-Mazeppa Community Education will be accepting registrations for 2019-2020 preschool. Preschool is offered for three ages: three years old, four years old and five years old. Children must be 3 or 4 years old by September 1st, 2019 to enroll. Preschool is located at the Early Education Center, 433 Mill St., Zumbrota.

Preschool is a valuable and rewarding experience for children and their parents. It prepares children for kindergarten through development of their budding academic and social skills. The Minnesota Department of Education Early Learning Standards is the basis of the preschool curriculum. Preschool enhances a child's creativity, curiosity and love of learning.



NEW this year! **REGISTRATION WILL BE ONLINE!**

**We will NOT have a registration night
in the PRIMARY GYM**

The registration window will be OPEN ONLINE on Wednesday, April 24th at 6pm.

No pre-registrations will be accepted. The deposit is non-refundable.

How do I register online?

*Prior to registration, make sure you set-up a family account. If you have an account already, make sure to check that you can access. Check your user name, password and update your information OR you will have to do it when you go to register your child.

- Go to www.zmschools.us website
- Click on Community Ed Store
- Choose Online Registration
- Log in to your family account
- Click on ZM Preschool Classes
- Choose the class you wish to enroll in (NOTE: If your first choice is full and you are added to a wait list, please also register for your 2nd choice so you're sure to have a spot)
- Add class to your cart and check out as normal

Once I register online, what do I need to do next? Complete the Information, Health & Immunization form. Return to the CE Office within 2 weeks of registering to ensure your spot.

What if I do not want to register online? Send your Information, Health & Immunization Forms to the Community Education office after April 24th. Registrations will be entered on a first-come, first-served basis and will be based on availability.

Transportation information:

Children who are enrolled in preschool and the Bright Beginnings Child Care program will be transported between the Child Care Center and the Early Education Center.



Children who are 3 and 4 years and would like to be transported by Hiawatha Transit, Hiawatha Transit is a local transportation service (fee based) serving the Zumbrota-Mazeppa area. Please contact them directly at 1-866-623-7505 or visit their website to download forms on their website to set-up pick-up and drop-off times.

Children who are 4 years old by September 1st, 2019, may be eligible to utilize the district bus if space is available on the bus route and if they always travel with an older sibling. If the older sibling is not riding the bus for any reason, the preschooler is not able to be transported that day. Transportation is provided by Kennedy Transportation. Preschoolers who are utilizing this option must sign up for the M/W/F PM or T/TH PM class and contact Community Ed at 507-732-4244 to complete the necessary forms by July 1st, 2019.

Children who are 3 years old by September 1st, 2019 are not eligible to ride the Kennedy Transportation bus to or home from preschool.

Bright Beginnings Childcare: Bright Beginnings is a child care program that serves children 33 months and older, this program is currently full. For more information or to be added to a wait list, please contact Erin Huneke at 507-732-4650 or childcarecord@zmsch.k12.mn

Scholarship Information:

ZM Community Education will be implementing a sliding fee schedule again this year. Reduced rates are available based on the sliding fee schedule and eligibility is determined by income level. If applying, please complete the Scholarship Request Form and attach your 2018 Tax Statement.



Preschool Orientation:

Information will be mailed in August regarding the preschool orientation, which will be held in early September.

Questions:

If you have any questions, or need assistance with internet access, please feel free to contact Jen or Julie at the Community Ed office at 507-732-4244 or juliev@zmsch.k12.mn.us. We look forward to meeting you and your child.

NEW POLICY: Starting next year, students currently enrolled in the 2019-2020 preschool, will be given priority registration for the following year.

Sincerely,

Jen Burfeind
Community Education Director

Julie Vath
Community Education Assistant

Please list ALL members of the primary household – (Adults, Parents & children)
 Relationship= (Son, Daughter, Spouse, Self, Step-Son, Step-Daughter, Foster Child, etc...)

CONTINUED ON BACK

Full Legal Name (Last, First, Middle)	Birth date: (mm/dd/yy)	Gender	Relationship to Parent/Guardian A	Legal Guardian	Ethnicity
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N	<input type="checkbox"/> AM Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, Not Hispanic
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N	<input type="checkbox"/> AM Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, Not Hispanic
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N	<input type="checkbox"/> AM Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, Not Hispanic
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N	<input type="checkbox"/> AM Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, Not Hispanic
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N	<input type="checkbox"/> AM Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, Not Hispanic
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N	<input type="checkbox"/> AM Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, Not Hispanic

Second Parent/Guardian Mailing – (Parent/Guardian not living in the primary household with student(s))

Full Legal Name C: (Last, First, Middle)	Name(s) of student(s) pertaining to this parent/guardian:		Relationship to Parent/guardian C	Legal Guardian
Street Address:				<input type="checkbox"/> - Y <input type="checkbox"/> - N
City:	State:	Zip:		<input type="checkbox"/> - Y <input type="checkbox"/> - N
Birth date: / /	Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - female	Nickname:		<input type="checkbox"/> - Y <input type="checkbox"/> - N
Cell ()- -	Work ()- -			<input type="checkbox"/> - Y <input type="checkbox"/> - N
Employer:				<input type="checkbox"/> - Y <input type="checkbox"/> - N
E-mail:				<input type="checkbox"/> - Y <input type="checkbox"/> - N
Home Phone: ()- -	<input type="checkbox"/> -Landline <input type="checkbox"/> -Cellular			<input type="checkbox"/> - Y <input type="checkbox"/> - N

Parent Portal Acceptance

By placing a check in the box and your initials below, you agree that you have read the Parent Portal Acceptable Use & Safety Guidelines and agree to abide by and support the guidelines. I understand that if I violate any terms of these guidelines, I may lose my privilege to use the Parent Portal and may be liable for civil and/or criminal consequences.

<input type="checkbox"/> Parent/Guardian A: (initials)	<input type="checkbox"/> Parent/Guardian B: (initials)	<input type="checkbox"/> Parent/Guardian C: (initials)
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Emergency Contacts – (Emergency contacts are those people to whom we may release the students listed above in the event of an illness or injury if the Parent/Guardian cannot be reached. In the case of serious accident or illness at school, 911 will be called. DO NOT put the names of any previously listed Parent/Guardians in the following spaces.)

Emergency Contact #1	First Name:	Last Name:
Primary/Home ()- -	Cell ()- -	Work ()- -
Emergency Contact #2	First Name:	Last Name:
Primary/Home ()- -	Cell ()- -	Work ()- -

Parent/Guardian Signatures

I CERTIFY THE INFORMATION PROVIDED ON THIS CENSUS FORM IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian A:	Date:	Signature of Parent/Guardian B:	Date:
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ZUMBROTA-MAZEPPA SCHOOL HEALTH INFORMATION FORM

PART 1 Parent or guardian to complete. Parent or guardian is encouraged to participate in the development of an Individual Health Care Plan, if needed.						
Student Name Last			First	Middle	Sex <input type="radio"/> M <input type="radio"/> F	Date of Birth
School		Grade	Parent/Guardian Name			
Home Phone		Mother Cell		Father Cell		
My child has a medical condition that may affect his or her school day <input type="radio"/> No <input type="radio"/> Yes (please complete Part 2)						
Parent or Guardian Name (Print or Type)				Email Address		
Parent or Guardian Signature				Date		
PART 2 Complete ALL boxes that apply to your child. Parent/guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school office to obtain correct medication forms. If an individual school health care plan is indicated, parent/guardian is responsible for providing the school nurse with necessary medical information and forms. Please see link to locate your building's school nurse and forms: http://www.zmschools.us/departments/welcome-health-services						
<input type="checkbox"/> ALLERGIES						
Allergy Type <input type="checkbox"/> Food List food(s) _____ <input type="checkbox"/> Bee/Insect Sting <input type="checkbox"/> Other (List) _____ Reactions <input type="checkbox"/> Type <input type="checkbox"/> Mild <input type="checkbox"/> Severe Date of last severe reaction: _____ Describe your child's allergic reaction symptoms: _____ _____ _____						
<ul style="list-style-type: none"> ▪ Does your child require classroom designation (i.e. peanut, nut, dairy, or seafood "free" etc.)? <input type="radio"/> No <input type="radio"/> Yes ▪ Does your child need to sit at a specified allergy free area in the cafeteria? <input type="radio"/> No <input type="radio"/> Yes ▪ Will your child be riding the bus to school? <input type="radio"/> No <input type="radio"/> Yes 						
Currently prescribed medications and treatment: <input type="checkbox"/> Oral antihistamine (Benadryl, etc.) <input type="checkbox"/> Epinephrine <input type="checkbox"/> Other _____ (A Medication Authorization Form is required for all medications at school. See next page)						
<input type="checkbox"/> FOOD INTOLERANCE						
<input type="checkbox"/> Due to gastrointestinal (digestive) distress		List foods: _____				
<input type="checkbox"/> Due to religious preferences		List foods: _____				
<input type="checkbox"/> ASTHMA						
Triggers <input type="checkbox"/> Exercise <input type="checkbox"/> Environmental <input type="checkbox"/> Other (list) _____						
Symptoms <input type="checkbox"/> Chest tightness, discomfort, or pain <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Throat itch, tightness, or soreness <input type="checkbox"/> Coughing <input type="checkbox"/> Hoarseness <input type="checkbox"/> Wheezing <input type="checkbox"/> Other _____ Date of last hospitalization for asthma _____						
Currently prescribed medications and treatment <input type="checkbox"/> Inhalers <input type="checkbox"/> Oral antihistamines <input type="checkbox"/> Oral steroids Nebulizer <input type="checkbox"/> Oral Bronchodilator <input type="checkbox"/> Peak flow monitoring Will your child require medication at school? <input type="radio"/> No <input type="radio"/> Yes						

(A Medication Authorization Form is required for all medications at school. See next page)	
<input type="checkbox"/> DIABETES (Contact school nurse to discuss Individualized Health Plan)	
Currently prescribed medications and treatments	
<input type="checkbox"/> Insulin	<input type="checkbox"/> Syringe <input type="checkbox"/> Pen <input type="checkbox"/> Pump
<input type="checkbox"/> Blood sugar testing	<input type="checkbox"/> Carbohydrate counting
<input type="checkbox"/> Glucagon	<input type="checkbox"/> Oral medication(s) List medication(s) _____
Date of last hospitalization related to Diabetes _____	
<input type="checkbox"/> SEIZURE DISORDER	
Type of seizure	
<input type="checkbox"/> Absence (staring, unresponsive) <input type="checkbox"/> Complex partial <input type="checkbox"/> Generalized tonic-clonic (grand mal, convulsive)	
Other (explain) _____	
Date of last seizure _____ Length of seizure _____	
Physical education restrictions <input type="radio"/> No <input type="radio"/> Yes	
Currently prescribed medications _____	
Medications needed <i>IN SCHOOL</i> <input type="radio"/> No <input type="radio"/> Yes List medication(s) _____	
(A Medication Authorization Form is required for all meds at school. See below)	
<input type="checkbox"/> OTHER HEALTH CONDITIONS	
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Arthritis <input type="checkbox"/> Bathroom issues <input type="checkbox"/> Bleeding disorder (be specific) _____
<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Heart condition (be specific) _____
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Physical disability (be specific) _____
Other (explain) _____	
Special procedures (e.g. catheterization, cardiac monitor, etc.) required <i>IN SCHOOL</i> <input type="radio"/> No <input type="radio"/> Yes (explain) _____	
MEDICATION NEEDED <i>IN SCHOOL</i> <input type="radio"/> No <input type="radio"/> Yes	
List medication(s) _____	
A Medication Authorization form must be completed by your child's physician for all medication (prescription and over-the-counter) indicated the medication, dosage, and time the medicine is to be given. See "Health Services" link on the district website for policy and forms. http://www.zmschools.us/departments/welcome-health-services	
<input type="checkbox"/> VISION CONDITIONS	
<input type="checkbox"/> Contacts	<input type="checkbox"/> Glasses <input type="checkbox"/> Non-correctable
<input type="checkbox"/> Other _____	
<input type="checkbox"/> HEARING CONDITIONS	
<input type="checkbox"/> Hearing aid(s)	<input type="checkbox"/> Non-correctable
<input type="checkbox"/> Other _____	
<input type="checkbox"/> PHYSICAL RESTRICTIONS	
Does your child's health condition restrict participation in physical education? <input type="radio"/> No <input type="radio"/> Yes	
If yes, please explain restrictions _____	
Will your child be riding the bus to school? <input type="radio"/> No <input type="radio"/> Yes	
Do you wish to have a conference with the school nurse? <input type="radio"/> No <input type="radio"/> Yes	
Do you wish to have a conference with the school counselor? <input type="radio"/> No <input type="radio"/> Yes	
PART 3 School nurse to complete if parent or guardian indicates medical condition(s).	
Health condition noted	Individual health care plan or procedure needed
_____	_____
ZM School Nurse	Date
Notes _____	

RETURN COMPLETED FORM TO SCHOOL OFFICE

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months		12 -24 months		At Kindergarten		At 7th grade		At 12th grade	
Hepatitis B										
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)										
<i>Haemophilus influenzae</i> type b (Hib)										
Pneumococcal (PCV)										
Polio										
Measles, Mumps, Rubella (MMR)										
Chickenpox (varicella)										
Hepatitis A										
Tetanus, Diphtheria, Pertussis (Tdap)										
Meningococcal (MCV4)										

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I understand that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____

(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on _____ (date)

Notary Stamp

by _____ (name of parent or guardian)

Notary Signature: _____

STATE OF MINNESOTA, COUNTY OF _____



Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.
Minnesota Department of Health - Immunization Program (2019)

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)

Sliding Fee Schedule (2019-2020)

If applying for a scholarship, please complete the Scholarship Request Form
(see reverse side) and attach your 2018 Tax Statement.

2 days/week

AM or PM Classes

Family Size	Less Than	Less Than	Less Than	Greater Than
2	\$20,826	\$25,232	\$29,637	\$29,637
3	\$26,208	\$31,752	\$37,296	\$37,296
4	\$31,590	\$38,273	\$44,955	\$44,955
5	\$36,972	\$44,793	\$52,614	\$52,614
6	\$42,354	\$51,314	\$60,273	\$60,273
7	\$47,749	\$57,850	\$67,951	\$67,951
8	\$53,157	\$64,402	\$75,647	\$75,647
Monthly Tuition	\$55	\$75	\$95	\$115
Annual Tuition	\$420	\$620	\$820	\$955

3 days/week

M/W/F AM Classes

Family Size	Less Than	Less Than	Less Than	Greater Than
2	\$20,826	\$25,232	\$29,637	\$29,637
3	\$26,208	\$31,752	\$37,296	\$37,296
4	\$31,590	\$38,273	\$44,955	\$44,955
5	\$36,972	\$44,793	\$52,614	\$52,614
6	\$42,354	\$51,314	\$60,273	\$60,273
7	\$47,749	\$57,850	\$67,951	\$67,951
8	\$53,157	\$64,402	\$75,647	\$75,647
Monthly Tuition	\$70	\$90	\$110	\$150
Annual Tuition	\$535	\$810	\$1035	\$1,300

3 days/week

M/W/F PM Class

Family Size	Less Than	Less Than	Less Than	Greater Than
2	\$20,826	\$25,232	\$29,637	\$29,637
3	\$26,208	\$31,752	\$37,296	\$37,296
4	\$31,590	\$38,273	\$44,955	\$44,955
5	\$36,972	\$44,793	\$52,614	\$52,614
6	\$42,354	\$51,314	\$60,273	\$60,273
7	\$47,749	\$57,850	\$67,951	\$67,951
8	\$53,157	\$64,402	\$75,647	\$75,647
Monthly Tuition	\$60	\$80	\$100	\$140
Annual Tuition	\$475	\$755	\$955	\$1,180

Zumbrota-Mazeppa Community Education

705 Mill Street
 Zumbrota, MN 55992
 www.zmschools.us

Phone 507-732-4244
 Fax 507-732-4511
 communityed@zmsch.k12.mn.us

ZUMBROTA – MAZEPPA PRESCHOOL SCHOLARSHIP REQUEST FORM

APPLICANT INFORMATION		
Name:		
Current address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
FINANCIAL INFORMATION		
Gross income reported on 2018 taxes (copy MUST be attached) \$ _____		
Other forms of income:		Amount: \$ _____
Number of Dependents:	Currently Employed? Mother _____ Father _____	
Yearly payment: \$ _____ Monthly payment \$ _____ Total Amount \$ _____		

Personal statement of need:

I _____ verify that the information stated above is correct.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY		
Name:		
Child:		
Class:		
Tuition:	Scholarship Amount:	Amount Due:



Summer 2019 ECFE Classes



Lunch Bunch at the Park

Let's have a fun morning together at the playground! Pack a sack lunch and enjoy a picnic while listening to stories. There will be opportunities for free play on the playground before and after lunch. Don't miss out on one of these summer days of running and funning around! *If raining, Lunch Bunch will be cancelled. **Instructor:** Tessa Nobach

Time: 10:30-11:30 AM

Dates and Location: Wed, June 26th (Covered Bridge), Wed, July 10th (Mazeppa Elementary) and Wed, August 14th (East Park)

Ages: Birth-5 (older siblings welcome)

FREE EVENT (No pre-registration is required)

Zoobilee Zoo

Come on everybody, come down to the zoo, you're going to want to see what the animals do! Let's learn about different animals you would find at the zoo. Our songs, stories, and crafts will be a roaring good time!

Instructor: Tessa Nobach

Time: 10-11 AM

Date: Thursday, June 6th

Ages: 1-5

Location: ECFE Room, Early Education Center

Cost: \$8



I Scream, You Scream, We All Scream, For Ice Cream!

Cool off with this fun ice cream themed class. Who doesn't love ice cream on hot summer nights? A cold, tasty treat will be provided along with flavorful activities that all young children can enjoy!

Instructor: Tessa Nobach

Time: 6-7 PM

Date: Tuesday, July 23rd

Ages: 1-5

Location: ECFE Room, Early Education Center

Cost: \$8

Under the Sea

Enjoy a morning of learning about the deep blue sea! This class will focus on ocean animals and sand critters. Prepare yourselves for water and sand exploration! It's a fun summer class you won't want to miss!

Instructor: Tessa Nobach

Time: 10-11 AM

Date: Thursday, August 1st

Ages: 1-5

Location: ECFE Room, Early Childhood Center

Cost: \$8





Summer 2019 ECFE Classes



Summer Fun Preschool Picasso

This summer we will work on outdoor painting projects. First Session we will be painting and decorating a Flower Planter Box for your child to take home and plant flowers in. The second class will be painting a stepping stone. The third class will be painting and decorating "kindness rocks" to leave in the community or give to others. We may have time to share with the residents. All classes are open to birth-6 year olds.

Registration required.

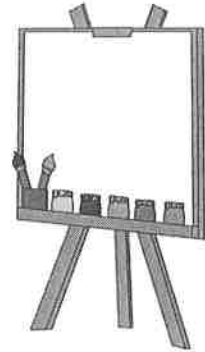
Instructor: NattalieVath

Time: 6:30-7:15 PM

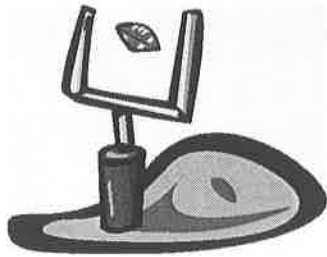
Date: Wed, June 12, Wed, July 17, and Wed, Aug 21

Location: Early Childhood Center (below Zumbrota nursing home)

Cost: \$15 per child per class (can register for each class separately)



Pee Wee Sports



Pee Wee Football in Pine Island

Come have fun with us! Learn skills needed to play Football! We will talk about rules, play games, work on aspects of the sport and learn good sportsmanship. If your class gets rained out during the week, it will be held on Friday. All classes will meet by the stilt shed between the baseball and soccer fields in Pine Island. Participants should bring a water bottle. Registration required. **Instructor:** John Stapleton

Time: 10-10:45 AM

Date: Monday-Thursday, July 15th-18th

Ages: 3, 4, 5 year olds (2018-2019)

Location: Pine Island Public Schools (between baseball and soccer fields)

Cost: \$17

Pee Wee Soccer Summer Clinic

The focus of this soccer clinic will be field player development. Players time will be divided into the following groups for warm-up, basic skills, small sided and full sided games. Ages are based on 2018-19 school year. Participants should bring a water bottle. Registration required. **Instructor:** Lana Yeakel

Time: 2 choices: 1) 9-9:30 OR 2) 4-4:30

Date: Monday-Thursday, July 22nd-25th

Ages: 4 and 5 year olds (2018-2019)

Location: Zumbrota Covered Bridge Park

Cost: \$15

* Rain location = ZMHS Gym (Zumbrota). If there is a chance of inclement weather, please check the Zumbrota-Mazeppa Facebook page for location updates.





Summer 2019 ECFE Classes



Breakfast on the Farm

This **FREE** event is geared toward families and children. When you arrive at the Schrimpf Family Farm, you will have a complimentary breakfast, with ice cream! Other activities include a petting zoo, farm tours, name a calf contest, games and farm fun activities, milk "Annabelle" the cow, tub train ride for kids, tractor and farm equipment display and more!

Time: 7:00-11:00 AM

Date: Friday, June 14th

Location: Schrimpf Family Farm
35939 205th Avenue, Goodhue, MN 55027



Questions?
Contact ECFE Coordinator and Teacher:
Tessa Nobach
Phone: 507-732-7848, ext. 1210 Email: tessan@zmsch.k12.mn.us

Register Online at www.zmschools.us

Registration Form

Mail to ZM Community Education, 705 Mill St., Zumbrota, MN 55992
Make checks payable to ZM Schools. Separate checks for each class/trip, please

Parent Attending _____

Address _____ City/State/Zip _____

Home phone _____ Work phone _____ Emergency Contact _____

E-mail _____

Child 1 Attending: _____ Gender: _____ Birthdate: _____

Class/Activity Title _____ Class Date _____

Class/Activity Title _____ Class Date _____

Class/Activity Title _____ Class Date _____

Child 2 Attending: _____ Gender: _____ Birthdate: _____

Class/Activity Title _____ Class Date _____

Class/Activity Title _____ Class Date _____

Class/Activity Title _____ Class Date _____