

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 2022-2023 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 before September 1st, 2022 to enroll. Preschool classes are located in the Primary School, the address for the Primary School is 799 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.

REGISTRATION WILL BE ONLINE

- **Priority registration will be given to students currently enrolled in ZM's 2021-2022 preschool year. Registration for those students will open on Tuesday, March 29th at 6 PM and will close on Wednesday, March 30th at 8 AM. All registered during this time will be verified to ensure they are all current students.**
- **General registration for new students will OPEN ONLINE on Thursday, March 31st at 6 PM.**

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

- Go to www.zmschools.us website
- Click on Community Ed Store (found in quick links on the left side of the page)
- Log into My family account
- Click on ZM Preschool Classes (classes will be live at 6 PM the night of registration – they will not show up before)
- 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
- **NEW THIS YEAR:** When registering online, you will be given the option to pay the non-refundable deposit OR you can choose to pay the full year's tuition, in which case the non-refundable deposit fee will be waived.

Once I register online, what do I need to do next? Complete the Registration, Health & Immunization forms and return within 2 weeks to the Community Ed office. For your convenience, a drop box will be located outside the current ZM High School Office Entrance/New Community Ed/District Office (located at 705 Mill Street, Zumbrota) from 4-6 PM on Monday, April 4th. You can also mail forms to Community Ed at 705 Mill Street, Zumbrota, MN 55992 or scan and email to juliev@zmsch.k12.mn.us, to ensure your spot.

What if I do not want to register online? Mail completed forms to Community Ed, 705 Mill Street, Zumbrota, MN 55992 or scan and email to juliev@zmsch.k12.mn.us. First-come, first-served basis will be used once online registrations have been considered and will be based on availability.

Transportation information: *Children who are enrolled in preschool and the Bright Beginnings Child Care program* will be walked from the Child Care Center to the Primary School.

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 to set-up pick-up and drop-off times.

Children who are 4 years old before September 1st, 2022, 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/T/TH PM or M-F PM class. More information on transportation will be available in the August mailing or by calling Community Ed at 507-732-4244.

Children who are 3 years old before September 1st, 2022 are not eligible to ride the Kennedy Transportation bus to or home from preschool.

Children who are dropped off by parents/guardians, more information coming in the August mailing regarding pick-up and drop-off locations and times.

Bright Beginnings Childcare: Bright Beginnings is a child care program that serves children 33 months and older. For more information, 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 2021 Tax Statement.

Preschool Orientation: Information will be mailed in August regarding preschool orientation.

School supplies: School supplies needed for preschoolers include:

- 24 pack of Crayons
- Washable markers
- 3-pack of glue sticks (purple preferred)
- Backpack
- Tennis shoes

Questions: If you have any questions, 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.

Sincerely,

Jen Lohmann

Jen Lohmann
Community Education Director

Julie Vath

Julie Vath
Community Education Assistant

Zumbrota-Mazeppa Community Education

705 Mill Street

Zumbrota, MN 55992

www.zmschools.us

Phone 507-732-4244

Fax 507-732-4511

juliev@zmsch.k12.mn.us**ZUMBROTA – MAZEPPA PRESCHOOL REGISTRATION FORM 2022-2023****Three & Four-Year-Old Preschool****Class is based on child's age before September 1, 2022.**

To register, Complete the Registration, Health & Immunization forms and return within 2 weeks to the Community Ed office. For your convenience, a drop box will be located at the current ZMHS Entrance/the NEW Community Ed/District Office (705 Mill Street, Zumbrota) from 4-6 PM on Monday, April 4th. You can also mail forms to Community Ed at 705 Mill Street, Zumbrota, MN 55992 or scan and email to juliev@zmsch.k12.mn.us, to ensure your spot.

| | | | | |
|--|-------------------------------|--|---|--|
| Child's Name: (Last, First, Middle) | | | Child's Nickname: | |
| Birth date: / / | Age before September 1, 2022: | Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female | <input type="checkbox"/> My child has received Special Education services and/or has an IEP/IFSP. | |

Please indicate which class you are registering for by checking the box. Class is determined by child's age before September 1, 2022. Please note: Annual tuition payments are due on August 25, 2022 and are also accepted at "Meet the Teacher". Monthly tuition payments are due on the 25th of each month, August 2022 through April 2023.

| | Class | Sessions | Days | Time | Annual | Monthly |
|--------------------------|---------|-----------|----------------|----------------|--------|---------|
| <input type="checkbox"/> | 3 years | 2 days/wk | Tues/Thurs | 8:00 – 10:45am | \$1050 | \$120 |
| <input type="checkbox"/> | 3 years | 3 days/wk | Mon/Wed/Fri | 8:00 – 10:45am | \$1495 | \$170 |
| <input type="checkbox"/> | 4 years | 3 days/wk | Mon/Wed/Fri | 8:00 – 10:45am | \$1495 | \$170 |
| <input type="checkbox"/> | 4 years | 3 days/wk | Mon/Tues/Thurs | 12:25 – 3:10pm | \$1495 | \$170 |
| <input type="checkbox"/> | 4 years | 5 days/wk | Mon-Fri | 12:25 – 3:10pm | \$2395 | \$275 |

*The M-F PM tuition has been adjusted to reflect the 8 Wednesday Early Release Days.

MY TUITION PAYMENT WILL BE: Annual Monthly (Please circle)

ZUMBROTA-MAZEPPA PUBLIC SCHOOLS FAMILY INFORMATION FORM**PRIMARY Household – (The primary residence of your students)**

All student information and mailings will be sent to the primary household.

| | | | | | |
|--|---|--|--|---|--|
| Street Address: | | | | Apt #: | |
| City: | State: | Zip: | Household Phone: () - - <input type="checkbox"/> - Landline <input type="checkbox"/> - Cellular | | |
| Student lives with: <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother (and step-father if applicable) <input type="checkbox"/> Father (and step-mother if applicable) <input type="checkbox"/> Single Gender Parents <input type="checkbox"/> Foster Parents <input type="checkbox"/> Relative/Other | | | | | |
| Provide legal custody document if applicable and/or fill in legal parent/guardian info in the Secondary Household section below | | | | | |
| ** Note: Please notify the Community Ed office and provide legal documentation if there is a custodial issue. ** | | | | | |
| Primary Parent/Guardian Information – (Parent(s)/Guardian(s) living in primary household with students) | | | | | |
| Full Legal Name A: (Last, First, Middle) | | | Full Legal Name B: (Last, First, Middle) | | |
| Birth date: / / | Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female | Migrant: Y or N Homeless: Y or N Language: _____ | Birth date: / / | Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female | Migrant: Y or N Homeless: Y or N Language: _____ |
| Cell () - - - | | Work () - - - | | Cell () - - - | |
| Employer: | | | Employer: | | |
| E-mail: | | | E-mail: | | |

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

| 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 |

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: |
|---------------------------------|-------|---------------------------------|-------|

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 ☐ No ☐ 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>

☐ ALLERGIES

Allergy Type

☐ Food List food(s) _____

☐ Bee/Insect Sting

☐ Other (List) _____

Reactions ☐ Type ☐ Mild ☐ Severe

Date of last severe reaction: _____

Describe your child's allergic reaction symptoms: _____

▪ Does your child require classroom designation (i.e. peanut, nut, dairy, or seafood "free" etc.)? ☐ No ☐ Yes

▪ Does your child need to sit at a specified allergy free area in the cafeteria? ☐ No ☐ Yes

▪ Will your child be riding the bus to school? ☐ No ☐ Yes

Currently prescribed medications and treatment:

☐ Oral antihistamine (Benadryl, etc.)

☐ Epinephrine

☐ Other _____

(A Medication Authorization Form is required for all medications at school. See next page)

☐ FOOD INTOLERANCE

☐ Due to gastrointestinal (digestive) distress

List foods: _____

☐ Due to religious preferences

List foods: _____

☐ ASTHMA

Triggers

☐ Exercise

☐ Environmental

☐ Other (list) _____

Symptoms

☐ Chest tightness, discomfort, or pain

☐ Difficulty breathing

☐ Throat itch, tightness, or soreness

☐ Coughing

☐ Hoarseness

☐ Wheezing

☐ Other _____

Date of last hospitalization for asthma _____

Currently prescribed medications and treatment

☐ Inhalers

☐ Oral antihistamines

☐ Oral steroids Nebulizer

☐ Oral Bronchodilator

☐ Peak flow monitoring

Will your child require medication at school? ☐ No ☐ 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 <u>IN SCHOOL</u> <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 <u>IN SCHOOL</u> <input type="radio"/> No <input type="radio"/> Yes (explain) _____ | |
| MEDICATION NEEDED <u>IN SCHOOL</u> <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

Immunization Form

Name _____

Birthdate _____

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.

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

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 | | |

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

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)

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 am aware 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 _____

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)

Zumbrota-Mazeppa Community Education

705 Mill Street

Zumbrota, MN 55992

www.zmschools.us

Phone 507-732-4244

Fax 507-732-4511

juliev@zmsch.k12.mn.us**ZUMBROTA – MAZEPPA PRESCHOOL SCHOLARSHIP REQUEST FORM****2022-2023 School Year****APPLICANT INFORMATION**

| | | |
|------------------|-------------|-------------|
| Name: | | |
| Current address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | Work Phone: |

FINANCIAL INFORMATION

| | |
|---|---|
| Gross income reported on 2021 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: |

Sliding Fee Schedule (2022-2023)

If applying for a scholarship, please complete the Scholarship Request Form
(see reverse side) and attach your 2021 Tax Statement.

2 days/week

| <u>Family Size</u> | <u>Less Than</u> | <u>Less Than</u> | <u>Less Than</u> | <u>Greater Than</u> |
|------------------------|------------------|------------------|------------------|---------------------|
| 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 | \$120 |
| Annual Tuition | \$575 | \$730 | \$855 | \$1050 |

3 days/week

| <u>Family Size</u> | <u>Less Than</u> | <u>Less Than</u> | <u>Less Than</u> | <u>Greater Than</u> |
|------------------------|------------------|------------------|------------------|---------------------|
| 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 | \$95 | \$120 | \$145 | \$170 |
| Annual Tuition | \$815 | \$1040 | \$1265 | \$1495 |

5 days/week

| <u>Family Size</u> | <u>Less Than</u> | <u>Less Than</u> | <u>Less Than</u> | <u>Greater Than</u> |
|------------------------|------------------|------------------|------------------|---------------------|
| 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 | \$160 | \$200 | \$245 | \$275 |
| Annual Tuition | \$1258 | \$1613 | \$1968 | \$2395 |



A wonderful opportunity for fun and learning awaits your child!

Welcome Preschoolers!

This is such an exciting time for you. Come find out how much fun Bright Beginnings has!!

What is Bright Beginnings?

Bright Beginnings is a childcare center that offers care for children 33 months – prekindergarten. The program offers varied experiences in socialization and play in a warm, colorful and safe environment allowing your child to grow and develop at a pace that is just right for them.

Facts about Bright Beginnings:

- ✦ Bright Beginnings offers four classrooms: 2-three year old classrooms and 2-four year old classrooms.
- ✦ Hours of operation is 6:00am - 6:00pm
- ✦ Full day childcare, before and after preschool, and non-school days.
- ✦ Fun and learning all the time.
- ✦ Located in the Cougar Care and Bright Beginnings building next to the Primary school.
- ✦ Low teacher/child ratios.
- ✦ Reasonable rates.
- ✦ Safe, professional care.

For more information, please call the ZM Cougar Care & Bright Beginnings Office at 507-732-4650 or email Erin Huneke, Program Coordinator, at childcarecoord@zmsch.k12.mn.us



