

2024-2025 Cannon Falls Preschool Registration Form

Cannon Falls Community Education

Children must be at least 3 years old by September 1st in order to attend preschool. Children must be fully potty trained and able to use the bathroom independently before starting preschool. A non-refundable registration fee is due upon registration in order to hold your child's space in a class.

Registration fee is \$35 if received before April 17th.

Full Time students will be given priority.

Fee increases to \$50 after April 17th. All part time students will be filled in the order that they are received. If the registration is incomplete, a space in class will not be reserved.

Registration is not complete until the following paperwork is submitted: registration form, emergency contact information, immunization form AND registration fee.

All previous Preschool/Cannon Kids fees need to be current before registration will be accepted.

Child's Name: _____ Age: _____ DOB: _____

Register for classes by marking first and second choice(s) below.

Half Day Preschool:

Days	Time	Monthly	Yearly	Choice
T/TH	8:00 am-11:00 am	\$115.00	\$1035.00	
M/W/F	8:00 am-11:00 am	\$175.00	\$1575.00	
M-F	8:00 am-11:00 am	\$290.00	\$2610.00	

Full Day Preschool:

Days	Time	Monthly	Yearly	Choice
T/Th	8:00 am-3:00 pm	\$230.00	\$2070.00	
M/W/F	8:00 am-3:00 pm	\$350.00	\$3150.00	
M - F	8:00 am-3:00 pm	\$580.00	\$5220.00	

Preschool classes will be divided based on your child's age relative to other students.

Rates above do not include before and after school care.

Please contact Community Ed for Cannon Kids registration forms and fees.

Cannon Falls Preschool offers Pathways II Scholarships and is Child Care Assistance eligible. Inquire with the Community Education office.

To register, mail completed forms, immunization record and registration fee to:

**Cannon Falls Community Education
820 E. Minnesota Street
Cannon Falls, MN 55009**

Acceptance letters will be emailed out in May, teacher placements will be emailed out in August.

Full Time students will be given priority

Office Use Only

Date Received: _____

Reg. Form: _____

Imm. Form: _____

Fee: _____

Infinite Campus: _____

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CANNON FALLS PRESCHOOL EMERGENCY AND REGISTRATION FORM

PLEASE FILL OUT COMPLETELY IN INK:

Student's Legal Name _____ Birthdate _____ Age _____ Sex: Male/Female
(First) (Middle) (Last)

Federal Race/Ethnicity categories are required.

Part A: Is the child Hispanic/Latino?
(Choose one)

- NO, not Hispanic/Latino
- YES, Hispanic/Latino

Part B: What is the child's race? **(Choose at least one)**

- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Asian
- American Indian/Alaska Native

Student lives with:

____ Both parents ____ Mother ____ Father ____ Other (specify) _____

.....

Father/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

E-mail address _____

Employer _____ Work Phone _____

.....

Mother/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

E-mail address _____

Employer _____ Work Phone _____

.....

Non-Custodial Parent Name _____

Address _____

Phone Number _____

.....

Names and birthdates of brother(s) and sister(s) living at home:

PLEASE CONTINUE COMPLETING FORM ON BACK

Additional Student Information

Does your child receive any services in the following areas: *Check all that apply:*

- Homeless
- Ward of State
- Immigrant
- Military-Connected Youth
- Special Education – Individual Education Plan (IEP)
- Section 504 Plan
- Title 1
- English Learner (ESL)
- Gifted/Talented
- Other _____

EMERGENCY CONTACTS:

These are people who are authorized to pick up your child if you are 15 minutes late or in case of emergency. Please list in order you would like to have called.

Name _____ Phone _____ :

Name _____ Phone _____ :

HEALTH INFORMATION/MEDICATIONS

Does your child have any physical disabilities or limitations for physical education? Any special health concerns (allergies, asthma, etc.)? Any concerns requiring special attention by the school? Any medication administration during school hours?

PLEASE CHECK ALL APPLICABLE

() I authorize the Cannon Falls Preschool to act in an emergency situation when parents or guardians cannot be reached or if there will be a delay in my arrival.

() I give permission for my child to participate in the Cannon Falls Preschool activities and field trips.

() I authorize the Cannon Falls Preschool to use my child’s photo for promotion and advertising.

EMERGENCY EARLY DISMISSAL (EED) PLAN

(i.e. severe weather, equipment malfunction, energy shut down declared by Xcel Energy, bomb threat, etc.)

Please select your “EED Plan” (for the release of your child) from one of the following options:

A ___ Transport my child to his/her usual after school destination.

- ___ Ride Bus Home.
- ___ Pick up by Parent
- ___ Cannon Kids (must be registered in Cannon Kids program).
- ___ Other: _____.

B ___ Transport my child with/to _____ the following address:
(name)
_____ on route # _____.
(address) (route # to be filled in by school staff)

Parents/Guardians must notify the elementary school if any changes are to be made to this plan.

Parent/Guardian’s Name (Please Print) _____

Parent/Guardian’s Signature _____ Date _____