



Early Learning Department
Family Learning Center
820 Hubbell Avenue
Mankato, MN
(507) 625-4620

Date/Time:
Site/Section:

For office use only

Mankato Area Public Schools Preschool Registration 23-24

***Please complete all requested forms completely; These forms will serve as emergency contact information and consent to be enrolled in MAPS Preschools; Failure to provide requested information will delay the registration process.

If contact information changes after submitting, please reach out to our office to make updates.

Allow two weeks to process the registration and for a confirmation email. \$25 registration fee must be paid at the time of registration.

Child's Name: _____ Date of Birth: _____ Gender: Male/Female

Mailing Address: _____

Parent/Guardian completing this form: _____ Relationship to child: _____

1. Parent/Guardian information

Name _____ Relationship to child: _____

Phone Number(s) (primary) _____ (secondary) _____

E-mail address _____

Mailing Address: (if different from child's above) _____

2. Parent/Guardian information

Name _____ Relationship to child: _____

Phone Number(s) (primary) _____ (secondary) _____

E-mail address _____

Mailing Address: (if different from child's above) _____

Child lives with:(check one) _____ #1 _____ #2 _____ Both _____ Other: _____

Are there any court ordered documents in place? Such as Legal guardianship, custody, restraining orders? _____ Yes _____ No

If yes, *Please provide a copy to our office.

Emergency contacts and authorized to pick-up: if parent/guardians above can not be reached; provide the information for anyone you wish to pick up the child or in an emergency. Only adults listed on this form or additionally submitted in writing will be allowed to pick up your child. Staff reserve the right to ask for I.D.

1. Name _____ 2. Name _____

Relationship to child _____ Relationship to child _____

Phone number(s): _____ Phone number(s): _____

3. Name _____ 4. Name _____

Relationship to child _____ Relationship to child _____

Phone number(s): _____ Phone number(s): _____

*** Circle your preferred option(s) on the grid below.

3-4 year old preschool options: Child must have turned 3 on or before September 1st, 2023.

Program	Sites	Ages	Time/Days	Fee	Eligibility	Transportation	Scholarship
MAPS Preschool	Center for Learning	3s 3s 3s	8:00am-11:00am M/W 8:00am-11:00am T/TH 12:00pm-3:00 pm T-TH	Tuition	3 by Sept 1	Fee for service	Application
MAPS Preschool	Eagle Lake	3s	8:00am-11:00am T-TH	Tuition	3 by Sept 1	Not available	Application

4-5 year old preschool options: Child must have turned 4 on or before September 1st, 2023.

Program	Sites	Ages	Time/Days	Fee	Eligibility	Transportation	Scholarship
MAPS Preschool	Center for Learning	4s 4s	8:15-11:15 am M-TH 12:15-3:15 pm M-TH	Tuition	4 by Sept 1	Fee for service	Application
MAPS Preschool	Eagle Lake Elementary	4s	12:00-3:00 pm M-TH	Tuition	4 by Sept 1	Not available	Application
Voluntary Preschool (VPK)	Kennedy Elementary	4s 4s	8:00-11:00 am M-TH 12:00-3:00 pm M-TH	None	-Residence in Kennedy or Washington School boundary -4 by Sept. 1st -cannot be Kindergarten eligible (5)	Application	NA

MAPS Preschool Fees:

2 day a week (3s)	3 day a week (3's)	4 day a week (4's)
\$108 mo	\$132 mo	\$180 mo

____(initial) I understand that I will be emailed a monthly invoice and that payment is due by the 1st of each month. I will be charged a late payment fee of \$15 if my account is not paid on time. I am responsible for all fees incurred during the school year or responsible for submitting a complete scholarship application and income qualifying documentation proving eligibility. (scholarships are not guaranteed and based on funds available) A two week notice is required if your child is no longer able to attend.

Are you requesting tuition or transportation assistance? ____ Yes ____ No

Proof of income and an application for assistance will be required. (applications are given to those indicating yes)
(see income guidelines; this will update July 1, 2023)

Family Size	Scholarship eligible -full scholarship (22-23 income limits)	Reduced Fee- pay 50% (22-23 income limits)	Pay in full (22-23 income limits)
2	33,874	33,875-42,902	42,903+
3	42,606	42,607-53,929	53,930+
4	51,338	51,339-64,974	64,975+
5	60,070	60,071-76,070	76,071+
6	68,802	68,803-86,807	86,808+
7	77,534	77,535-98,353	98,354+
8	86,266	86,267-109,118	109,119+

Please check all that apply to help us process your registration and best serve your child's needs.

- ☐ Child has completed Early Childhood screening; Name of School District it was completed in? _____
- ☐ The family has changed their residence two or more times in the past year, lives with another family or does not have permanent residence
- ☐ The child receives or qualifies for Special Education Services (IEP, IFSP, speech, therapy services)
- ☐ The child has health/medical needs (allergies, asthma, special diet, medication)_____
- ☐ Child is currently in Foster Care
- ☐ The child has no previous preschool experience
- ☐ The child will be participating in another community preschool program: _____
- ☐ I reside within Mankato Area Public Schools attendance boundaries
- ☐ I reside in the Washington or Kennedy Elementary attendance boundaries (Eligible for VPK site & transportation)
- Child's Race (please mark all that apply if two or more races)
 - ☐ white
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
- ☐ Child is Hispanic/Latino
Child's primary language_____Second language(other language spoken in home)_____
- ☐ Family prefers an interpreter when school staff meet with the family; language_____
- ☐ Family has a transportation barrier to getting the child to/from preschool Select all that apply:
 - ☐ No vehicle
 - ☐ Household has one vehicle and it is used for work
 - ☐ No one in the household has a drivers license
 - ☐ Other (please explain)_____

_____(initial)I authorize preschool staff to give and/or receive information from the agencies or individuals listed below. This information will only be used to provide quality services for the child and his/her family. I understand that any information exchanged will be treated as private data as governed under the MN Government Data Practices Act.

Mankato District #77
Personnel and Records including:
Early Childhood Screening Results
Kindergarten Teachers
Special Education Records
Preschool Staff Observations and Assessments
ACES Early Learning

Medical/Health
Records and Reports including:
Psychological Reports
Immunization Records
Prescribed Medication

Social Services Reports/Data:
Intake Information
Related Agencies

_____(initial)For preschool staff to take necessary emergency measures for the care and protection of my child while under their supervision. In case of an emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the local emergency resources deem it necessary. It is understood that in some medical situations staff will need to contact the local emergency resources before the parent. I understand that any expenses incurred will be the responsibility of the child's family.

Media/Photo use and release statement: Initial to provide consent or leave blank to decline.

_____(initial) I give MAPS Early Learning the right to publish my child's likeness, photograph, words and or artistic works; to be published in any form or medium (for example: print, electronic, video, social networking, classroom labels, etc.)

Signature of Parent/Guardian

Date

The authorizations provided will expire one year from the date of signature. To change this authorization at any time, contact our office.

**** These additional options are for registrants at the Center for Learning location only. ****

ACES is expanding to offer preschool care at the Center for Learning

For MAPS Preschool students enrolled in a 4's class. This is NOT available to students in the 3's classes.

-This care option will complement the preschool day, allowing you to register for a half day or full day experience.

Care Options	Cost	Times (drop off + pick up times can vary)	Included in ACES	More Details
Full Day ACES (Monday - Thursday)	\$200 weekly	7am - 5:30pm	AM Snack + Lunch + PM Snack	Need full day options M-TH? Sign up for morning or afternoon preschool and join us at ACES for the rest!
Half Day - Morning ACES (Monday - Thursday)	\$100 weekly	7am - 11:45am (4's preschool is 8:15am - 11:15am)	AM Snack + Lunch	Need a 1/2 day morning option? Sign up for Morning Preschool and we'll take care of the rest!
Half Day - Afternoon ACES (Monday - Thursday)	\$120 weekly	11:45am - 5:30pm (4's preschool is 12:15pm - 3:15pm)	Lunch + PM Snack	Need a 1/2 day afternoon option? Sign up for Afternoon Preschool and we'll take care of the rest!
Friday Fun Day - Morning ACES #nopreschoolonFridays	\$25.00 per AM	AM: 7am - 11:45am	AM Snack + Lunch	Preschool doesn't happen on Fridays, but you still need care that mirrors your M-TH times ... or perhaps, you need a full day option on Fridays too? Sign up for every week or ala carte!
Friday Fun Day - Afternoon ACES #nopreschoolonFridays	\$30.00 per PM	PM: 11:45am - 5:30pm	Lunch + PM Snack	
Friday Fun Day - Full Day ACES #nopreschoolonFridays	\$50 per Full Day	Full Day: 7am - 5:30pm	AM Snack + Lunch + PM Snack	
Non-School Day ACES when preschool is closed in observation of holidays + professional development	\$50.00 per Full Day	7am - 5:30pm	AM Snack + Lunch + PM Snack	Non-School Days are scheduled days when preschool is closed, but we still have full day options! =no half day option=

Are you looking to add ACES care? ☐ Yes ☐ No ACES staff will contact you to complete registration for care options.

(By marking yes to this question, I understand that my information will be shared with the ACES Child Care program and ACES staff will contact me to further enroll in this option.)

(initial) I authorize Mankato Area Public Schools and its ACES School Age Care program to obtain and share information among staff members regarding my child's school day and child care needs and behaviors, for the purpose of providing continuity of care and support for my child's learning, development, and safety. This includes attendance records, immunization records, health conditions, special needs assessments, and IEPs. I understand that this authorization will expire at the end of the 23-24 school year. I also understand that I may revoke this authorization at any time by providing a signed, written notice of revocation to the ACES Office.

Fee for service transportation at the Center for Learning

-This option is available to Center for Learning registrants

-Fee based transportation requires online registration on our website through Eleyo and is pending approval

-Limited seats available

-Additional fees may apply if address is outside of city limits

2 day a week (3s)	3 day a week (3's)	4 day a week (4's)
\$90 mo	\$130 mo	\$175 mo

Contact our office if you need assistance registering for transportation. 507-625-4620