



# Little Cardinals Academy

## Registration Form

**Please return to:**  
 Motley Family Center  
 Little Cardinals Academy  
 PO Box 268 132 1<sup>st</sup> Ave S.  
 Motley, MN 56466

**Contact Info:**  
 Susan Estabrooks-Anderson  
 218-894-5400 X3531

Registration Fee \$25.00: \_\_\_\_\_

### CHILD INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Start Date \_\_\_\_\_  
 Names of Siblings \_\_\_\_\_

### PARENTS OR GUARDIAN INFORMATION

**Last Name (1)** \_\_\_\_\_ **First Name** \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer and Phone \_\_\_\_\_

**Last Name (2)** \_\_\_\_\_ **First Name** \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer and Phone \_\_\_\_\_

### OTHER EMERGENCY CONTACTS (Two required other than parents/guardians)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### AUTHORIZATION FOR PICK UP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who are authorized to pick your child up on your behalf.

Name	Address	Phone

MEDICAL INFORMATION

Hospital or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist Name and Phone Number \_\_\_\_\_

Medical Insurance Information \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Problems we need to be aware of \_\_\_\_\_

IMMUNIZATIONS

Please enclose a copy of your child's immunization record and a physical signed by your physician (from within the last year) with this registration form.

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<p>ADDITIONAL INFORMATION: Please indicate description of child's eating, sleeping, toileting, communication, and comforting habits and methods along with any likes/ dislikes, special interests, etc:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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EMERGENCY CONSENT:

It will be our policy to notify a parent when a child is ill or needs medical attention. In the event we cannot contact a parent and your child needs immediate attention, we will take the child to the nearest emergency service.

I give consent for my/our child \_\_\_\_\_, when ill or injured, to be taken to the nearest emergency center by the staff or by ambulance if necessary.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY: \_\_\_\_\_ Scan to Admin Office \_\_\_\_\_ Copies in Emergency Binders (4)



# Program Tuition

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5 days per week \$120/week  
4 days per week \$100/week  
3 days per week \$75/week  
2 days per week \$52/week  
1 day per week \$27/week

Drop In Care - \$27.00/day

Half Day Care - \$14.00/day  
for less than five hours

- Tuition is based on a nine hour day, any hours over nine will be billed at \$3.00 per hour. Additional daily hours must be approved by the teacher prior to your child's arrival for the day.
- Drop In care may be available for Academy registered children. If you wish to purchase an additional day of care beyond your registered schedule, please discuss with your teacher prior to the day needed. Drop in care will be determined based on space available. Drop In Care Fee's are paid when you drop off your child. \$27.00 per day
- Half-Day Care is available to families on a "temporary status" ONLY. This means that families enrolled in Half-Day Care could potentially be "bumped" by a family seeking Full-Day Care. In the event that a family is in jeopardy of being "bumped", they will be contacted and given the opportunity to change to Full-Day Care to secure the day/s in jeopardy. Half-day Care is \$14.00/day for up to five hours. If a child enrolled in Half-Day Care reaches and exceeds five hours, they will be charged an additional \$13.00 for Full-Day Care.
- Program fees include one snack and most project supplies.
- Meals can be purchased through the school meal plan or brought from home. You will need to provide diapering supplies and any special food beyond that which is provided.
- Tuition is charged on a monthly basis, depending on the number of days your child attends the program. Tuition is due on the 1<sup>st</sup> of each month. Parents wishing to pay on a weekly or bi-weekly basis may do so with approval from Community Education. Additional hours beyond your registered schedule will be added to your bill.
- An annual administration fee of \$25/child will be charged at time of enrollment and each year after September 1<sup>st</sup>. Administration fees will be used to offset the cost of paperwork for the state licensing requirements.
- Any absent days based on your registered schedule are your responsibility for payment whether your child attends or not, except for sick days. *You must call your teacher prior to the time your child is scheduled to arrive to let us know your child is sick to receive the half day sick time credit.*

**OVER**

- Please contact Community Education if you need information concerning payment assistance. We have contact information for public assistance resources.
- We require two weeks' notice for any changes to schedule, whether withdrawing or permanently decreasing the hours/days your child attends. If two weeks' notice is not given, you will be responsible to pay for two weeks' tuition.

Please see parent handbook for all other program details.

This check list will help you and your child be prepared for their first day of school.

These items are required **prior** to the first day of class.

- Registration Form and Fee
- Student Schedule form
- Immunization record
- Media/Photography: Consent and Release form and Receipt of Parent Handbook form (on back)
- A physical (from within the last year) signed by your physician (*must be received within the first 30 days of class*)
- 2012-2013 Free and Reduced Lunch form (Optional)

These items can be brought with you child on their first day of class.

- Diapering supplies (i.e. diapers, wipes, anti-rash cream, etc.), if necessary – *these supplies will be left at the Academy*
- Blanket, small pillow, and/or special stuffed animal for nap time
- Extra change of clothing – *these are to be left at the Academy*
- Regular-sized backpack – *this will be brought daily to and from class*

**PLEASE LABEL YOUR CHILD'S ITEMS.**  
**Especially coats, boots, mittens, snowpants. Many of these items are very similar in appearance.**

Note:

When calling Lakewood Health systems for a copy of your child's most recent immunization record or physical/well child check, it is best to call the "Release of Information" office, Anita Seekins at 894-8644. Request that the documents be faxed to Motley Elementary/Middle School. Fax # 218-352-6508

Be sure to include - ATTN to Sue Anderson.



**You may be eligible for a  
preschool/childcare scholarship!!**

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**Early Learning Scholarships : Pathway I Program**

Little Cardinals Academy is pleased to announce that the Early Learning Scholarships Program is now available for our childcare families! The scholarships, are awarded directly to eligible children through regional *Early Learning Scholarships Administrator Offices*. These scholarships are paid to the early childhood program the family chooses. Little Cardinals Academy has applied to participate in Parent Aware to achieve a Four Start rating and has now been accepted, we now become eligible to receive scholarships from families who apply and qualify. Priorities for scholarships are given based on family income, geographic region and participation in eligible programs.

**PLEASE SEE THE BACK SIDE OF THIS FLYER  
FOR A COMPLETE DESCRIPTION OF  
ELIGIBILITY REQUIREMENTS.**

If you have questions or need a scholarship application, contact:

Susan Estabrooks-Anderson  
Director  
Staples/Motley Early Learning Programs  
218-894-5400 ext 3531  
[sanderson@isd2170.k12.mn.us](mailto:sanderson@isd2170.k12.mn.us)

**TO QUALIFY FOR A PATHWAY I- EARLY LEARNING SCHOLARSHIP, A FAMILY MUST:**

- 1) You must live in one of these counties (Cass, Crow Wing, Morrison, Wadena, Todd, Otter Tail, Douglas, Stearns, Benton)
- 2) Have a family income equal to or less than 185 percent the federal poverty level in the current calendar year. The chart below is a guide based on FY2014 poverty guidelines published in the Federal Register on March 5, 2014.

Family Size	Gross Income	Family Size	Gross Income
2	\$29,101	6	\$59,145
3	\$36,612	7	\$66,656
4	\$44,123	8	\$74,167
5	\$51,634	9*	\$81,678
For family units of more than eight members, add \$7511 for each additional member. *See Family size of 9 as an example			

**OR:** be able to document child’s current participation in one of the following programs:

- Free and Reduced-Price Lunch Program(FRLP)
- Child and Adult Care Food Program (CACFP)
- Head Start
- Minnesota Family Investment program (MFIP)
- Child Care Assistance Programs (CCAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Placement in foster care under section 260C.212

- 3) Meet the following eligibility requirements:
  - a) Families must have a child who is age three or four as of September 1 of the current program year and not yet eligible for kindergarten; or
  - b) A child between the ages of zero and five of a parent under the age of 21 who is pursuing a high school or general education equivalency diploma is eligible for a scholarship if the parent meets the income eligibility guidelines; or
  - c) A sibling\* between the ages zero-to-five years old of a child who has been awarded a scholarship attending the same childcare/early education program.

\*Definition of *sibling* means one or more individuals who have one or both parents in common through blood, marriage, or adoption, including siblings as defined by the child’s tribal code or custom.





**Staples Motley School District**

202 Pleasant Ave NE

Staples, MN 56479

(218) 894-2430

www.isd2170.k12.mn.us

**MEDIA NON-CONSENT FORM**

Staples Motley ISD #2170 strives to celebrate the accomplishments of its students by sharing information with the community. To do this, the District may submit press releases to local media (newspapers, radio, television, online news blogs) that include student names, student work, student photographs, and video and/or voice recordings. In addition, the District may choose to publish and/or display this information in District-sponsored publications, at various school or public functions, on the District's local cable channel, website(s) and various social media channels, or in the school yearbook.

While the intent of this practice is to be informative and celebratory, the District recognizes that concerns may arise regarding a student's right to privacy. Pursuant to the Federal Family Educational Rights and Privacy Act (FERPA), school districts are permitted to release "school directory information" unless parents exercise their right of refusal.

It is the intent and practice of the Staples Motley ISD #2170 to publish, post, or release ONLY a child's name, photograph, audio and/or video recording, displays of student work or other school-related information and ONLY as related to student achievement (e.g. academic/athletic recognition or award) or student accomplishment (e.g. a specially selected piece of work).

If you agree to allow Staples Motley ISD #2170 to publish and/or display such information about your student for noncommercial purposes and without cost, no action is required.

If you DO NOT grant permission for the District to release your child's name, photograph, schoolwork, and/or video or voice recording in the manner stated above, you must complete, sign and return this Media Release Non-Consent form to your child's school. Please note that the Media Release Non-Consent Form is available in the administrative office of your child's school and on the District web site, and a signed form is considered valid for one (1) school year. By signing and returning this form to my child's school, I formally state that I DO NOT grant permission to Staples Motley ISD #2170 to release my child's name, photograph, audio and/or video recording, or displays of work to the media; to publish information about my child's accomplishments or achievements in District-sponsored publications; or to display such information on the District's local cable channel, website(s), various social media channels, in the school yearbook, or at school or public functions during the current school year.

Last Name of Student \_\_\_\_\_ First Name \_\_\_\_\_

Student # Grade School \_\_\_\_\_

I understand fully the conditions set forth in this document.

Name of Parent or Guardian (Please Print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone Number \_\_\_\_\_





**\*\*\*DO NOT SIGN THIS PAGE UNTIL YOU HAVE READ THE ENTIRE PARENT HANDBOOK. WE WILL ENFORCE ALL RULES AND POLICIES PRESENTED**

I have read and understand the Little Cardinals Academy Parent Handbook. I understand by signing this contract I am bound by the handbook's contents. I agree to abide by the policies presented.

I am aware Little Cardinals Academy reserves the right to amend or add to the policies, guidelines and fees outlined in this handbook at any time. The teachers will do their best to announce any changes at least 10 days prior to the implementation of them.

I am also aware the parent handbook is accessible online at [www.isd2170.k12.mn.us](http://www.isd2170.k12.mn.us), and any changes or updates to this handbook will be posted to this website.

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Child(rens) Name(s) \_\_\_\_\_

Little  
Cardinals  
Academy



### Contact Information

Phone: (218) 894-5400  
Miss Sue at Office Ext. - 3531  
[sanderson@isd2170.k12.mn.us](mailto:sanderson@isd2170.k12.mn.us)

## New Family Orientation Checklist

(TO BE COMPLETED AT FAMILY ORIENTATION VISIT)

Child's Name \_\_\_\_\_ Start Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

- \_\_\_\_\_ Reviewed Application/Attendance Contract
- \_\_\_\_\_ Introduce Staff and Tour Facility
- \_\_\_\_\_ Discussed Dietary Restrictions
- \_\_\_\_\_ Discussed Special Needs/Disabilities/Medical Needs
- \_\_\_\_\_ Provided Info on Early Childhood Screening
- \_\_\_\_\_ Provided Info on Early Childhood Family Education (ECFE)
- \_\_\_\_\_ Discussed Parenting Preferences/Family Customs and Traditions
- \_\_\_\_\_ Offered Bridge to Benefit on-line screening information
- \_\_\_\_\_ Receive Family Security Code

I acknowledged that the items checked have been reviewed with me and I understand them.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date