

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 2020-2021 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, 2020 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.

REGISTRATION WILL BE ONLINE

- **Priority registration will be given to students currently enrolled in ZM's 2019-2020 preschool year. Registration for those students will open on Monday, April 27th at 6 PM and will close on Tuesday, April 28th 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, April 30th 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 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.

- 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 Registration, Information, Health & Immunization form and return within 2 weeks to Community Ed, 705 Mill Street, Zumbrota, MN 55992 or scanned and emailed 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 emailed 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 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 before September 1st, 2020, 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, 2020.

Children who are 3 years old before September 1st, 2020 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. 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 2019 Tax Statement.

Preschool Orientation: Information will be mailed in July regarding preschool orientation. We hope to align more closely with the Primary and Elementary School Pre-School conferences, and hold "Meet the Teacher" on Monday, August 17th and Tuesday, August 18th.

School supplies: School supplies needed for preschoolers include:

- Sturdy two-pocket folder
- Tennis shoes
- Backpack (Large enough to fit the folder)
- MWF classes: disinfecting wipes
- T/TH 4-year-old classes: box of tissues
- T/TH 3-year-old classes: roll of paper towels
- Milk Break - Go to ZMSchools.us, click on school store and register your child for milk.

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,

A handwritten signature in black ink that reads "Jen Lohmann". The signature is written in a cursive, flowing style.

Jen Lohmann
Community Education Director

A handwritten signature in black ink that reads "Julie Vath". The signature is written in a cursive, flowing style.

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 2020-2021
Three & Four-Year-Old Preschool
Class is based on child’s age before September 1, 2020.

To register, complete the Registration, Information, Health & Immunization form and return within 2 weeks to Community Ed, 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, 2020:	Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female			

Please indicate which class you are registering for by checking the box. Class is determined by child’s age before September 1, 2020. Please note: Annual tuition payments are due on August 25, 2020. Monthly tuition payments are due on the 25th of each month, August 2020 through April 2021. The first preschool payment will also be accepted at “Meet the Teacher” in August.

	Class	Sessions	Days	Time	Annual	Monthly
<input type="checkbox"/>	3 years	2 days/wk	Tues/Thurs	8:00 – 10:45am	\$950	\$110
<input type="checkbox"/>	3 years	3 days/wk	Mon/Wed/Fri	8:00 – 10:45am	\$1355	\$155
<input type="checkbox"/>	4 years	2 days/wk	Tues/Thurs	8:00 – 10:45am	\$950	\$110
<input type="checkbox"/>	3 & 4 years Mixed Ages	2 days/wk	Tues/Thurs	12:15 – 3:00pm	\$950	\$110
<input type="checkbox"/>	4 years	3 days/wk	Mon/Wed/Fri	8:00 – 10:45am	\$1355	\$155
<input type="checkbox"/>	4 years *	3 days/wk	Mon/Wed/Fri	12:15 – 3:00pm	\$1220	\$140
<input type="checkbox"/>	3 & 4 years Mixed Ages *	3 days/wk	Mon/Wed/Fri	12:15 – 3:00pm	\$1220	\$140

*4 yr old M/W/F PM tuition reduced due to 9 early release Wednesdays.

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 #:	
Mailing Address (if different than above):						
City:	State:	Zip:	Household Phone:	<input type="checkbox"/> - Landline <input type="checkbox"/> - Cellular		
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 () -	-	Work () -	-
Employer:			Employer:			
E-mail:			E-mail:			
Please list ALL members of the primary household – (Adults, Parents & children)						

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.

Parent/Guardian A: (initials) Parent/Guardian B: (initials) Parent/Guardian C: (initials)

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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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.

Birth to 6 months

12 -24 months

At Kindergarten

At 7th grade

At 12th grade

Vaccine

Hepatitis B	<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"/>
Haemophilus influenzae type b (Hib)	<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"/>
Polio	<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"/>
Chickenpox (varicella)	<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"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<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"/>

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 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 _____

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.

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)

CHARGE CARD AUTHORIZATION FORM 2020-2021

I hereby give the Zumbrota-Mazeppa Community Education Office, as agent for Zumbrota-Mazeppa's preschool, permission to charge my credit card for the amount indicated below for my child's 2020-2021 preschool payment.

The monthly charge will be processed for preschool on the 25th of every month starting August 25, 2020 and ending April 25, 2021.

No bill will be sent; we will automatically charge your account on the dates provided above. **Please complete the following information, sign and return.**

Cardholder's First Name: _____

Cardholder's Last Name: _____

Circle one: VISA MASTERCARD

Card Number: _____

Expiration Date: _____ 3 Digits on Back: _____

Address: _____

City/State/Zip: _____

Email Address for Receipt: _____

Child's Name: _____

Payment Amount:
M/W/F AM
Annual - \$1355
Monthly - \$155

Payment Amount:
M/W/F PM
Annual - \$1220
Monthly - \$140

Payment Amount:
T/TH AM & PM
Annual - \$950
Monthly - \$110

Authorized Signature

Date

Office Use Only:

Aug _____
Sept _____
Oct _____

Nov _____
Dec _____
Jan _____

Feb _____
Mar _____
Apr _____

Zumbrota-Mazeppa Preschool 2020-2021
September Payment Coupon
Due by: August 25, 2020

Child's Name: _____

(Please circle) 2-day \$110 3-day AM \$155 3-day PM \$140

Send to: Zumbrota-Mazeppa Community Ed
705 Mill Street
Zumbrota, MN 55992

Zumbrota-Mazeppa Preschool 2020-2021
October Payment Coupon
Due by: September 25, 2020

Child's Name: _____

(Please circle) 2-day \$110 3-day AM \$155 3-day PM \$140

Send to: Zumbrota-Mazeppa Community Ed
705 Mill Street
Zumbrota, MN 55992

Zumbrota-Mazeppa Preschool 2020-2021
November Payment Coupon
Due by: October 25, 2020

Child's Name: _____

(Please circle) 2-day \$110 3-day AM \$155 3-day PM \$140

Send to: Zumbrota-Mazeppa Community Ed
705 Mill Street
Zumbrota, MN 55992

Zumbrota-Mazeppa Preschool 2020-2021
December Payment Coupon
Due by: November 25, 2020

Child's Name: _____

(Please circle) 2-day \$110 3-day AM \$155 3-day PM \$140

Send to: Zumbrota-Mazeppa Community Ed
705 Mill Street
Zumbrota, MN 55992

Zumbrota-Mazeppa Preschool 2020-2021
January Payment Coupon
Due by: December 25, 2020

Child's Name: _____

(Please circle) 2-day \$110 3-day AM \$155 3-day PM \$140

Send to: Zumbrota-Mazeppa Community Ed
705 Mill Street
Zumbrota, MN 55992

Zumbrota-Mazeppa Preschool 2020-2021
February Payment Coupon
Due by: January 25, 2021

Child's Name: _____

(Please circle) 2-day \$110 3-day AM \$155 3-day PM \$140

Send to: Zumbrota-Mazeppa Community Ed
705 Mill Street
Zumbrota, MN 55992

Zumbrota-Mazeppa Preschool 2020-2021
March Payment Coupon
Due by: February 25, 2021

Child's Name: _____

(Please circle) 2-day \$110 3-day AM \$155 3-day PM \$140

Send to: Zumbrota-Mazeppa Community Ed
705 Mill Street
Zumbrota, MN 55992

Zumbrota-Mazeppa Preschool 2020-2021
April Payment Coupon
Due by: March 25, 2021

Child's Name: _____

(Please circle) 2-day \$110 3-day AM \$155 3-day PM \$140

Send to: Zumbrota-Mazeppa Community Ed
705 Mill Street
Zumbrota, MN 55992

Zumbrota-Mazeppa Preschool 2020-2021
May Payment Coupon
Due by: April 25, 2021

Child's Name: _____

(Please circle) 2-day \$110 3-day AM \$155 3-day PM \$140

Send to: Zumbrota-Mazeppa Community Ed
705 Mill Street
Zumbrota, MN 55992

Zumbrota-Mazeppa Community Education

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 www.zmschools.us

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

ZUMBROTA – MAZEPPA PRESCHOOL SCHOLARSHIP REQUEST FORM
2020-2021 School Year

APPLICANT INFORMATION		
Name:		
Current address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
FINANCIAL INFORMATION		
Gross income reported on 2019 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 (2020-2021)

If applying for a scholarship, please complete the Scholarship Request Form
(see reverse side) and attach your 2019 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	\$60	\$80	\$100	\$110
Annual Tuition	\$475	\$630	\$785	\$950

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	\$80	\$105	\$130	\$155
Annual Tuition	\$675	\$900	\$1125	\$1,355

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	\$75	\$95	\$120	\$140
Annual Tuition	\$610	\$810	\$1010	\$1,220



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



Child's Name: _____

Teacher & Class time: _____

Zumbrota-Mazeppa Early Childhood Preschool Release Form

Video Recording Release

I give permission to Zumbrota-Mazeppa Preschool to video-record my child for use in parent-teacher conferences & social media.

Date: _____ Parent/Guardian Signature: _____

Photograph Release

I give permission to Zumbrota-Mazeppa Preschool to photograph my child for use in the media & social media for program publicity and to display pictures on the class website.

Date: _____ Parent/Guardian Signature: _____

Authorization for Walking Field Trips

I give permission for my child to go on walking field trips from the preschool classroom to locations around Zumbrota. Parents will be informed of these outings in advance.

Date: _____ Parent/Guardian Signature: _____

Authorization for Walks

I give permission for my child to go on walks around the block of our Zumbrota Health Services building (433 Mill Street) during class time.

I also give permission for my child to walk to the Zumbrota-Mazeppa Public Schools campus, which includes Zumbrota High School, Primary School and the playgrounds next to the primary school.

Date: _____ Parent/Guardian Signature: _____

Child's Full Name: _____

Teacher & Class:	Miss Micayla	Miss Megan	
MWF am	MWF pm	TTH am	TTH pm

- What would you like your child to be called at school?
- Names of important people in your child's life (parents, siblings, grandparents, pets). This helps us label their artwork properly.

- Preferred method to receive important information about preschool. (circle)
 - Weekly email
 - Monthly email
 - Hardcopy Monthly Newsletter
 - Seesaw App

- How will your child **arrive** at preschool?

Hiawatha Transit Bus

Dropped off by:

Bright Beginnings

Other: _____

- How will your child **leave** preschool?

Hiawatha Transit Bus

Picked up by:

Bright Beginnings

Other: _____

- Please list all emails you would like on our class email list.

- Tell me a little bit about your child! 😊