



604 N 7<sup>th</sup> Street  
Brainerd, MN 56401  
(218) 828 - 8200

[www.discoverywoods.com](http://www.discoverywoods.com)

# Discovery Woods Preschool

## Enrollment Packet

### Payment Policy

The Discovery Woods Preschool calendar year runs from September through May. Tuition rates have been averaged over the nine-month school year to ensure they remain constant each month. As such, tuition rates do not drop during months with holidays or breaks. Tuition is due by the 15<sup>th</sup> day of each month. Tuition is considered late if payment arrangements have not been made by the end of the month. If tuition has not been arranged or paid by the end of the month, the child will not be able to attend the following month, and a late fee will be added.

Discovery Woods Preschool Tuition Schedule:

- Non-refundable one-time Registration Fee: \$50.00/family
- \$750/month for 5 full days per week (no part-time options)
  
- Aftercare Rates:
  - 5-day/week = \$200/month
  - 3-day/week = \$144/month
  - Drop-in = \$15/day

### Preschool Termination Policy

The Discovery Woods Preschool program expects students to be enrolled from the time of their admission until the end of the school year. The program requires a parent/guardian to provide a two-week advance notice if they wish to withdraw their child from the program. If withdrawal from Discovery Woods Preschool occurs in the middle of a month, the monthly tuition will be prorated for the number of days the child attends that month. If notice of termination is not given, the parent/guardian is still responsible for paying tuition for the entire month.

### Preschool Absence Policy

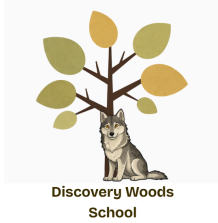
The success of the Discovery Woods Preschool program depends upon student attendance. If a child needs to be absent due to illness or other circumstances, please contact the front office before 8:00 am. The preschool program does not give discounts or refunds for days children do not attend. If a child needs to take a leave of absence for a month or more, the parent/guardian may discuss payment options with the administration.



# Preschool Program Enrollment Form

STUDENT INFORMATION			
LAST NAME:		LEGAL FIRST NAME:	
MIDDLE NAME:		PREFERRED NAME:	
BIRTHDATE:	LEGAL GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH PLACE:	
ETHNICITY: (Please check all that apply) <input type="checkbox"/> American Indian-Alaska Native <input type="checkbox"/> North American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic-Latino <input type="checkbox"/> Black-African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander			
GUARDIAN INFORMATION			
Guardian 1	NAME:		Legal Guardian <input type="checkbox"/> Y <input type="checkbox"/> N
ADDRESS:		CITY:	STATE:      ZIP:
The student lives at this address <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
If Part-time, what is the student's schedule at this address (days/weeks)? _____			
CELL PHONE:		OTHER PHONE NUMBERS:	
EMAIL:			
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
Guardian 2	NAME:		Legal Guardian <input type="checkbox"/> Y <input type="checkbox"/> N
ADDRESS:		CITY:	STATE:      ZIP:
The student lives at this address <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
If Part-time, what is the student's schedule at this address (days/weeks)? _____			
CELL PHONE:		OTHER PHONE NUMBERS:	
EMAIL:			
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
EMERGENCY CONTACTS/AUTHORIZED PICK UP			
NAME:		PHONE:	RELATIONSHIP:
NAME:		PHONE:	RELATIONSHIP:
NAME:		PHONE:	RELATIONSHIP:

How did you hear about us?  Online  Social Media  Word of Mouth  Other: \_\_\_\_\_



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## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The school district uses the information provided on this survey to determine if a student is multilingual. In Minnesota, multilingual students may qualify for a Multilingual Seal upon further assessment.

Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law.

As a parent or guardian, you have the right to decline English Learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during the school enrollment process. The information requested on this form will help the school better serve our student population. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Check the phrase that best describes your student:		Indicate the language(s) other than English in the space provided:
1. My student first learned:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	
2. My student speaks:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	
3. My student understands:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	

*All data on this form is private. It will only be shared with district staff who need the information and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. This information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.*



# DATA PRIVACY STATEMENT & PERMISSIONS

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

## Data Privacy

Discovery Woods School will utilize the following items as school data for use between the school and families, as well as for state reporting to the MN Department of Education (MDE). Student information will not be provided to outside parties unless the parents/guardians have approved this request in advance.

- The First, Middle, and Last name of the student
- The mailing address of the student, including city, state, and ZIP
- Telephone number(s)
- Birthdate
- Parent/guardian/custodian names, contact addresses, and phone numbers

Do you authorize the school to photograph or videotape your child for purposes of school records and/or Discovery Woods publicity (e.g., Facebook page, Instagram, newsletter, newspaper, brochures, website, yearbook)?  Yes  No

## Medical Information

Does your child have allergies?  Yes  No

\*If yes, please fill out the school's Child Allergy Plan (CAP) for your child.

Special Dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Medical conditions or ongoing medications taken: \_\_\_\_\_

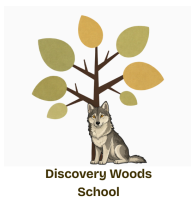
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## Walking Field Trip Permission

I permit my child to accompany his/her class on all walking field trips. Staff will ensure a safe walking route and supervision to/from the school.

Parent Printed Name:	Date:
Parent Signature:	



# REQUEST FOR HEALTH AND EDUCATION RECORDS

Parents/guardians, please fill out this form granting Discovery Woods School permission to request a transfer of records from your child's previous school/program and any other applicable agencies.

<b>Student Legal Name:</b>		<b>Date of Birth:</b>	
<b>PREVIOUS SCHOOL AND DISTRICT INFORMATION</b>			
<b>DISTRICT NAME:</b>		<b>DISTRICT NUMBER:</b>	
<b>SCHOOL NAME:</b>		<b>SCHOOL YEAR LAST ATTENDED:</b>	
<b>ADDRESS:</b>		<b>STATE:</b>	<b>ZIP:</b>

*A district, a charter school, or a nonpublic school that receives services or aid under sections 123B.40 to 123B.48 from which a student is transferring must transmit the student's educational records, within ten business days of a request, to the district, the charter school, or the nonpublic school in which the student is enrolling. (Minn Statute 120A.22 Subd. 7)*

**Please release the following information for scheduling purposes, as it pertains to the listed student.**

- |  |  |
|--|--|
| <input type="checkbox"/> Copy of birth certificate     | <input type="checkbox"/> IEP/Special Education Information                   |
| <input type="checkbox"/> PK Screening                  | <input type="checkbox"/> Other information that may be helpful for placement |
| <input type="checkbox"/> Health & Immunization Records |  |

**Forward information to:** Discovery Woods School  
 %: Main Office  
 604 N 7th St  
 Brainerd, MN 56401

mainoffice@discoverywoods.com

*I understand that no other use will be made of this information, except for the use previously communicated to me or as otherwise authorized by law. Access to it will be limited to persons whose work assignments reasonably require access to this information. I understand that consent can be revoked at any time.*

<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>
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<b>OFFICE USE ONLY</b> Enrollment Date:	Start Date:
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