

Phone 507-732-4244

Fax 507-732-4522

[erinh@zmsch.k12.mn.us](mailto:erinh@zmsch.k12.mn.us)

Dear Parents & Guardians,

Zumbrota-Mazeppa Community Education will be accepting registrations for 2024-2025 preschool. Preschool is offered to three years old, four years old and five years old. **Children must be 3 or 4 years old before September 1<sup>st</sup>, 2024 to enroll.** Preschool classes are located in the Primary School, the address for the Primary School is 799 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 2023-2024 preschool year. Registration for those students will open on Monday, March 25<sup>th</sup> at 6 PM and will close on Tuesday, March 26<sup>th</sup> 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 Wednesday, March 27<sup>th</sup> at 6 PM.**
- **Once I register online, what do I need to do next? Complete the Registration, Health & Immunization forms and return to the Community Ed office no later than Wednesday, April 10<sup>th</sup>. For your convenience, a drop box will be located outside of the Community Ed/District Office (located at 705 Mill Street, Zumbrota) from 4-6 PM on Wednesday, April 3<sup>rd</sup>. You can also mail forms to Community Ed at 705 Mill Street, Zumbrota, MN 55992 or scan and email to [erinh@zmsch.k12.mn.us](mailto:erinh@zmsch.k12.mn.us), to ensure your spot.**

**How do I register online?** \*Prior to registration, make sure you set-up a My family account. If you have an account already, make sure to check that you can access that account. Check your username, password and update your information OR you will have to do it when you go to register.

- Go to [www.zmschools.us](http://www.zmschools.us) website
- Click on Community Ed Store (found in quick links on the left side of the page)
- Log into My 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 2<sup>nd</sup> choice so you're sure to have a spot**)
- Add class to your cart and check out as normal

When registering online, you will be given the option to pay the non-refundable deposit OR you can choose to pay the full year's tuition, in which case the non-refundable deposit fee will be waived.

**What if I do not want to register online?** Mail completed forms to Community Ed, 705 Mill Street, Zumbrota, MN 55992 or scan and email to [erinh@zmsch.k12.mn.us](mailto:erinh@zmsch.k12.mn.us). A 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 walked from the Child Care Center to the Primary School.

*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 to set-up pick-up and drop-off times. Registration deadline for this service is August 1<sup>st</sup>. However, they are a first come first serve service. **We recommend contacting Hiawatha Transit after registering ASAP.**

*Children who are 4 years old before September 1<sup>st</sup>, 2024*, 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 Palmer Bus Company. Preschoolers who are utilizing this option must sign up for the M/W/F PM or M-F PM class. More information on transportation will be available in the August mailing or by calling Community Ed at 507-732-4244.

*Children who are 3 years old before September 1<sup>st</sup>, 2024* are not eligible to ride the Palmer Bus Company bus to or home from preschool.

*Children who are dropped off by parents/guardians*, more information coming in the August mailing regarding pick-up and drop-off locations and times.

**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 Jordan Pahl at 507-732-4650 or [jordanp@zmsch.k12.mn](mailto:jordanp@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 2023 Tax Statement.

**Meet the Teacher:** Information will be mailed in August regarding meet the teacher.

**School supplies:** School supplies needed for preschoolers include:

- 24 pack of Crayons
- Washable markers
- 3-pack of small glue sticks (purple preferred)
- Backpack (large enough to fit a folder)
- Tennis shoes
- 2 days a week – 1 bottle of hand soap
- 3 days a week – 1 box of Kleenex
- 5 days a week – Expo Markers

**Questions:** If you have any questions, please feel free to contact Jen or Erin at the Community Ed office at 507-732-4244 or [erinh@zmsch.k12.mn.us](mailto:erinh@zmsch.k12.mn.us). We look forward to meeting you and your child.

Sincerely,

*Jen Lohmann*

Jen Lohmann  
Community Education Director

*Erin Huneke*

Erin Huneke  
Community Education Assistant

**Zumbrota-Mazeppa Community Education**

705 Mill Street  
Zumbrota, MN 55992  
www.zmschools.us

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

**ZUMBROTA – MAZEPPA PRESCHOOL REGISTRATION FORM 2024-2025****Three & Four-Year-Old Preschool****Class is based on child's age before September 1, 2024.**

To register, Complete the Registration, Health & Immunization forms and return to the Community Ed office no later than Wednesday, April 10<sup>th</sup> to ensure your child's spot. For your convenience, a drop box will be located at the Community Ed/District Office (705 Mill Street, Zumbrota) from 4-6 PM on Wednesday, April 3<sup>rd</sup>. You can also mail forms to Community Ed at 705 Mill Street, Zumbrota, MN 55992 or scan and email to [erinh@zmsch.k12.mn.us](mailto:erinh@zmsch.k12.mn.us).

|  |                               |  |   |  |  |
|--|-------------------------------|--|---|--|--|
| Child's Name:<br>(Last, First, Middle) |                               |  | Child's Nickname:   |  |  |
| Birth date:     /     /                | Age before September 1, 2024: | Gender: <input type="checkbox"/> - Male<br><input type="checkbox"/> - Female | My child has received Special Education services and/or has an IEP/IFSP. <input type="checkbox"/> |  |  |

Please indicate which class you are registering for by checking the box. Class is determined by child's age before September 1, 2024. Please note: Annual tuition payments are due on August 25, 2024, and are also accepted at "Meet the Teacher". Monthly tuition payments are due on the 25<sup>th</sup> of each month, August 2024 through April 2025.

| Class   | Sessions  | Days         | Time           | Annual | Monthly |
|---------|-----------|--------------|----------------|--------|---------|
| 3 years | 2 days/wk | Tues/Thurs   | 8:00 – 10:45am | \$1100 | \$125   |
| 3 years | 3 days/wk | Mon/Wed/Fri  | 8:00 – 10:45am | \$1550 | \$175   |
| 4 years | 3 days/wk | Mon/Wed/Fri  | 8:00 – 10:45am | \$1550 | \$175   |
| 4 years | 3 days/wk | Mon/Tues/Fri | 8:00-10:45am   | \$1550 | \$175   |
| 4 years | 3 days/wk | Mon/Wed/Fri  | 12:25 – 3:10pm | \$1410 | \$160   |
| 4 years | 5 days/wk | Mon-Fri      | 12:25-3:10pm   | \$2510 | \$285   |

\*The M-F PM and MWF PM tuition has been adjusted to reflect the 8 Wednesday Early Release Days. \*

MY TUITION PAYMENT WILL BE:     Annual                                      Monthly                                      (Please circle)

| <b>ZUMBROTA-MAZEPPA PUBLIC SCHOOLS FAMILY INFORMATION FORM</b>  |                               |  |  |                               |  |  |
|---|-------------------------------|--|--|-------------------------------|--|--|
| <b>PRIMARY Household – (The primary residence of your students)</b>   |                               |  |  |                               |  |  |
| All student information and mailings will be sent to the primary household.   |                               |  |  |                               |  |  |
| Street Address:   |                               |  |  |                               | Apt #:   |  |
| City:   | State:                        | Zip:   | Household Phone:   |                               | - Landline<br>- Cellular                                 |  |
| Student lives with:   |                               |  | Mother and Father<br>Single Gender Parents               |                               | Mother (and step-father if applicable)<br>Foster Parents |  |
|   |                               |  | Father (and step-mother if applicable)<br>Relative/Other |                               |  |  |
| Provide legal custody document if applicable and/or fill in legal parent/guardian info in the Secondary Household section below |                               |  |  |                               |  |  |
| <b>** Note: Please notify the Community Ed office and provide legal documentation if there is a custodial issue. **</b>         |                               |  |  |                               |  |  |
| <b>Primary Parent/Guardian Information – (Parent(s)/Guardian(s) living in primary household with students)</b>                  |                               |  |  |                               |  |  |
| Full Legal Name A:<br>(Last, First, Middle)   |                               |  | Full Legal Name B:<br>(Last, First, Middle)              |                               |  |  |
| Birth date:     /     /   | Gender:<br>- Male<br>- Female | Migrant: Y or N<br>Homeless: Y or N<br>Language: _____ | Birth date:     /     /                                  | Gender:<br>- Male<br>- Female | Migrant: Y or N<br>Homeless: Y or N<br>Language: _____   |  |
| Cell (     ) -  |                               | Work (     ) -   | Cell (     ) -   |                               | Work (     ) -   |  |
| Employer:   |                               |  | Employer:  |                               |  |  |
| E-mail:   |                               |  | E-mail:  |                               |  |  |

**Please list ALL members of the primary household – (Adults, Parents & children)**  
 Relationship= (Son, Daughter, Spouse, Self, Step-Son, Step-Daughter, Foster Child, etc...)

| Full Legal Name<br>(Last, First, Middle) | Birth date:<br>(mm/dd/yy) | Gender     | Relationship to<br>Parent/Guardian A | Legal<br>Guardian | Ethnicity   |
|--|---------------------------|------------|--------------------------------------|-------------------|---|
|  |                           | - M<br>- F |                                      | - Y<br>- N        | AM Indian Asian/Pacific Islander<br>Hispanic Black, not Hispanic<br>White, Not Hispanic |
|  |                           | - M<br>- F |                                      | - Y<br>- N        | AM Indian Asian/Pacific Islander<br>Hispanic Black, not Hispanic<br>White, Not Hispanic |
|  |                           | - M<br>- F |                                      | - Y<br>- N        | AM Indian Asian/Pacific Islander<br>Hispanic Black, not Hispanic<br>White, Not Hispanic |
|  |                           | - M<br>- F |                                      | - Y<br>- N        | AM Indian Asian/Pacific Islander<br>Hispanic Black, not Hispanic<br>White, Not Hispanic |
|  |                           | - M<br>- F |                                      | - Y<br>- N        | AM Indian Asian/Pacific Islander<br>Hispanic Black, not Hispanic<br>White, Not Hispanic |
|  |                           | - M<br>- F |                                      | - Y<br>- N        | AM Indian Asian/Pacific Islander<br>Hispanic Black, not Hispanic<br>White, Not Hispanic |

**Second Parent/Guardian Mailing – (Parent/Guardian not living in the primary household with student(s))**

|   |                            |           |  |  |                                      |                   |
|---|----------------------------|-----------|--|--|--------------------------------------|-------------------|
| Full Legal Name C:<br>(Last, First, Middle) |                            |           | Name(s) of student(s) pertaining to this<br>parent/guardian: |  | Relationship to<br>Parent/guardian C | Legal<br>Guardian |
| Street Address:                             |                            |           |  |  |                                      | - Y<br>- N        |
| City:                                       | State:                     | Zip:      |  |  |                                      | - Y<br>- N        |
| Birth date: / /                             | Gender: - Male<br>- female | Nickname: |  |  |                                      | - Y<br>- N        |
| Cell ( )- -                                 | Work ( )- -                |           |  |  |                                      | - Y<br>- N        |
| Employer:                                   |                            |           |  |  |                                      | - Y<br>- N        |
| E-mail:                                     |                            |           |  |  |                                      | - Y<br>- N        |
| Home Phone: ( )- -                          |                            |           | -Landline<br>-Cellular                                       |  |                                      | - Y<br>- N        |

**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.)**

|                             |             |             |
|-----------------------------|-------------|-------------|
| <b>Emergency Contact #1</b> | First Name: | Last Name:  |
| Primary/Home ( )- -         | Cell ( )- - | Work ( )- - |
| <b>Emergency Contact #2</b> | 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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**ZUMBROTA – MAZEPPA PRESCHOOL SCHOLARSHIP REQUEST FORM**  
**2024-2025 School Year**

**APPLICANT INFORMATION**

|   |   |                  |
|---|---|------------------|
| Name:   |   |                  |
| Current address:  |   |                  |
| City:   | State:  | Zip:             |
| Home Phone:   | Cell Phone:                                   | Work Phone:      |
| <b>FINANCIAL INFORMATION</b>  |   |                  |
| Gross income reported on 2023 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 (2024-2025)

If applying for a scholarship, please complete the Scholarship Request Form  
(see reverse side) and attach your 2022 Tax Statement.

| <u>Family Income</u>     | <u>2 Day Option</u>                | <u>3 Day Option</u><br><u>AM</u>   | <u>3 Day Option</u><br><u>PM</u>   | <u>5 Day Option</u>                |
|--------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <b>\$75,000 +</b>        | Monthly - \$125<br>Annual - \$1100 | Monthly - \$175<br>Annual - \$1550 | Monthly - \$160<br>Annual - \$1410 | Monthly - \$285<br>Annual - \$2510 |
| <b>\$50,000 - 75,000</b> | Monthly - \$115<br>Annual - \$950  | Monthly - \$150<br>Annual - \$1325 | Monthly - \$140<br>Annual - \$1210 | Monthly - \$255<br>Annual - \$2160 |
| <b>\$35,000 - 50,000</b> | Monthly - \$95<br>Annual - \$800   | Monthly - \$125<br>Annual - \$1100 | Monthly - \$120<br>Annual - \$1010 | Monthly - \$225<br>Annual - \$1810 |
| <b>\$20,000 - 35,000</b> | Monthly - \$75<br>Annual - \$650   | Monthly - \$100<br>Annual - \$875  | Monthly - \$100<br>Annual - \$810  | Monthly - \$195<br>Annual - \$1460 |
| <b>\$0 - 20,000</b>      | Monthly - \$55<br>Annual - \$500   | Monthly - \$75<br>Annual - \$650   | Monthly - \$80<br>Annual - \$610   | Monthly - \$165<br>Annual - \$1110 |

# ZUMBROTA-MAZEPPA SCHOOL HEALTH INFORMATION FORM

| <b>PART 1 Parent or guardian to complete.</b> Parent or guardian is encouraged to participate in the development of an Individual Health Care Plan, if needed.  |             |  |        |   |
|---|-------------|--|--------|---|
| Student Name  | Last        | First                                  | Middle | Sex<br><input type="radio"/> M<br><input type="radio"/> F |
| Date of Birth   |             |  |        |   |
| School  | Grade       | Parent/Guardian Name                   |        |   |
| Home Phone  | Mother Cell | Father Cell                            |        |   |
| My child has a medical condition that may affect his or her school day <input type="radio"/> No <input type="radio"/> Yes (please complete Part 2)  |             |  |        |   |
| Parent or Guardian Name (Print or Type)   |             | Email Address                          |        |   |
| Parent or Guardian Signature  |             | Date                                   |        |   |
| <b>PART 2 Complete ALL boxes that apply to your child.</b> Parent/guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school office to obtain correct medication forms. If an individual school health care plan is indicated, parent/guardian is responsible for providing the school nurse with necessary medical information and forms. Please see link to locate your building's school nurse and forms: <a href="http://www.zmschools.us/departments/welcome-health-services" style="color: white;">http://www.zmschools.us/departments/welcome-health-services</a>   |             |  |        |   |
| <input type="checkbox"/> <b>ALLERGIES</b>   |             |  |        |   |
| <b>Allergy Type</b><br><input type="checkbox"/> Food List food(s) _____<br><input type="checkbox"/> Bee/Insect Sting _____<br><input type="checkbox"/> Other (List) _____<br>Reactions <input type="checkbox"/> Type <input type="checkbox"/> Mild <input type="checkbox"/> Severe Date of last severe reaction: _____<br>Describe your child's allergic reaction symptoms: _____   |             |  |        |   |
| ▪ Does your child require classroom designation (i.e. peanut, nut, dairy, or seafood "free" etc.)? <input type="radio"/> No <input type="radio"/> Yes<br>▪ Does your child need to sit at a specified allergy free area in the cafeteria? <input type="radio"/> No <input type="radio"/> Yes<br>▪ Will your child be riding the bus to school? <input type="radio"/> No <input type="radio"/> Yes<br><b>Currently prescribed medications and treatment:</b><br><input type="checkbox"/> Oral antihistamine (Benadryl, etc.) <input type="checkbox"/> Epinephrine <input type="checkbox"/> Other _____<br><b>(A Medication Authorization Form is required for all medications at school. See next page)</b>  |             |  |        |   |
| <input type="checkbox"/> <b>FOOD INTOLERANCE</b>  |             |  |        |   |
| <input type="checkbox"/> Due to gastrointestinal (digestive) distress<br><input type="checkbox"/> Due to religious preferences  |             | List foods: _____<br>List foods: _____ |        |   |
| <input type="checkbox"/> <b>ASTHMA</b>  |             |  |        |   |
| <b>Triggers</b> <input type="checkbox"/> Exercise <input type="checkbox"/> Environmental <input type="checkbox"/> Other (list) _____<br><b>Symptoms</b><br><input type="checkbox"/> Chest tightness, discomfort, or pain <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Throat itch, tightness, or soreness<br><input type="checkbox"/> Coughing <input type="checkbox"/> Hoarseness <input type="checkbox"/> Wheezing<br><input type="checkbox"/> Other _____ Date of last hospitalization for asthma _____<br><b>Currently prescribed medications and treatment</b><br><input type="checkbox"/> Inhalers <input type="checkbox"/> Oral antihistamines <input type="checkbox"/> Oral steroids Nebulizer <input type="checkbox"/> Oral Bronchodilator <input type="checkbox"/> Peak flow monitoring<br>Will your child require medication at school? <input type="radio"/> No <input type="radio"/> Yes |             |  |        |   |

|   |  |
|---|--|
| <b>(A Medication Authorization Form is required for all medications at school. See next page)</b>   |  |
| <input type="checkbox"/> <b>DIABETES</b> (Contact school nurse to discuss Individualized Health Plan)   |  |
| <b>Currently prescribed medications and treatments</b><br><input type="checkbox"/> Insulin <input type="checkbox"/> Syringe <input type="checkbox"/> Pen <input type="checkbox"/> Pump<br><input type="checkbox"/> Blood sugar testing <input type="checkbox"/> Carbohydrate counting<br><input type="checkbox"/> Glucagon <input type="checkbox"/> Oral medication(s) List medication(s) _____<br>Date of last hospitalization related to Diabetes _____   |  |
| <input type="checkbox"/> <b>SEIZURE DISORDER</b>  |  |
| <b>Type of seizure</b><br><input type="checkbox"/> Absence (staring, unresponsive) <input type="checkbox"/> Complex partial <input type="checkbox"/> Generalized tonic-clonic (grand mal, convulsive)<br>Other (explain) _____<br>Date of last seizure _____ Length of seizure _____<br>Physical education restrictions <input type="radio"/> No <input type="radio"/> Yes<br>Currently prescribed medications _____<br>Medications needed <u>IN SCHOOL</u> <input type="radio"/> No <input type="radio"/> Yes List medication(s) _____<br><b>(A Medication Authorization Form is required for all meds at school. See below)</b> |  |
| <input type="checkbox"/> <b>OTHER HEALTH CONDITIONS</b>   |  |
| <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Arthritis <input type="checkbox"/> Bathroom issues <input type="checkbox"/> Bleeding disorder (be specific) _____<br><input type="checkbox"/> Emotional concerns <input type="checkbox"/> Heart condition (be specific) _____<br><input type="checkbox"/> Kidney disease <input type="checkbox"/> Physical disability (be specific) _____<br>Other (explain) _____<br>Special procedures (e.g. catheterization, cardiac monitor, etc.) required <u>IN SCHOOL</u> <input type="radio"/> No <input type="radio"/> Yes<br>(explain) _____                                 |  |
| <b>MEDICATION NEEDED <u>IN SCHOOL</u></b> <input type="radio"/> No <input type="radio"/> Yes  |  |
| List medication(s) _____<br>A <b>Medication Authorization form</b> must be completed by your child's physician for all medication (prescription and over-the-counter) indicated the medication, dosage, and time the medicine is to be given. See "Health Services" link on the district website for policy and forms. <a href="http://www.zmschools.us/departments/welcome-health-services">http://www.zmschools.us/departments/welcome-health-services</a>  |  |
| <input type="checkbox"/> <b>VISION CONDITIONS</b>   | <input type="checkbox"/> <b>HEARING CONDITIONS</b>   |
| <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> Non-correctable<br><input type="checkbox"/> Other _____   | <input type="checkbox"/> Hearing aid(s) <input type="checkbox"/> Non-correctable<br><input type="checkbox"/> Other _____ |
| <input type="checkbox"/> <b>PHYSICAL RESTRICTIONS</b>   |  |
| Does your child's health condition restrict participation in physical education? <input type="radio"/> No <input type="radio"/> Yes<br>If yes, please explain restrictions _____<br><br>Will your child be riding the bus to school? <input type="radio"/> No <input type="radio"/> Yes<br><br>Do you wish to have a conference with the school nurse? <input type="radio"/> No <input type="radio"/> Yes<br><br>Do you wish to have a conference with the school counselor? <input type="radio"/> No <input type="radio"/> Yes   |  |
| <b>PART 3   School nurse to complete if parent or guardian indicates medical condition(s).</b>  |  |
| Health condition noted<br>_____<br>ZM School Nurse<br>Notes _____<br>_____  | Individual health care plan or procedure needed<br>_____<br>Date<br>_____  |

**RETURN COMPLETED FORM TO SCHOOL OFFICE**



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.

| Vaccine                                       | Birth to 6 months    |                      | 12 -24 months        |                      | At Kindergarten      | At 7th grade         | At 12th grade        |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Hepatitis B                                   | <input type="text"/> | <input type="text"/> | <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"/> | <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"/> | <input type="text"/> | <input type="text"/> |
| Pneumococcal (PCV)                            | <input type="text"/> | <input type="text"/> | <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"/> | <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"/> | <input type="text"/> | <input type="text"/> |
| Chickenpox (varicella)                        | <input type="text"/> | <input type="text"/> | <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"/> | <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"/> | <input type="text"/> | <input type="text"/> |
| Meningococcal (MCV4)                          | <input type="text"/> | <input type="text"/> | <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                        |                   |                       |

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

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.

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.

**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)

by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**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)



## HIAWATHALAND TRANSIT FAQ'S



### How do I request transportation for a minor or vulnerable adult?

Please fill out the attached Ride Request Form or contact Hiawathaland Transit to have one mailed, faxed or emailed to you. Fill out the forms completely and return to our office as soon as possible. If this request is for school transportation the form is due by August 1<sup>st</sup> to ensure consideration for the first round of routing.

### How much does it cost?

Each one-way trip costs \$2.00 on Route (where applicable) and \$2.50 on Dial-a-Ride. If requesting a route deviation (that we can accommodate) a \$0.50 deviation charge is required in addition to the regular fare. Payment is required at the time of boarding, and we do charge for any "no-shows".

### How do I pay for the bus?

You may pay for your rides with cash, tokens, or a pass. If you choose to use cash, EXACT change is needed – our drivers cannot make change and we do not allow pre-payment. To find out where you can purchase tokens or passes, please call our dispatch center, or visit our website.

### Who can ride the bus?

Anyone! Hiawathaland Transit is a public transportation system open to anyone of any age. We provide transportation for a variety of needs- doctor's appointments, school, grocery stores, friendly visits, summer recreation events, etc. Please feel free to contact us for more information.

### What do I do if myself or someone I scheduled a ride for no longer needs that trip?

**If, for any reason, you or someone you scheduled a ride for will not be riding the bus when they are scheduled, it is your responsibility to contact Hiawathaland Transit of the change.** We request all passengers who need to cancel a scheduled trip(s) provide a minimum 2-hour cancellation notice of the pick-up time. A "no show" occurs when an individual misses the scheduled pick-up time or does not give at least the 2-hour cancellation notice. Individuals who no show the bus will be charged for their missed trip(s). In the event a passenger no shows a scheduled pick-up and has a return trip scheduled for later in the day, their return trip will automatically be cancelled, and the passenger will need to contact dispatch to reschedule.

### How do I know that it is safe to ride your buses?

All drivers have undergone thorough criminal and driving background checks, have a Commercial Driver's License, First Aid/CPR certification, defensive driving, and passenger assistance training. Although we are not able to take passengers directly to the door, our drivers will wait to make sure that your minor or vulnerable adult is safely inside, or in the care of an adult, before leaving whenever possible. Our buses cannot travel down dead-end roads, enter mobile home parks, apartment complexes, or other multi-family dwellings. It is a parent/guardian's responsibility to be present to get their child(ren) on and off the bus if they so choose otherwise the student will be dropped at a pre-determined location.



## Three Rivers Community Action, Inc. Hiawathaland Transit Ride Request Form



### Passenger Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone number: \_\_\_\_\_

Is the lift needed to board the bus? ☐ Yes ☐ No

If a minor or vulnerable adult fill out following

Parent/guardian name: \_\_\_\_\_

Phone number \_\_\_\_\_

### Drop-off Information

Address: \_\_\_\_\_

City: \_\_\_\_\_

☐ Daycare ☐ Work ☐ School ☐ Other

If applicable:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What time do you need to arrive at this  
location: \_\_\_\_\_ ☐ AM ☐ PM

Requested Time for return ride: (if applicable)

\_\_\_\_\_ ☐ AM ☐ PM

### Pick-up Information

Address: \_\_\_\_\_

City: \_\_\_\_\_

☐ Daycare ☐ Work ☐ School ☐ Other

If applicable:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Requested Time: \_\_\_\_\_ ☐ AM ☐ PM

### Additional Trip Information

☐ One way ☐ Round Trip

☐ Recurring Trip (Subscription)

Additional address for return (if applicable)

\_\_\_\_\_

Start Date: \_\_\_\_\_

End Date (if applicable): \_\_\_\_\_

Day/s Transportation is needed:

☐ Monday ☐ Tuesday ☐ Wednesday

☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Thank you for trusting Three Rivers Community Action and Hiawathaland Transit with your transportation needs. Please know, submitting this form does not guarantee transportation, but we do our best to accommodate as many requests as we can.

#### Please send form to:

#### HIAWATHALAND TRANSIT

55049 241<sup>st</sup> Avenue

Plainview, MN 55964

Fax: 507-534-9275

Email: [tdispatchers@threeriverscap.org](mailto:tdispatchers@threeriverscap.org)

Website: [www.threeriverscap.org](http://www.threeriverscap.org)

#### Follow Us!



#### Contact Us:

#### Dispatch Hours

Monday - Friday - 5:30am - 6:00pm

Saturday - 7:30am - 4:00pm

Phone: 866-623-7505, option 1