
Phone 507-732-4244
Fax 507-732-4522
erinh@zmsch.k12.mn.us

Dear Parents & Guardians,

Zumbrota-Mazeppa Community Education will be accepting registrations for 2022-2023 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, 2022 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 2021-2022 preschool year. Registration for those students will open on Tuesday, March 29th at 6 PM and will close on Wednesday, March 30th 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, March 31st 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 My family account. If you have an account already, make sure to check that you can access that account. 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 (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 2nd choice so you're sure to have a spot)
- Add class to your cart and check out as normal

NEW THIS YEAR: 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.

Once I register online, what do I need to do next? Complete the Registration, Health & Immunization forms and return within 2 weeks to the Community Ed office. For your convenience, a drop box will be located outside the current ZM High School Office Entrance/New Community Ed/District Office (located at 705 Mill Street, Zumbrota) from 4-6 PM on Monday, April 4th. 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, 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 email to erinh@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 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.

Children who are 4 years old before September 1st, 2022, 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/T/TH 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 1st, 2022 are not eligible to ride the Kennedy Transportation 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.

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 2021 Tax Statement.

Preschool Orientation: Information will be mailed in August regarding preschool orientation.

School supplies: School supplies needed for preschoolers include:

- 24 pack of Crayons
- Washable markers
- 3-pack of glue sticks (purple preferred)
- Backpack
- Tennis shoes

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. We look forward to meeting you and your child.

Sincerely,

Jen Lohmann
Community Education Director

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 2022-2023

Three & Four-Year-Old Preschool

Class is based on child’s age before September 1, 2022.

To register, Complete the Registration, Health & Immunization forms and return within 2 weeks to the Community Ed office. For your convenience, a drop box will be located at the current ZMHS Entrance/the NEW Community Ed/District Office (705 Mill Street, Zumbrota) from 4-6 PM on Monday, April 4th. 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, to ensure your spot.

Child’s Name: (Last, First, Middle)			Child’s Nickname:		
Birth date: / /	Age before September 1, 2022:	Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female	<input type="checkbox"/> My child has received Special Education services and/or has an IEP/IFSP.		

Please indicate which class you are registering for by checking the box. Class is determined by child’s age before September 1, 2022. Please note: Annual tuition payments are due on August 25, 2022 and are also accepted at “Meet the Teacher”. Monthly tuition payments are due on the 25th of each month, August 2022 through April 2023.

Class	Sessions	Days	Time	Annual	Monthly
3 years	2 days/wk	Tues/Thurs	8:00 – 10:45am	\$1050	\$120
3 years	3 days/wk	Mon/Wed/Fri	8:00 – 10:45am	\$1495	\$170
4 years	3 days/wk	Mon/Wed/Fri	8:00 – 10:45am	\$1495	\$170
4 years	3 days/wk	Mon/Tues/Thurs	12:25 – 3:10pm	\$1495	\$170
4 years	5 days/wk	Mon-Fri	12:25-3:10pm	\$2395	\$275
Mixed Ages	3 days/wk	Mon/Wed/Fri	8:00-10:45am	\$1495	\$170

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

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 #:
City:	State:	Zip:	Household Phone:	<input type="checkbox"/> - Landline <input type="checkbox"/> - Cellular	
Student lives with: <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother (and step-father if applicable) <input type="checkbox"/> Father (and step-mother if applicable) <input type="checkbox"/> Single Gender Parents <input type="checkbox"/> Foster Parents <input type="checkbox"/> Relative/Other					
Provide legal custody document if applicable and/or fill in legal parent/guardian info in the Secondary Household section below					
** Note: Please notify the Community Ed office and provide legal documentation if there is a custodial issue. **					
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)
 Relationship= (Son, Daughter, Spouse, Self, Step-Son, Step-Daughter, Foster Child, etc...)

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

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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ZUMBROTA-MAZEPPA SCHOOL HEALTH INFORMATION FORM

PART 1 Parent or guardian to complete. Parent or guardian is encouraged to participate in the development of an Individual Health Care Plan, if needed.						
Student Name Last			First	Middle	Sex <input type="radio"/> M <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		
PART 2 Complete ALL boxes that apply to your child. 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: http://www.zmschools.us/departments/welcome-health-services						
<input type="checkbox"/> ALLERGIES						
Allergy Type						
<input type="checkbox"/> Food List food(s) _____						
<input type="checkbox"/> Bee/Insect Sting						
<input type="checkbox"/> Other (List) _____						
Reactions <input type="checkbox"/> Type <input type="checkbox"/> Mild <input type="checkbox"/> Severe Date of last severe reaction: _____						
Describe your child's allergic reaction symptoms: _____						
<ul style="list-style-type: none"> ▪ Does your child require classroom designation (i.e. peanut, nut, dairy, or seafood "free" etc.)? <input type="radio"/> No <input type="radio"/> Yes ▪ Does your child need to sit at a specified allergy free area in the cafeteria? <input type="radio"/> No <input type="radio"/> Yes ▪ Will your child be riding the bus to school? <input type="radio"/> No <input type="radio"/> Yes 						
Currently prescribed medications and treatment:						
<input type="checkbox"/> Oral antihistamine (Benadryl, etc.) <input type="checkbox"/> Epinephrine <input type="checkbox"/> Other _____						
(A Medication Authorization Form is required for all medications at school. See next page)						
<input type="checkbox"/> FOOD INTOLERANCE						
<input type="checkbox"/> Due to gastrointestinal (digestive) distress				List foods: _____		
<input type="checkbox"/> Due to religious preferences				List foods: _____		
<input type="checkbox"/> ASTHMA						
Triggers <input type="checkbox"/> Exercise <input type="checkbox"/> Environmental <input type="checkbox"/> Other (list) _____						
Symptoms						
<input type="checkbox"/> Chest tightness, discomfort, or pain		<input type="checkbox"/> Difficulty breathing		<input type="checkbox"/> Throat itch, tightness, or soreness		
<input type="checkbox"/> Coughing		<input type="checkbox"/> Hoarseness		<input type="checkbox"/> Wheezing		
<input type="checkbox"/> Other _____		Date of last hospitalization for asthma _____				
Currently prescribed medications and treatment						
<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						
Will your child require medication at school? <input type="radio"/> No <input type="radio"/> Yes						

ZUMBROTA-MAZEPPA SCHOOLS HEALTH INFORMATION FORM

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

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"/>
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		

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.

Minnesota Department of Health - Immunization Program (2019)

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 _____

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)

Zumbrota-Mazeppa Community Education

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

Phone 507-732-4244
Fax 507-732-4511
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**ZUMBROTA – MAZEPPA PRESCHOOL SCHOLARSHIP REQUEST FORM
2022-2023 School Year**

APPLICANT INFORMATION		
Name:		
Current address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
FINANCIAL INFORMATION		
Gross income reported on 2021 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 (2022-2023)

If applying for a scholarship, please complete the Scholarship Request Form
(see reverse side) and attach your 2021 Tax Statement.

2 days/week

<u>Family Size</u>	<u>Less Than</u>	<u>Less Than</u>	<u>Less Than</u>	<u>Greater Than</u>
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	\$70	\$90	\$110	\$120
Annual Tuition	\$575	\$730	\$855	\$1050

3 days/week

<u>Family Size</u>	<u>Less Than</u>	<u>Less Than</u>	<u>Less Than</u>	<u>Greater Than</u>
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	\$95	\$120	\$145	\$170
Annual Tuition	\$815	\$1040	\$1265	\$1495

5 days/week

<u>Family Size</u>	<u>Less Than</u>	<u>Less Than</u>	<u>Less Than</u>	<u>Greater Than</u>
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	\$160	\$200	\$245	\$275
Annual Tuition	\$1258	\$1613	\$1968	\$2395