



Preschool Pre-Registration 2026-27 Instruction Sheet

Thank you for your consideration in the Menahga School Readiness program. We are excited and delighted to have you join our school family.

Please see the following requirements for a complete, preschool application to be submitted.

- Registration Packet-Page 1 & 2
 - Preschool Screening Completed
 - Payment (after notified of enrollment)-Page 3
 - School Lunch Program Application (Available at open house)
 - Up-to-date Immunizations
 - Financial Survey (required for VPK funding and determining pathways applicants. This funding helps our PK program be funded and free for 4 yr. olds)
- Processed on a first come, first serve basis.
 - If your choices are not available, a call will be made.

GENERAL INFORMATION

Menahga Early Childhood Center
Attention: Jamie Etzler
216 Aspen Avenue
Menahga, MN 56464
218-564-4141 ext.1120
Registrations taken until classes are full.

Cost is based on household income. More information on Page 3. Classes start in September 2026. If your child is in need of a [preschool screening](#) please call [Wadena Public Health at 218-631-7629](#) to schedule an appointment.

Preschool Pre-Registration Form 2026-2027

Please print *Required element

*Child's Name: Last _____ First _____

*Child's Birth Date (mm/dd/yyyy) _____ *Gender F or M

*Primary Language _____ Is your family currently homeless: Y or N

*Has your child had an early childhood screening? Y or N Date _____

*Emergency Contact(s): Name _____ Phone _____

Name _____ Phone _____

*Parent Name: Last _____ First _____

Parent Date of Birth (mm/dd/yyyy) _____ Resident School District _____

*Address: _____ *City/State/Zip _____

*County of Residence _____ Email _____

*Phones: H _____ C _____ W _____

Child lives with: Both parents same home _____ Both parents different homes _____ Mother only _____

Father only _____ Other(explain) _____

Who has legal custody of child? _____ Documentation provided: Y or N

Potential Classes Available & Descriptions: All students must be potty trained before entering our School Readiness programs. Priority given by age and registration completion timing.

Tuesday & Thursday All Day (8:00-3:00) Priority given to Kindergarten age (born before 9/1/2021) children. Students are served breakfast, lunch and a snack. They will also have specials and a designated recess time. Along with learning activities and play time. Rest time is also a requirement of full day classes. Cap: 17 students

Wednesday & Friday All Day (8:00-3:00) Priority given to Kindergarten age (born before 9/1/2021) children. Students are served breakfast, lunch and a snack. They will also have specials and a designated recess time. Along with learning activities and play time. Rest time is also a requirement of full day classes. Cap: 17 students.

Tuesday & Thursday AM (8:00-11:00) Open to children ages 3-4. Students will do learning activities and freeplay in the classroom. Bussing is available in the morning and parents pick up at 11:00. Cap: 17 students

Tuesday & Thursday PM (12:00-3:00) Open to children ages 4-5. Students will do learning activities and freeplay in the classroom. Parents will drop off at noon and bussing is available in the afternoon. Cap: 17 students

*1st class choice: _____

*2nd class choice: _____

No confirmation calls will be made unless we were unable to accommodate your first or second choice. The priority of placement in the different sections will be based upon Age and the order in which complete packets are returned to the school. Selections will be finalized at the end of August. Classes subject to change depending on enrollment numbers.

Preschool Pre-Registration Form 2026-2027

Permissions:

My child has my permission to be in class photos and videos taken by Menahga Preschool, that may be shared with other classmates, for program promotion via advertising including flyers, website, educational purposes, etc.

Parent signature _____ Date_____

My child has my permission to participate in all field trips during the preschool year.(One time permission for all field trips and walks etc.)

Parent signature _____ Date_____

My child has permission to attend sporting events held during the school day.

Parent Signature _____ Date_____

I hereby authorize release and/or exchange of information with the following persons/agencies for the purpose of programming for my child.

*School District *Preschool Staff (School Readiness, ECFE, ECSE, Head Start)

Parent signature _____ Date_____

Consent to products: Sunscreen and/or insect repellent may be administered according to manufacturer's instruction or my family licensed physician.

Parent signature _____ Date_____

All other products/medications must be followed up with a school nurse if needed additional permission, instructions and forms will be required.

Transportation: Please check one

___ My child will ride the bus to and from school.

___ I will transport my child both to and from school.

___ My child will ride the bus and I will either pick-up (a.m. class) or drop off (p.m. class).

___ Other _____

If your child will ride the bus:

Address of Drop off or Pickup of your child? _____

Do other students get picked up and or dropped off at this address? Yes No

If so Full Names of students:

Office Use Only

Bus Company Contacted _____ Bus Student will Ride_____All permissions signed Y or N

Other permission forms needed_____Other permissions signed Y or N

Tuition Information

Menahga School District proudly participates in Minnesota's Voluntary Prekindergarten (VPK) program, which provides funding for four-year-old full day preschool programming. This program is designed to support children and their families, helping to ensure a smooth transition into kindergarten and setting the stage for future academic success.

For children who are **three or five** years of age, the following income-based tuition rates apply:

Total household income: _____

Household Income	Full Day Fee (M/W or T/TH)	½ Day Fee (T/TH AM or PM)
Under \$25,000	\$110/semester	\$55/semester
\$25,000-\$45,000	\$135/semester	\$65/semester
\$45,000-\$65,000	\$180/semester	\$90/semester
\$65,000-\$85,000	\$230/semester	\$115/semester
Over \$85,000	\$300/semester	\$150/semester

Please use the same household income information that you use for the school lunch program forms. (If the child qualifies for the Pathway I or II grant, costs will be waived- if interested, please contact Jamie.) If for financial reasons you are in need of a local scholarship, please pick up a form at Preschool or Elementary Office. Tuition fees subject to change

Please hold payment until you are notified of class enrollment.

Payment Information

Payments are due before **September 8th, 2026** and **January 4th, 2027**
Please make checks payable to ISD 821 and bring it to the open house or the first week of school.

Please call 218-564-4141 extension 1120 with any questions.
Return completed FORMS & PAYMENT to: Menahga Preschool,
216 Aspen Avenue
Menahga, MN 56464

Are Your Kids Ready?

Minnesota K-12 Immunization Law

Students are required to receive certain vaccines for school or submit an exemption. This requirement applies for all public, private, online, and home schools in Minnesota. Look for your child’s grade in the chart below and see how many total doses of each vaccine are needed for their grade.

Required Immunizations	Kindergarten to Sixth Grade	Seventh Grade to Eleventh Grade	Twelfth Grade
Hepatitis B (Hep B)	3 Doses	3 Doses	3 Doses
Polio (IPV)	4 Doses	4 Doses	4 Doses
Measles, mumps, rubella (MMR)	2 Doses	2 Doses	2 Doses
Varicella (Chickenpox)	2 Doses	2 Doses	2 Doses
Diphtheria, tetanus, and pertussis (DTaP)	5 Doses	5 Doses	5 Doses
Tetanus, diphtheria, and pertussis (Tdap)		1 Dose	1 Dose
Meningococcal ACWY (MenACWY)		1 Dose	2 Doses

Note: The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

Recommended but not required for school

Influenza (flu), COVID-19, Human Papillomavirus (HPV), Meningococcal B (MenB) and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizations. For more information visit [CDC: Vaccine Schedules For You and Your Family \(www.cdc.gov/vaccines/imz-schedules/index.html\)](https://www.cdc.gov/vaccines/imz-schedules/index.html).

Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of school or submit an exemption.
- Submit a copy of your child’s immunization record to their school. You can get a copy of their record from the clinic or find their record on [Find My Immunization Record \(www.health.state.mn.us/people/immunize/miic/records.html\)](https://www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.



[Vaccines for Infants, Children, and Adolescents \(www.health.state.mn.us/people/immunize/basics/kids.html\)](https://www.health.state.mn.us/people/immunize/basics/kids.html)

CHILD'S NAME (FIRST, LAST): _____ CHILD'S DATE OF BIRTH: _____

Medical and non-medical exemptions

Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Polio (IPV)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Diphtheria, tetanus, and pertussis (DTaP)		
Tetanus, diphtheria, and pertussis (Tdap)		
Meningococcal ACWY (MenACWY)		

Medical exemption: A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant.

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: _____
(of health care practitioner)

Date: _____

Non-medical exemption: A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves 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 and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature: _____ Date: _____
(of parent/guardian)

Non-medical exemptions must also be signed and stamped by a notary:

Notary Stamp

This document was acknowledged before me on

_____ (date),

by _____
(name of parent or guardian)

Notary Signature: _____

State of _____,
County of _____

History of chickenpox (varicella) disease: If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health care provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.

My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year _____

Signature: _____ Date: _____

(of health care practitioner, representative of a public clinic, or parent/ guardian)

MENAHGA PUBLIC SCHOOL - IND. SCHOOL DISTRICT NO. 821
Tel: (218) 564-4141 Fax: (218) 564-9595

Health Update Form

Student Name: _____ **DOB:** _____ **Grade:** _____

Complete one form per student. Please be thorough. This information is important for providing a safe and healthy environment for your child. Pertinent information will be shared with school staff that work directly with your child.

Medical History (Check all that apply)			
Hematologic	<input type="checkbox"/> Bleeding Disorder	Cardiovascular	<input type="checkbox"/> Heart Condition
	<input type="checkbox"/> Frequent Nose Bleeds	Respiratory	<input type="checkbox"/> Asthma (need Asthma Action Plan)
Endocrine	<input type="checkbox"/> Thyroid problems	Skin	<input type="checkbox"/> Eczema/Psoriasis
	<input type="checkbox"/> Diabetes	Neurological	<input type="checkbox"/> Headaches
Musculoskeletal	<input type="checkbox"/> Mobility/Joint Problems		<input type="checkbox"/> Fainting Spells
Gastrointestinal	<input type="checkbox"/> Bowel Problems		<input type="checkbox"/> Seizures/Epilepsy
	<input type="checkbox"/> Frequent Stomach Aches	Genitourinary	<input type="checkbox"/> Urinary Tract Infections
	<input type="checkbox"/> Nausea/Vomiting		<input type="checkbox"/> Kidney Problems
		Eyes	<input type="checkbox"/> Vision Problems
			<input type="checkbox"/> Wears glasses/contacts: Y / N
		Ears/Nose/Throat	<input type="checkbox"/> Hearing Problems
			<input type="checkbox"/> Hearing Aids R: ___ L: ___
		Dental	<input type="checkbox"/> Dental Problems
		Psychiatric	<input type="checkbox"/> Mental Health Diagnosis
			<input type="checkbox"/> Emotional/Behavioral Concerns

Other:
 If any of the above were checked, please explain: _____

Allergies ___ No Known Allergies

OR

(Check all that apply) ___Environmental ___Food ___Drug ___Skin ___Pet ___Insect Sting ___Other

Please describe the specific trigger, reaction, and interventions you have found to be helpful: _____

*Please submit a completed **Allergy Action Plan** to the health office prior to the first day of each school year for any student who requires medical care related to allergies.*

Medication Is medication required for any condition? At home? ___ Yes ___ No At school? ___ Yes ___ No

*The school prefers that all medication be given at home, if possible. If medication is required during school hours, please complete the **Authorization to Administer Medication** form available in the school health office. Medication orders must be updated each school year.*

Other Medical Information Please list any operations, injuries, hospitalizations, or prolonged illnesses with dates: _____

Please describe any restrictions or modifications needed (Gym, recess, etc...): _____

Please list any other information that you feel will help the school staff to better understand and work with your child (use back side if needed):

Parent/Guardian Release of Information and Consent

The information on the front and back of this form may be released to school personnel as needed to provide a safe and healthy learning environment for my child.

Parent/Guardian Signature: _____ **Date:** _____

Phone Number(s): _____

Reviewed by Health Office (Initial): _____



MENAHGA SCHOOL READINESS FINANCIAL SURVEY

Child's Name: _____ Date of Birth: _____

Please check Child Concerns:

- Child has had little or no preschool experience
- Child was a high-risk pregnancy
- Child's behavior is not appropriate when playing with other children
- Child is a twin, triplet
- Child is in or has been in Foster Care
- Child exposed to drugs before birth (includes: alcohol, inhalants, seconds hand smoke, meth, etc.)
- Child has been or currently exposed to lead

Please check Child's Health Concerns:

- Asthma Cancer Vision Loss Tuberculosis
- Diabetes Heart Disease ADD/ADHD
- Epilepsy/Seizures Kidney Problems
- Allergies: _____
- Other: _____

Please check Parent or Primary Caregiver Concerns:

- Mother was under 18 years old when child was born
- Single parent
- Parent has a physical disability (wheelchair, blind, deaf, etc.)
- Parent or guardian has no GED or high school diploma
- Parent has mental health concerns
- Parent has chemical dependency

Please check Family Concerns:

- Living temporarily with other family within the last 24 months
- Do not speak English in the home, language spoken in the home: _____
- Do not qualify for programs but are in need
- Family stress within the last year (unemployment, divorce, death, low income, homeless, chronic illness, no health insurance, limited vehicle availability, etc.)
- Sibling(s) of child qualify for IEP, Title One Services, Lighthouse Services, etc.
- Any extenuating circumstances that are not listed above

Please **check all** the services that you are eligible for and/or currently receiving/participating in:

- MFIP Free/Reduced Lunches WIC Subsidized Child Care Food Shelf

NONE of the ABOVE APPLY TO MY FAMILY/CHILD

Parent signature:

Date: