

## Carlton County Early Childhood Programs Enrollment Packet

Attached you will find the forms needed to enroll in the Jump Start 4 Kindergarten program. This program provides you and your child's teacher more information on the skills your child possesses to be successful in kindergarten. It also helps your child's teacher develop lesson plans to support the skills your child will use in their kindergarten classroom.

Please review the attached brochure for more information on the program.

Questions: Contact your local Community Education Office or

Tess Christensen, Jump Start 4 Kindergarten Coordinator

218-565-1321 (voicemail)

[jumpstart@co.carlton.mn.us](mailto:jumpstart@co.carlton.mn.us)

The program that you chose to enroll your child in is a participating site in the Jump Start 4 Kindergarten program. We appreciate your participation in this program but it is not required to attend preschool. Please contact your preschool teacher or the grant coordinator (contact above) if your child will not be able to participate in this program or you have questions or concerns about participation.

Please complete, sign and return the following forms:

- \ Registration Form
- \ Self-Help and Social Emotional rating form
- \ Any additional forms your program requests

Your participation in Jump Start 4 Kindergarten helps your child with a successful transition from preschool to kindergarten.

This program is made possible by support from the: Carlton County Community & Family Initiatives, CHLD Network, United Way of Carlton County, Duluth Superior Area Community Foundation, Northland Foundation, Mardag Foundation, Mn Dept. of Ed, Medica Foundation, Lake State Federal Credit Union, & Minnesota Power.



# Carlton County Early Childhood Programs Enrollment Form

*Print clearly, completely fill-in, use legal names, sign, date & return. For assistance completing this form call 218-565-1321*

Student's legal <u>Last Name</u>		Student's legal <u>First Name</u>		Male <input type="checkbox"/>	<u>Middle Initial</u>	<u>Date of Birth</u>
				Female <input type="checkbox"/>		
Student's <u>Primary Street Address</u>			<u>PO Box</u>	<u>City</u>	<u>Zip Code</u>	
Check here if you <input type="checkbox"/> do not have a permanent address (homeless, staying with friends...) <input type="checkbox"/> have moved 3+ times in the last 12 mo						
<u>Home Phone #</u>	<u>Alternative Phone #</u>	<u>Student's Ethnic Heritage:</u>			<b>OFFICE USE ONLY</b> <b>MARSS#</b>	
<u>Primary Home Language:</u>	<u>Secondary Home Language:</u>	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Pacific Isldr.	<input type="checkbox"/> Black/African Amer.		
		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other, single race _____	<input type="checkbox"/> Asian	<input type="checkbox"/> Other, 2 or more races _____	
<u>Emergency Contact (non-household):</u>		<u>Phone #:</u>	<u>Address:</u>		<u>Relationship to Student:</u>	
<u>Names of All Household Members (last, first) excluding student</u>		<u>Birth Date</u>	<u>Relationship to Student</u>	<u>Household type:</u>		
1. M <input type="checkbox"/>				<input type="checkbox"/> Married Couple <input type="checkbox"/> Extended Family		
F <input type="checkbox"/>				<input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Single Parent		
2. M <input type="checkbox"/>				<input type="checkbox"/> Other: _____		
F <input type="checkbox"/>				<u>Parent 1 is currently employed:</u>		
3. M <input type="checkbox"/>				<input type="checkbox"/> 25 hrs or more/week <input type="checkbox"/> Unemployed, seeking work		
F <input type="checkbox"/>				<input type="checkbox"/> less than 25 hrs/week <input type="checkbox"/> Unemployed, not seeking work		
4. M <input type="checkbox"/>				<u>Highest level of school completed by Parent 1:</u>		
F <input type="checkbox"/>				<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> Some High School		
5. M <input type="checkbox"/>				<input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College		
F <input type="checkbox"/>				<input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree		
6. M <input type="checkbox"/>				<input type="checkbox"/> Graduate/Professional Degree		
F <input type="checkbox"/>				<u>Parent 2 is currently employed:</u>		
Household 1 (Primary) Gross Annual Income:				<input type="checkbox"/> 25 hrs or more/week <input type="checkbox"/> Unemployed, seeking work		
<input type="checkbox"/> \$22,312-30,043		<input type="checkbox"/> \$30,044-37,776		<input type="checkbox"/> less than 25 hrs/week <input type="checkbox"/> Unemployed, not seeking work		
<input type="checkbox"/> \$45,510 -53,242		<input type="checkbox"/> \$53,243 -60,975		<u>Highest level of school completed by Parent 2:</u>		
<input type="checkbox"/> \$66,709-76,441		<input type="checkbox"/> \$76,442-84,174		<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> Some High School		
				<input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College		
				<input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree		
				<input type="checkbox"/> Graduate/Professional Degree		
<u>Child concerns (check all that apply):</u>				<u>Student has participated in (check all that apply):</u>		
<input type="checkbox"/> Premature/Low Birth Weight				<input type="checkbox"/> Young Parents <input type="checkbox"/> Public Health Follow Along		
<input type="checkbox"/> High Risk Pregnancy				<input type="checkbox"/> School Readiness <input type="checkbox"/> ECFE		
<input type="checkbox"/> Development Concern				<input type="checkbox"/> Private Preschool <input type="checkbox"/> Center-based Child Care		
<input type="checkbox"/> Medical Concerns				<input type="checkbox"/> Head Start <input type="checkbox"/> Home-based Child Care		
<input type="checkbox"/> Speech/Language				<input type="checkbox"/> Family, Friend, Neighbor Care		
<input type="checkbox"/> Behavior Concerns				Preschool Screening location: _____ Date _____		
<input type="checkbox"/> Birth Defects/Chronic Illness				<u>Currently attending:</u>		
<input type="checkbox"/> Separation Anxiety				Childcare name(s): _____		
<input type="checkbox"/> No group experiences				SR/Preschool name(s) _____		
<input type="checkbox"/> Receiving Spec. Ed. Services				Head Start program: _____		
<input type="checkbox"/> Separation Anxiety				Kindergarten child plans to attend _____		
<input type="checkbox"/> Evaluated for Spec. Ed. but did not qualify						
<input type="checkbox"/> Other: _____						
<u>Family Concerns (check all that apply):</u>						
<input type="checkbox"/> Medical/Health Issues						
<input type="checkbox"/> Adult Disability						
<input type="checkbox"/> Living with Extended Family						
<input type="checkbox"/> Recent Divorce/Loss						
<input type="checkbox"/> Transportation						
<input type="checkbox"/> History of Chemical Abuse						
<input type="checkbox"/> Unemployment						
<input type="checkbox"/> Teen Parent						
<input type="checkbox"/> Parent absent for extended period						
<input type="checkbox"/> Other: _____						

This program is a Jump Start 4 Kindergarten site. A brochure with more detailed information about Jump Start 4 Kindergarten is in your enrollment packet. Assessment information collected throughout the year will be shared with the school district and the Carlton County CHILD Network. Please notify us if you do not want this information shared.

I certify that the above information is true and correct and that Early Childhood staff may review records from the programs my child has participated in and may verify any of the above information.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_



# Parent Report—Self-help and Social-Emotional Scales

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Parent's/Caregiver's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Directions: Read each item and circle the response or description that best reflects your child's behavior or skill level.

SELF-HELP SKILLS			
<b>A. Eating Skills</b>			
1. Does your child use a spoon? If yes, does your child place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?	Rarely/No	Sometimes	Most of the time
	2. Does your child use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?		
Rarely/No			Most of the time
Rarely/No			Most of the time
3. Does your child hold a fork in his/her fingers, not in his/her fist?			
Rarely/No			Most of the time
<b>B. Dressing Skills</b>			
4. Does your child put on his/her shoes? <b>Criteria:</b> Buckling, tying, or Velcro® fastening is not required for credit.			
No		Yes (sometimes on wrong feet)	Yes (each shoe on correct foot 90% of the time)
5. Does your child dress himself/herself unsupervised?			
Rarely/No		Sometimes	Most of the time, except for help with difficult fasteners
Yes (completely dresses himself/herself, putting all clothes on correctly and fastening all fasteners)		Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners)	
6. Does your child put on his/her socks?			
Rarely/No		Sometimes	Most of the time

C. Toileting Skills			
7. Does your child get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?			
Rarely/No		Sometimes	Most of the time
8. Does your child have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?			
Rarely/No		Sometimes	Most of the time
9. Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?			
Rarely/No		Sometimes	Most of the time
10. Does your child attempt to wipe himself/herself after toileting?			
Rarely/No		Sometimes	Most of the time
OR			
Does your child wipe himself/herself independently after toileting?			
Rarely/No		Sometimes	Most of the time
11. Does your child take care of his/her toileting needs?			
Rarely/No		Sometimes	Yes (flushing the toilet after using it)
Rarely/No		Sometimes	Yes (flushing the toilet and washing and drying his/her hands most of the time)
12. Does your child go to the bathroom on his/her own without being asked or reminded?			
Rarely/No		Sometimes	Most of the time



# Parent Report—Self-help and Social-Emotional Scales (continued)

## SOCIAL AND EMOTIONAL SKILLS

D. Relationships with Adults			
13.	Does your child respond with feelings of pride and enthusiasm when he/she earns positive feedback?	Rarely/No	Most of the time
		Sometimes	
14.	Does your child look forward to sharing his/her feelings with you when he/she is happy?	Rarely/No	Most of the time
		Sometimes	
15.	Does your child enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend?	Rarely/No	Most of the time
		Sometimes	
16.	Does your child share his/her thoughts and ideas with you?	Rarely/No	Most of the time
		Sometimes	
E. Play and Relationships with Peers			
17.	Does your child have several friends but one who is a special or best friend?	No	Yes
18.	Does your child have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party?	No	Yes
19.	Does your child play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball?	Rarely/No	Most of the time
		Sometimes	
20.	Does your child give verbal directions or incorporate verbal directions into play activities?	Rarely/No	Most of the time
		Sometimes	

F. Motivation and Self-Confidence			
21.	Does your child maintain interest when engaged in a small-group activity or project?	Rarely/No	Most of the time
		Sometimes	
22.	Does your child show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?	Rarely/No	Most of the time
		Sometimes	
23.	Does your child approach new tasks with confidence and a "can-do" attitude?	Rarely/No	Most of the time
		Sometimes	
24.	Does your child remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?	Rarely/No	Most of the time
		Sometimes	
G. Prosocial Skills and Behaviors			
25.	If supervised by an adult, does your child take turns without undue objection?	Rarely/No	Most of the time
		Sometimes	
26.	Does your child understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to?	Rarely/No	Most of the time
		Sometimes	
27.	Does your child ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?	Rarely/No	Most of the time
		Sometimes	
28.	Does your child react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?	Rarely/No	Most of the time
		Sometimes	

