



Welcome to Cook County Preschool

Success for Each, Respect for All

Thank you for choosing Cook County Preschool! Completing this packet helps ensure accurate programming and records for all students and families.

Checklist for Completed Forms:

- **Blue registration form**- this is your official registration form
- **Salmon Ethnic and Racial Demographic Form**- required by the state
- **Purple Language survey**- required by the state
- **Green Parent Portal Registration form**- This is how you would receive Messenger Alerts from the school about school closings and other information from the district.
- **White Signature page**- this states that you have read and understood the Parent Handbook(it is located in your parent handbook, last page)

Other Paperwork to be completed: (If you completed a preschool screening with the district you do not need to provide immunization records)

- **Copy of birth certificate**
- **Copy of Immunization records**
- **Proof of Income** if you feel you qualify for any of the scholarships or sliding fee scale discounts.

****Please turn in all completed forms and copy of paperwork to the registration table.****

Contact Information:

Contact Information:

Early Childhood Coordinator: Krista Olson- 218-387-2271 ex 401, krolson@isd166.org

4's Teacher: Tina Eich- 218-387-2271 ex 429 teich@isd166.org

3's Teacher: Mari Maldonado- 218-387-2271 ex 416 mmaldonado@isd166.org

Early Childhood Special Education Teacher: Rachel Liechty- 218-387-2271 ex 305 ra.liechty@isd166.org

Cook County Schools Principal: Mr. Belanger 218-387-2271 jbelanger@isd166.org

Cook County Schools Superintendent: Chris Lindholm 218-387-2271 clindholm@isd166.org

Cook County Pre-School Registration ISD #166

MARSS ID # District will provide		3's or 4's		Assigned Teacher-District will provide		Intake Date	
Student Information							
LAST Name (Legal)		FIRST Name (Legal)		Full MIDDLE Name		Nickname or Preferred Name	
Birth Date							
Gender M / F	Language spoken in the home	Receiving ESL Services? Y / N	Is English read in the home? Y / N	US Citizen? Y / N	If NO, how long in US?		
Ethnic Origin check all that apply		Assistance Needed With:		Special Education / IEP:			
1 - Native American / Alaskan Native <input type="checkbox"/>		Math <input type="checkbox"/>		Speech/Language <input type="checkbox"/>		Specific Learning Disability <input type="checkbox"/>	
2 - Asian or Pacific Islander <input type="checkbox"/>		Reading <input type="checkbox"/>		Dev Cognitive Disability <input type="checkbox"/>		Emotional/Behavioral Disorder <input type="checkbox"/>	
3 - Hispanic <input type="checkbox"/>		Speech <input type="checkbox"/>		Physically Impaired <input type="checkbox"/>		Other Health Impaired <input type="checkbox"/>	
4 - Black, not Hispanic <input type="checkbox"/>		General Learning <input type="checkbox"/>		Hearing Impaired <input type="checkbox"/>		Autistic <input type="checkbox"/>	
5 - White / Caucasian <input type="checkbox"/>		504 Plan <input type="checkbox"/>		Visually Impaired <input type="checkbox"/>		Traumatic Brain Injury <input type="checkbox"/>	
If child has any health concerns we should be aware of, please list:							
Previous Enrollments							
Has student previously attended any school in <u>this</u> district? Y / N				School		Grade	
Has student ever registered under a different name? If so, please provide:							
Prior school information, most recent first:							
Name of School		Year / Grade		Public/Private		FT / PT	
City and State		Phone and Fax					
Photo/Social Media Waiver							
My child has my permission to be in any public class photos or social media posts: YES or NO							
PRIMARY Residence							
All information and mailings will be sent to the primary household.							
Student lives with (check all that apply)		Holds <u>legal</u> custody?		Legal Guardian?		Primary Parent/Guardian(1) Information	
						Name	
(1)Parent / Guardian(1) <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Physical Address	
(2)Parent / Guardian(2) <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		City / State / Zip	
Stepfather <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		County	
Stepmother <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Email	
Foster Parents <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Cell Phone	
OTHER (Please list): <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Place of employment	
						Work Phone	
Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? Y / N							
Bussing Information: Office		# of miles from school:		District providing transportation:		Bus # Office	
Drop Off Bus						Pick Up Time	
						Drop Off Time	
Have parental rights been terminated (Ward of State)? Y / N (if Yes, please provide legal documentation)							
Social Worker Name				Social Worker Phone Number			
Student's SECONDARY Household (if applicable, or birth parent household if primary residence is foster)							
Request school information to be sent to this household also? Y / N							
Relationship to student:		Holds <u>legal</u> custody?		Legal guardian?		Name	
Parent / Guardian <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Address	
Parent / Guardian <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		City / State / Zip	
						County	
						Resident School & District	

Census

Please list all other permanent members (adults & children) in student's household.

Full Legal Name (Last, First, Middle)	Birthdate	Gender	Relationship	Age / Grade	School
				/	
				/	
				/	
				/	
				/	
				/	
				/	
				/	

Name:

Emergency Contacts

Emergency Contact outside of home	Relationship	Phone Number	Cell/Pager Number

We will try to reach a parent/legal guardian at home or work BEFORE calling the emergency contacts.

Daycare Contacts

Daycare Contact Name	Relationship	Phone Number	Cell/Pager Number
Address	City	State	Zip
Daycare Schedule (which days per week)			

Local ID #:

Additional Information

If the student is entering kindergarten, have they received Early Childhood Screening?	Y / N
If YES, where?	
Is the student homeless?	Y / N
<i>The following questions apply to secondary school students:</i>	
Is the student a Teen Parent?	Y / N
Is the student a Displaced Homemaker?	Y / N

I certify the information provided here is true and complete to the best of my knowledge.

Parent/Guardian Printed Name Parent/Guardian Signature Date	Tennison Warning: You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform parent/guardians how this information will be used. All information collected will be private and confidential. This information will help us aid your child in case of an emergency or health concern. We may need to phone you or other designated people. You may refuse to supply the requested information. This may greatly hinder us in helping your child. Please note that in a crisis we might need to call 911 or law enforcement for help with your child. Information that you provide to our schools will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.
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For District Use Only

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Birth Verification | <input type="checkbox"/> Emergency Card | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Records Requested |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Perm File Folder | <input type="checkbox"/> Indian Ed | <input type="checkbox"/> Social Worker | Phone: |
| <input type="checkbox"/> EC Screening | <input type="checkbox"/> School Office | <input type="checkbox"/> Transportation | <input type="checkbox"/> Principal | Fax: |
| <input type="checkbox"/> Special Ed | <input type="checkbox"/> MARSS | <input type="checkbox"/> Teacher | | |



Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

☐ **Yes** *[If yes, go to Question A.]*

☐ **No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** *[If yes, go to Question 1a.]*

☐ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

☐ Yes [Go to Question 3.]

☐ No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

☐ Yes [If yes, go to Question 3a.]

☐ No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

☐ Yes [If yes, go to Question 4a.]

☐ No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

☐ Yes [Go to Question 6.]

☐ No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

☐ Yes

☐ No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate AND Student ID:

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

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

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

Campus Messenger Alert System

ISD 166 uses Campus Messenger to contact parents and guardians of school closings, late school start, early release, school activities, attendance, lunch account balance, and other important school information. Accounts are initially set up based on household contact information provided to the school. No alerts are set up to go to work phone numbers. Text messages are an opt-in option and not initially set up. Parents and guardians are able to edit how they receive the Campus Messenger alerts by logging into their Parent Portal account and selecting the desired options. Parent Portal applications are available on the school website or in the school office if you do not have an account set up. Call the school office at 218-387-2271 ext 602 or ext 609 if you have questions. Please contact the school with any phone, email or address changes so household contact information is accurate.

Fill out a Parent Portal application to receive an Activation Key code from the school. Use this key to create your own user account.

1. If using the **Campus Parent** mobile app, open the app and search for your **District Name** and **State**. Skip to Step 5.
2. If using a web browser, visit infinitecampus.com and click **Login** at the top right.
3. Search for your **District Name** and **State**. Select your district from the list.
4. Click **Parent/Student** and then click **Campus Parent**.
5. Click **New User?**
6. Enter your **Activation Key** in the space provided and then **Submit**.
7. Enter a **Username** and **Password** and click **Submit**.

How do I get Notifications?

Notifications are available through the Campus Student and Campus Parent mobile apps, if enabled by your school. You may need to enable notifications on your device as well, in addition to the app settings.

1. Before you log in, mark **Stay Logged In** to receive notifications.
2. After logging in, click the user menu in the top right and then click **Settings and Notification Settings**.
3. From there, indicate which types of notifications you'd like to receive and set the threshold for notifications. For example, indicate if you only want to receive Assignment notifications if the score is below 70%.
4. Click **Save**.



Cook County ISD 166

Home of the Vikings



2023-2024 School Year

Dear Cook County School Parents/Guardians:

The Infinite Campus Parent Portal provides access to information for all enrolled students in your household.

Parent Portal gives access to:

- Attendance
- Grades
- Assignments
- Calendar
- Schedules
- Food Service Balance
- Health (Immunizations only)
- Fees

To gain access to the parent portal, please read the Parent Acceptable Use Policy, enter in your household information, and return it to me. **PLEASE NOTE THAT YOU ARE AGREEING TO KEEP YOUR PASSWORD PRIVATE. IT IS NOT TO BE SHARED WITH ANYONE, INCLUDING YOUR STUDENTS!!** A parent's/guardian's password opens the Portal for all children in the family and therefore, must be protected. Students all have access to their own individual portal.

Upon receipt of your completed form, I will email you an activation code and you will set up your own username and password.

Please contact me by email if you have any questions.

Sincerely,

Jill Boen

218-387-2271 ext 639

jboen@isd166.org



Campus Parent and Campus Student Mobile Apps

The Campus Parent and Campus Student mobile apps provide a fast and convenient way for parents and students to check grades, assignments, schedule, attendance and daily planner information on their IOS or Android device. The apps are available to our parents and students at no cost and can be downloaded directly from the iTunes App Store, Google play store.



Cook County ISD 166

Home of the Vikings

Acceptable Use Policy/User Guidelines for *Infinite Campus Parent/Guardian Portal*

User Expectations: The Cook County Schools support access by parents/guardians, teachers, and administrators to resources that will improve participation in a child's education and improve communication between parents/guardians and the student's teacher(s).

Rights and Responsibilities: Access to the Infinite Campus Parent Portal is a free service offered to all active parents/guardians of the Cook County School District.

Information Accuracy Responsibilities: Information accuracy is the joint responsibility between schools, parents/guardians, and students. Each school will make every attempt to ensure that information is accurate and complete. If parents/guardians discover any inaccurate information, they will notify their school immediately.

The district makes no guarantee that the information in the portal will be error-free or without defect. The district will not be responsible or liable for any damage a student and/or parent/guardian may suffer as a consequence of using the portal. The district reserves the right to revise this policy at any time, with or without notice, and for any reason the district deems appropriate.

Information Accessible: The Cook County School District reserves the right to add, modify or delete features viewed via the Infinite Campus Parent Portal at any time without notice.

Electronic Web Access Eligibility: Each parent/guardian of students who are currently enrolled in grades K-12 are eligible to apply for access to the Infinite Campus Parent Portal. Each parent/guardian who requests an account must submit a Portal Agreement form.

Use of the System:

Parents/guardians are required to adhere to the following guidelines:

1. Parents/guardians will act in a responsible, ethical and legal manner.
2. Parents/guardians will not attempt to harm or destroy the school or the district's data or networks.
3. Parents/guardians will not attempt to access an account assigned to another user.
4. Parents/guardians will not use the information on this portal for any illegal activity, including violation of Federal and State Data Privacy laws. Anyone found to be in violation of these laws may be subject to Civil and/or Criminal prosecution.
5. Parents/guardians who identify a security problem within the portal must notify the Director of Technology immediately, without demonstrating the problem to anyone else.
6. Account holders are responsible for protecting their passwords. Parents/guardians will not share their password with anyone, including their own child/children or spouse.
7. Parents/guardians will not set their computer to automatically login to the Internet site.
8. Parents/guardians identified as a security risk will be denied access to the site.

Limitation of School District Liability: The District will not be responsible for actions taken by the parent/guardian that would cause a breach in confidentiality of their child's information.

Infinite Campus Parent/Guardian Portal Information

Parents/Guardians residing at different addresses are asked to submit separate requests.

PLEASE PRINT NEATLY:

Parent Last Name		Parent First Name	
Parent Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
E-Mail Address: _____			

Is the above address your student's primary address? ☐ Yes ☐ No

Please **PRINT** the name(s) of your student(s) at Cook County Schools and their grade level for school year 2023-2024:

Last	First	Grade
Last	First	Grade
Last	First	Grade
Last	First	Grade
Last	First	Grade

I have read the **Parent Portal Acceptable Use Policy and the User Guidelines** and I agree to abide by and support these rules. I understand that if I violate any terms of this Acceptable Use Policy, that I **will** lose my privilege to use the Portal and I **may** be liable for civil and/or criminal consequences.

Parent Signature	Date
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Please return this form to Jill Boen (jboen@isd166.org)