



Viking Elementary School

"A community of learners dedicated to improving our world."

Mr. Derrick Nelson, Principal

Mr. Brian Korf, Superintendent

February 16th, 2021

Dear Parent(s)/Guardian(s):

We are excited to invite you to register your child for our Fall 2021 Kindergarten class- the PRHS Class of 2034! Understanding that this will be an exciting, and anxious adventure we strive to make the process as stress-free as possible.

Our Kindergarten is a full day program. We base many of our staffing and facility decisions on enrollment. Therefore, we ask that you complete the enclosed Kindergarten Registration Form, along with a copy of your child's birth certificate, the Health and Home Language Forms and include your child's Immunization record. Please return these forms to THE Viking Elementary School office by **March 5, 2021**.

In early spring our school website will feature a kindergarten preview online, be sure to view this preview with your child at that time.

Thank you for trusting us with your child's education!

Respectfully,

Mr. Derrick Nelson, Principal
THE Viking Elementary School

PELICAN RAPIDS KINDERGARTEN REGISTRATION
2021 – 2022

Student Name _____ Male ____ Female ____
(first) (middle) (last) (Name to use in school)

Social Security # _____ Home # _____ Cell _____

Birthdate _____ Age as of September 1, 2021 _____

Mailing Address _____ PO Box _____ City _____

Resident of _____ County

Resident Address _____ E-Mail Address _____

Child lives with (name adults)

Name	Employed At	Work Phone	Relationship to Child
Adult _____			

Adult _____			
-------------	--	--	--

Children in the home:

Name	Birthdate	Relationship to Child

Person to contact if parents not available _____ Telephone _____

(please list a second contact) _____ Telephone _____

Daycare person after school:

Name: _____ Telephone _____

After school, how will your child get to the daycare? (Bus, walk with whom, picked up by whom?)

List name and telephone # _____

ALL KINDERGARTEN STUDENTS MUST HAVE A CERTIFICATE OF IMMUNIZATION
REQUIREMENTS FORM AND PROOF OF EARLY CHILDHOOD SCREENING TURNED
IN TO THE SCHOOL BY AUGUST 13th. ANYONE NOT COMPLYING WITH THIS WILL
NOT BE ALLOWED TO ATTEND SCHOOL UNTIL THESE FORMS ARE COMPLETED.

THIS IS A STATE LAW.

Birth certificate required, please attach a copy.

Health:

Has your child been diagnosed with any of the following: _____ Asthma _____ Allergy _____ Depression _____ Diabetes _____
Other - Please describe: _____

List any major illnesses, injuries, or operations that have occurred in the last year: _____

Does the student wear:

Glasses: yes _____ no _____; Contacts: yes _____ no _____; Hearing aids: yes _____ no _____

Does the student use equipment such as a wheelchair: yes _____ no _____

Please describe: _____

Has a physician placed any restrictions on the student's activities? yes _____ no _____

Please describe: (ie: gym, dietary) _____

Does the student's health condition require an emergency drug? yes _____ no _____

Does the student take a medication daily? yes _____ no _____ As needed? yes _____ no _____

Name of medication: _____ Dosage: _____

Will the student require medication during the school day? yes _____ no _____

Parents are required to furnish all medication for their child. The administration of prescription and nonprescription medication in the elementary school requires a completed Medication Authorization form signed by the student's parent and the physician prescribing the medication. Prescription and non-prescription medication to be administered must be brought to the school by the parent or guardian in a correctly labeled bottle. The school health office personnel should be notified of any change in the student's health status during the school year.

Release of Information

It may be necessary at times to share pertinent health information about your child with school staff in order to provide adequate accommodations to promote a positive learning environment. Please notify the school nurse if you have any concerns or specific things you do not want released to staff members. Only necessary information will be released.

Emergency Information

In the case of emergency, Pelican Rapids School personnel will contact the parent at home or at work. If parents cannot be reached, the above designated persons will be called. When this is not possible, an ambulance or police will be called to transport your child to the nearest health care provider or your designated provider.

Parent or guardian signature _____ Date _____

Sharing Immunization Data with Registry

Minnesota law allows for the sharing of immunization information between schools, health care providers, and public health agencies. One way we do this is by each of these entities contributing the immunization records we have to one computer system that is available only to us, called the Minnesota Immunization Information Connection. This system is operated by the Minnesota Department of Health and contains only basic name and address information plus vaccines names and dates. It is used solely to help prevent disease by improving immunization services in our community. The information can only be shared with those entities authorized by Minnesota law (Minn. Stat. §144.3351) to receive it.

If you choose to not have your child's immunization information in this system, it does not affect any school services. It may, however, mean more work for you, your child's clinic, and/or school staff to determine your child's immunization status as part of Minnesota's School Immunization Law.

I authorize School District 548 to release my child's immunization record to the public health immunization registry. I understand this information can only be used to improve the quality and timeliness of immunization services and to help schools enforce the School Immunization Law. This includes any immunization information the school currently has on my child plus any it may obtain during the 2021-2022 school year.

☐ I do authorize

☐ I do not authorize

Parent's signature: _____

Date: ____/____/____

Home Language Questionnaire

ED-01336-08E

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

Race/Ethnicity (mark ONLY one box)

- _____ 1 - American Indian _____ 3 - Hispanic _____ 5 - White, not of Hispanic Origin
_____ 2 - Asian or Pacific Islander _____ 4 - Black, not of Hispanic Origin

Additional federal race/ethnicity categories are also required. Mark the box YES or NO in part A below. More than one box may be marked in Part B.

*Part A – Is the child Hispanic/Latino? (mark ONLY one box)

- _____ NO, not Hispanic/Latino
_____ YES, Hispanic/Latino

*PART B – What is your child's race?

- _____ American Indian/Alaska Native
_____ Asian
_____ Black/African American
_____ Native Hawaiian/Pacific Islander
_____ White

Directions and definitions for race/ethnicity: The question for Part A is about ethnicity, not race. No matter what is selected in Part A, have the parent continue to answer the question in Part B indicating the child's race by marking one or more boxes.

American Indian or Alaska Native – Person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – Person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippines Island, Thailand and Vietnam.

Black or African American – Person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White - Person having origins in any of the original peoples of Europe, the Middle East or North Africa.

STUDENT LANGUAGE INFORMATION	
<i>Dear Parents and Guardians:</i> <i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i> <i>Please respond to the questions below by checking the appropriate box.</i>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN INFORMATION	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature – Parent/Guardian	_____ Date

Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years ^③ For Kindergarten	Age: 7 through 11 years For 1 st through 6 th grade	Age: 12 years and older For 7 th through 12 th grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ^⑦ ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT ^④ ✓✓✓✓✓	✓✓✓tetanus and diphtheria containing doses ^⑥	✓Tdap ^⑧ & at least 2 tetanus and diphtheria containing doses
Polio ✓✓✓	Polio ^⑤ ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal ^⑨ ✓ & booster
Pneumococcal ^① ✓✓✓✓			
Varicella ^② ✓	Varicella ^② ✓✓	Varicella ^② ✓✓	Varicella ✓✓

Immunizations recommended but not required:

	Influenza Annually for all children age 6 months and older	
Rotavirus For infants		Human papillomavirus At age 11-12 years

- ① Not required after 24 months.
- ② If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form confirming disease.
- ③ First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ④ Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.
- ⑥ Need proof of at least three tetanus and diphtheria containing doses. If up to date on DTaP/DT series, no additional doses needed.
- ⑦ An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.
- ⑧ One dose of Tdap is required beginning at 7th grade. Also need proof of at least two tetanus and diphtheria containing doses (DTaP/DT/Td). If a child received Tdap prior to 7th grade, another dose of Tdap is not needed.
- ⑨ One dose is required beginning at 7th grade. The booster dose is usually given at 16 years.

Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.

Looking for Records?

For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

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.

	Birth to 6 months		12 - 24 months		At Kindergarten	At 7th grade	At 12th grade
Vaccine							
Hepatitis B							
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)							
<i>Haemophilus influenzae</i> type b (Hib)							
Pneumococcal (PCV)							
Polio							
Measles, Mumps, Rubella (MMR)							
Chickenpox (varicella)							
Hepatitis A							
Tetanus, Diphtheria, Pertussis (Tdap)							
Meningococcal (MCV4)							

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)

Your family has the opportunity to check on possibly benefitting with assistance for your child/children's school lunch cost. Not only does the application provide household benefits including free or reduced meals, activity fees, and testing rates (ACT fees for example), it also provides compensatory revenue for our district. Each application submitted results in more funding for our district which in turn provides more resources for your child(ren)'s education.

A sample of the lunch application is on the reverse side. A new lunch application is needed at the start of each and every school year. The application can be found on the school website, or call our office to request a copy.



2020-21 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: (School/District information)

STEP 1:

Definition: A Household Member is "Anyone living with you and at least one of your (or my) immediate family and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)."

Benefit for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FOPBP? Medical assistance does not qualify. IF NO > Go to STEP 3.
 If YES > Enter SNAP, MFIP or FOPBP Case Number (between 4-9 digits, do not contain FBT case number)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered "No" to STEP 2)

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-XXXX Or Check if Adult has No SSN: ☐ Total Number of All Household Members (Children + Adults)

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)		Gross Earnings from Working at Jobs				
List all Household members not listed in STEP 1 (including yourself even if they do not receive income. Include children who are temporarily away at school or in college.		Weekly	Bi-Weekly	2x Monthly	Monthly	Report income before deductions or taxes in whole dollars (no cents).
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

STEP 4: Contact Information and adult signature. "I certify (promise) that all information on this form is true and correct. I am aware that if I knowingly provide false information, I may be prosecuted under applicable State and Federal laws."

☐ I have checked this box if I do not want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form		Daytime Phone	
Street Address (if available)		Apt#	City Zip
SIGN HERE: Signature of Household Adult		Date	

Are you Self-Employed or a Farmer?		Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Any Other Gross Income				
Monthly	Yearly		Weekly	Bi-weekly	2x Monthly	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:						Verified? Attach Tracker	No change	Free After Verified	Reduced After Verified	Denied After Verified
All Total Income (Include child and adult income) \$	X1									
	X12	Annualize								
	X24	Monthly								
	X36	2X Month								
	X52	Bi-weekly								
		Weekly								
Determining Official Signature:						Household Size:	Categorical Eligibility	Free	Reduced	Denied
Confirming Official Signature:										

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form. Do not mail to the Minnesota Department of Education or United States Department of Agriculture.