



# Little Cyclone Preschool

At St. Clair Public School, it is our desire that every child have the opportunity for rich experiences that grow the skills needed to be kindergarten ready. Our Little Cyclone Preschool is taught by experienced adults. The program provides a variety of developmentally appropriate experiences that will build a foundation for continued learning.

We learn through fun and play! This program was developed with the understanding that every child is unique and we celebrate their individual differences. Children will learn through experimentation and imagination as they learn and play together. We strive to foster problem solving, independence, and self confidence in a safe and caring environment.

## Programs

### Preschool

**Monday-Thursday 8:00am-10:45am**

**Age:** 3 by September 1

**Cost:** \$190 per month OR \$1,620 year in full

#### Program Focus

##### Social Skills

- Following directions/rules
- Initiating contact with peers
- Cooperative play
- Sharing
- Classroom and table manners
- Transitions

##### Communication

- Classroom participation
- Group discussions
- Vocabulary enrichment
- Communicating wants and needs

##### Motor Skills

- Large and fine motor skills
- Simple gym games
- Hand-eye coordination

##### Self Help Skills

- Using a public restroom
- Buttons, snaps, & zippers
- Personal responsibility

##### Beginning Academics

- Shapes
- Colors
- Name writing

### School Readiness

**Monday-Thursday 8:00am-10:45am**

(for children staying for extended care)

**OR 12:15pm-3:00pm**

(for children NOT in need of extended care)

**Age:** 4 by September 1

**Cost:** \$190 per month OR \$1,620 year in full

#### Program Focus

##### Social Skills

- Continue developing Preschool skills

##### Communication

- Continue developing Preschool skills

##### Motor Skills

- Continue developing Preschool skills

##### Self Help Skills

- Continue developing Preschool skills

##### Kindergarten Readiness

- Letter recognition
- Beginning sounds
- Number recognition
- Concepts of Print
- Counting
- Beginning math skills
- Problem Solving

**\*\*Please note:** Toilet training is not part of our curriculum. Students must be able to manage toileting needs independently prior to participation.

# Additional Services

## Extended Day Child Care

Child care is available for enrolled students from 10:45am-3:00pm Monday-Thursday and 8:00am-3:00pm on Friday.

Students participating in child care have access to transportation both to and from school. Families may choose to send lunch with your child or access free school lunch daily. This program follows the school calendar. Care will only be available on days when K-12 students are in session.

### Cost

\$240 per month OR \$2,070 per year

## School Lunch

Children participating in extended care may bring their own healthy lunch from home OR receive school lunch at no charge. All extended care families receive a monthly lunch menu. Students sign up for lunch each morning and hot meals are delivered to the preschool building daily!

\*\*Alternate food options for children with allergies or other medical dietary restrictions are available upon request.

## Transportation

Transportation is available at 8:00am and 3:00pm for all locations along established bus routes. **There is no mid-day transportation for this program.** If you desire pick up/drop off at a location that is not near a current route, please contact Nadine Holland to discuss transportation availability.



## For more information please contact:

**Ms. Brittany Cornick**

Preschool Teacher & Extended Care Coordinator

[bcomnick@stclaircyclones.org](mailto:bcomnick@stclaircyclones.org)

**Ms. Alicia Grev**

School Readiness Teacher

[agrev@stclaircyclones.org](mailto:agrev@stclaircyclones.org)





# Little Cyclone Preschool and School Readiness Registration

St. Clair Elementary  
121 Main Street, St. Clair, MN 56080



Please fill out a separate registration for each child.

Space is limited. Registration opens to district residents one week before opening to the general public. Students will be registered in the order their forms are received.

A **\$40.00 deposit** is required to secure your child's place in class

This is a non-refundable deposit (unless the class has reached its enrollment limit).

The fee will NOT be applied toward tuition.

**Please note:** Toilet training is not part of our curriculum.

Students must be toilet trained prior to participation

Mail all registration forms & \$40.00 deposit to:

Nadine Holland, P.O. Box 99, St. Clair, MN 56080

e-mail: [nholland@stclaircyclones.org](mailto:nholland@stclaircyclones.org)

Please make checks payable to **St. Clair School**  
or pay online at <https://stclaircyclones.revtrak.net/>

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Primary E-mail \_\_\_\_\_ Second E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Second Phone \_\_\_\_\_

Child is a District Resident ☐ Yes ☐ No

Please mark the program your child is registering for:

\_\_\_\_\_ **Preschool** - \$190/month OR \$1,620 year in full

8:00-10:45 4 days/week (Monday - Thursday) - Child must be 3 by Sept. 1, 2024

\_\_\_\_\_ **School Readiness** - \$190/month OR \$1,620 year in full

4 days/week (Monday - Thursday) - Child must be 4 by Sept. 1, 2024

\_\_\_\_\_ **Morning Session** 8:00-10:45

The morning session is for children participating in extended care

\_\_\_\_\_ **Afternoon Session** 12:15-3:00

The afternoon session is for children who do NOT require extended care

Early Childhood programs in the state of Minnesota reserve spots for children meeting "at risk" criteria. Please check all that apply to determine if your child is eligible for one of these reserved spots.

\_\_\_ A parent or guardians' highest level of education: \_\_\_ HS diploma. \_\_\_ GED, \_\_\_ neither

\_\_\_ The family is receiving AFDC, WIC, or is eligible for free or reduced school lunch

\_\_\_ The mother was 18 years of age or younger at the birth of her first child

\_\_\_ The father or mother is absent from the family

\_\_\_ The family has experienced stress in the past year (death, divorce, unemployment, incarceration, other \_\_\_\_\_)

\_\_\_ The family has changed their residence two or more times in the past year

\_\_\_ There is a history of chemical abuse (alcohol and/or drugs and medicines)

\_\_\_ The \_\_\_ child, \_\_\_ parent, \_\_\_ or sibling has experienced frequent of chronic illness

\_\_\_ The family perceives the child as a "problem child". Explain \_\_\_\_\_

\_\_\_ A sibling has a history of developmental delay or receives Title 1 or special Education services

\_\_\_ The child was assessed for developmental delays but did not qualify for Special Education services

\_\_\_ Child receives or qualifies for Special Education services

\_\_\_ Child receives physical therapy, speech, mental health or \_\_\_\_\_ services from a private agency or practice

\_\_\_ The child has no previous preschool experience (never enrolled in ECFE, Head Start, private preschool, etc)

\_\_\_ The child does not speak English or speaks little English. Primary language is \_\_\_\_\_

\_\_\_ A parent or guardian does not speak English. He/She speaks \_\_\_\_\_

\_\_\_ The child requires administration of prescribed medication during normal school hours

\_\_\_ Child is on a waiting list for Head Start Preschool

\_\_\_ Other information that would be helpful to know about your child or family

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# Emergency Medical Information

Child's Name \_\_\_\_\_

I hereby grant permission for the staff to contact the following medical personnel to obtain emergency medical care if warranted.

Family Clinic \_\_\_\_\_ Name of Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Dentist Clinic \_\_\_\_\_ Name of Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Full Name of Minor: \_\_\_\_\_ Birth Date \_\_\_\_\_

Food and Environmental Allergies \_\_\_\_\_

Allergies to Medicine \_\_\_\_\_

Regular Medications \_\_\_\_\_ Reason for \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Employer which policy is carried \_\_\_\_\_

I authorize staff employees to obtain medical treatment in an emergency for the above named child, in the event I cannot be reached or am delayed. ISD #75 shall not be responsible for providing or paying for the child's health care, any expenses will be the family's responsibility.

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Preschool Transportation Request



Morning and afternoon transportation will be provided by our regular K-12 bus routes. Buses will provide service to local daycare providers. Service to individual homes will only be honored if the location is on an established K-12 bus route.

Child's Name \_\_\_\_\_

\_\_\_\_\_ I am NOT planning to use bus transportation at this time.

## \_\_\_\_\_ **Preschool**

\_\_\_\_\_ Both ways    \_\_\_\_\_ Morning only (8:00am)    \_\_\_\_\_ Afternoon only (3:00pm)

## \_\_\_\_\_ **School Readiness**

\_\_\_\_\_ Both ways    \_\_\_\_\_ Morning only (8:00am)    \_\_\_\_\_ Afternoon only (3:00pm)

Desired Pick Up Location \_\_\_\_\_

(Be specific with physical address & daycare provider name if applicable)

Desired Drop Off Location \_\_\_\_\_

(Be specific with physical address & daycare provider name if applicable)



## ***Extended Day Child Care***

St. Clair Elementary  
121 Main Street, St. Clair, MN 56080

Extended Day Child Care is available for children in our Preschool and School Readiness programs. Care is provided from 8:00-3:00 Monday - Friday in coordination with your child's learning program. Please note that Friday is Extended Care only. There are no early learning classes on Friday. Child Care follows the school calendar and is not available when K-12 students are not in session. A school calendar will be provided so you can plan ahead for scheduled days off and early releases.

### **Cost**

**\$240 per month OR \$2,070 year in full**

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Primary E-mail \_\_\_\_\_ Second E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Second Phone \_\_\_\_\_

### ***Parent/Guardian Authorization***

Please read and initial the items to which you agree.

\_\_\_\_ My child may watch age appropriate G rated movies.

\_\_\_\_ My child has my permission to participate in outings within the St. Clair City limits. Outings include but are not limited to walks and playtime at the city park.

\_\_\_\_ My child has my permission to play with the school equipment and participate in all activities of the program.

\_\_\_\_ I will provide a second set of clothing for my child to keep at school for emergencies.

\_\_\_\_ My child requires prescription medication to be administered during the day and has a medication form on file with the school nurse.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_