



ENROLLMENT FORM

2015-2016 and 2016-2017

School District Name: \_\_\_\_\_

Superintendent Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*For larger Districts, if there is a District Coordinator, please list the contact information below;

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Legislative Allocation for 2015-2016 & 2016-2017 - \$3,300.00 PER YEAR (returning sites) \$3,500(new sites)

To qualify for reimbursement, you must meet the following criteria:

- Conduct a 10-week Gearing Up for Kindergarten program.
Administer and collect evaluation forms for the program.
Ensure the class is taught by a certified early childhood educator.

Program Implementation Plan

Operating one class for 10 weekly sessions will cost more than the legislative allocations. The legislature allocation is intended to contribute toward costs of the certified kindergarten teacher and the parent educator. Briefly describe how your school district is prepared to cover additional program costs:

Blank lines for describing program implementation plan.

Location of Program

Please complete this information for your program. The primary contact is the person who will receive timely correspondence for the class such as evaluation forms, attendance sheets or curriculum updates, and can answer questions about the local program. It is usually the designated coordinator of the program.

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title of Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: ND Zip: \_\_\_\_\_

Number of APPROVED Classrooms at this location: 1

- We agree to have the Gearing Up for Kindergarten program in 2015-2016
We agree to have the Gearing Up for Kindergarten program in 2016-2017

PROVISIONAL APPROVAL WILL BE GRANTED ONCE THIS FORM IS RECEIVED. TO RECEIVE FINAL APPROVAL, WE MUST RECEIVE YOUR PROGRAM DATES THREE WEEKS PRIOR TO THE START DATE.

2015-2016 Program dates - list all (MM/DD/YY): \_\_\_\_\_

Return completed enrollment form to: Judith Konerza, Ph.D., Coordinator, Parent Information Center, 3351 17th Ave S, Grand Forks ND 58201 or Judith.konerza@gfschools.org or FAX: 701-746-2432