



2018 PASSPORT TO KINDERGARTEN CLASS



The Aitkin Children's Center in partnership with staff from Rippleside will host a Passport to Kindergarten Class. Passport to Kindergarten is a class that children and parents attend together. During this class parents and children will participate in activities that will prepare them for the transition from early childhood into kindergarten. These activities include listening to guest speakers, touring Rippleside Elementary, eating in the cafeteria, and much, much, more!!! Don't miss this great opportunity! The class meets one evening per week, for four weeks, 1 ½ hours per night. Select your specific session below.

- WHEN: Tues. March 6th, Tues. March 13th, Tues. March 20th and Tues. March 27th
- WHERE: Aitkin Children's Center
- TIME: Session 1 - 5:00-6:30 p.m. Begin in Aitkin Children's Center
Session 2 - 5:30-7:00 p.m. Begin in Cafeteria
- COST: A sliding scale fee will be charged (see below).
- SIBLING CARE: Sibling care will be provided on a limited basis. There will be a \$12.00 one-time fee, per family, which will cover the entire four weeks.
- MEALS: The cost of meals has been included in your registration fee. Dinner will be in the cafeteria.
- TO REGISTER: Please complete the registration form below. Mail or drop off the completed registration and payment at the ACC. **Deadline to register is Tuesday, February 27th.**

Online Registration found under Community Education www.isd1.org

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Passport to Kindergarten Registration Form

Child's Name _____ M or F Birthdate _____ Class: ___ 5:00 ___ 5:30

Parents' Names _____ Phone _____

Address _____

Email _____ Total # of people attending _____

Sibling Care Needed ___ Yes ___ No Age(s) & Name of children needing sibling care _____

Registration fees:

- ___ Over \$50,000 per year income... \$28.00
- ___ \$30,000-\$50,000 per year \$22.00
- ___ \$20,000-\$30,000 per year..... \$16.00
- ___ Under \$20,000 per year...fees are waived
- ___ Sibling Care \$12.00

Total Cost _____

***** No family turned away for an inability to pay*****

Date Received (office use only) _____ Paid _____