Bluffton-Harrison Elementary School
www.bhmsd.org
1100 East Spring Street  Bluffton, Indiana 46714  Phone (260) 824-0333  Fax (260) 824-0512

Preschool Information 2020-21

Bluffton-Harrison MSD is excited to offer preschool programming that meets the diverse needs of our school population. BHMSD Tiger Cubs’ Preschool curriculum is linked to the Foundations to the Indiana Academic Standards for Young Children from Birth to age 5. It supports our philosophy that each student comes into our school with different perspectives, interests, backgrounds, families, home lives, and life experiences. BHMSD Tiger Cubs’ Preschool is a place for discovery and play. We are a Paths to Quality Level 3 Preschool. The goal is to grow young minds through imagination, fostering their curiosity while focusing on social, emotional, and academic skills needed to be successful learners preparing for kindergarten. We want them to be engaged learners while fostering their love to learn and make learning fun.

The preschool curriculum supports our program goals of work hard, do your best, be good to each other, and be safe. It also supports our preschool mission: The faculty, staff, students, and community of BHMSD Tiger Cubs’ Preschool are committed to encouraging learning as a lifelong endeavor.

All students enrolling in our preschool programming will be placed in a classroom and individual communication will inform parents of their child’s teacher, room location, meeting days, and applicable fees. Please indicate your choice(s) for the 2020-21 school year. We will do our best to accommodate your preference. Students must be age 4 by August 1, 2020.

Costs

<table>
<thead>
<tr>
<th>Program</th>
<th>Registration Fee</th>
<th>Supply Fee</th>
<th>Monthly Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Day AM Preschool</td>
<td>$25</td>
<td>$65</td>
<td>$110</td>
</tr>
<tr>
<td>3 Day PM Preschool</td>
<td>Registration Fee</td>
<td>$25</td>
<td>Supply Fee:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monthly Tuition:</td>
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<tr>
<td></td>
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<td>$50</td>
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<td>$80</td>
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</tbody>
</table>

Schedule

<table>
<thead>
<tr>
<th>Program</th>
<th>Meets</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Day AM Preschool</td>
<td>M, T, W, Th, F</td>
<td>8:15-11:00</td>
</tr>
<tr>
<td>3 Day PM Preschool</td>
<td>M, W, F</td>
<td>11:45-2:30</td>
</tr>
</tbody>
</table>
BLUFFTON-HARRISON ELEMENTARY SCHOOL
PRESCHOOL REGISTRATION FORM
SCHOOL YEAR 2020-21

Student Name ________________________________________________________________

Gender _______ Birthdate ____________________________

Address ____________________________ City _______________ State ____ Zip ________

Emergency Contacts for Student

Primary Contact ____________________________ Relationship to student ______________

Address ____________________________ City _______________ State ____ Zip ________

Phone _________________________________

School Messenger (Check if you want to be called for school delays and closings.)
5:01 p.m.-7:00 a.m.____ 7:01 a.m.-5:00 p.m.____ Do not call____

Employer ____________________________ Work Phone ____________________________

Alternate Contact ____________________________ Relationship to student ______________

Address ____________________________ City _______________ State ____ Zip ________

Phone _________________________________

School Messenger (Check if you want to be called for school delays and closings.)
5:01 p.m.-7:00 a.m.____ 7:01 a.m.-5:00 p.m.____ Do not call____

Employer ____________________________ Work Phone ____________________________
Alternate Contact __________________________ Relationship to student ______________

Address __________________________ City ______________ State _____ Zip ________

Phone __________________________

School Messenger (Check if you want to be called for school delays and closings.)
5:01 p.m.-7:00 a.m. ___ 7:01 a.m.-5:00 p.m. ___ Do not call ___

Employer __________________________ Work Phone __________________________

Special medical / health need(s):

________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

CHILD MUST BE 4 YEARS OLD ON OR BEFORE AUGUST 1, 2020 (Typical peers only)

Student resides with:  ______ Both Legal Parents
______ Mother Only
______ Father Only
______ Lives with Legal Guardian

Student’s race:  ______ American Indian or Alaskan Native
______ Black or African American
______ Asian
______ White
______ Hispanic
______ Native Hawaiian or Pac Islander

Please indicate your enrollment choice:

5 Day AM ___  3 Day PM ___

Previous Preschool Attended _____________________________________________

Parent / Guardian Signature ___________________________________________ Date ______________
Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the student?

2. What language(s) is spoken most often by the student?

3. What language(s) is spoken by the student in the home?

Student Name: ___________________________ Grade: ___________________________

Parent/Guardian Name: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: ___________________________ Date: ___________________________
Bluffton-Harrison Elementary Tiger Cubs’ Preschool

Discipline Guidance Policy

It is very important that a child’s development is nurtured through caring, patience, and understanding. However, while caring for your child, I may have to respond to your child’s misbehavior. Hitting, kicking, spitting, hostile verbal behavior, and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not use:
* Threats or bribes
* Physical punishment, even if requested by the parent
* Deprivation of food or other basic needs to your child
* Humiliation or isolation

In response to misbehavior, I will:
* Respect your child
* Establish clear rules
* Be consistent in enforcing rules
* Use positive language to explain desired behavior
* Speak calmly while bending down to your child's eye level
* Give clear choices
* Redirect your child to a new activity
* Move your child to a time-out or cool-down area for no longer than one minute per year of your child’s age, if necessary

If your child’s behavior is very disruptive or harmful to him/herself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care/preschool arrangements.

As a parent, you may have some concerns or wish to offer suggestions. By adding below, we may modify the above plan with agreed upon suggestions.

________________________________________  __________________________
Child’s Name                                      Date of Birth

________________________________________  __________________________
Parent/Guardian Signature                      Date

(This form will be kept within the child’s file at school.)
Bluffton-Harrison Metropolitan School District  
Criminal History Background Check  
805 E. Harrison Street  
Bluffton, Indiana 46714

CONFIDENTIAL INFORMATION

The following individual has submitted a request to volunteer or for a paid position consideration within the school district:  (Please print and answer all questions.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Middle (Full)</th>
</tr>
</thead>
</table>

Maiden, Alias or Former (provide names and dates changed)

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Race</th>
</tr>
</thead>
</table>

Gender  
☐ Female  ☐ Male  

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Events in which I have interest in being involved with or volunteering for:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I authorize Bluffton-Harrison Metropolitan School District to investigate my criminal background as it pertains to any volunteer or paid position considerations. I release all persons, companies, or corporations furnishing information as part of this background investigation from liability or responsibility. I certify that all information provided is true and complete to the best of my knowledge. I understand that omitting or falsifying information will result in rejection of volunteer opportunities or employment at school events. This criminal history background check will be valid for the current school year only. A new request will need to be completed each year.

Signature ___________________________ Date ___________________________

ALL INFORMATION PROVIDED ON THIS FORM WILL BE CONFIDENTIAL.
CHIRP
Children and Hoosiers Immunization Registry Program

Bluffton- Harrison MSD participates in CHIRP, a free and innovative online system that stores and updates immunization records of both children and adults in Indiana. It is confidential and free.

I give the Bluffton-Harrison MSD nurses permission to register my student's immunization records onto the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program. (CHIRP)

I understand that the information in the registry may be used to verify that my student has received proper immunizations and to inform me of my student's need to be vaccinated according to recommended immunization schedules.

I hereby consent to the release of such information.

______________________________  _______________________
Signature                              Date

______________________________
Printed Name of Parent/Guardian

______________________________  _______________________
Student's Name                     Date of Birth

Please complete and return by the 2nd day of school.
On My Way Pre-K

The following application is for On My Way Pre-K tuition assistance.

If you would like to see if you qualify for On My Way Pre-K, please visit the following website for more information:

https://www.in.gov/fssa/5630.htm

The application is included in this packet if you believe you would qualify.
**ON MY WAY PRE-K APPLICATION**  
State Form 56212 (R4 / 12-18)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION

**Instructions:** Please complete both pages and all areas of this application to apply for an On My Way Pre-K Grant. Completing an application does not guarantee that your child will receive a grant. You will be notified by mail / phone once your application is received and reviewed.

**It is very important that your contact information on this application is correct.**

### Parent / Guardian Information

<table>
<thead>
<tr>
<th>Parent / Guardian Last Name</th>
<th>Parent / Guardian First Name</th>
<th>Parent / Guardian Date of Birth (month, day, year)</th>
<th>Language Spoken in Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Applicant Last Name (living in household)</td>
<td>Co-Applicant First Name</td>
<td>Co-Applicant Date of Birth (month, day, year)</td>
<td>Relationship to Parent / Applicant</td>
</tr>
<tr>
<td>Address (number and street)</td>
<td>City</td>
<td>ZIP code</td>
<td>County of Residence</td>
</tr>
</tbody>
</table>

Best telephone number to reach you: ( )  
Second telephone number: ( )  
E-mail:

Which way is the best way to contact you?  
- [ ] Telephone  
- [ ] E-mail  
- [ ] Other:

**Are the parent(s) / guardian(s) of the child(ren) applying?**  
*(Please answer all four (4) questions.)*

1. Working?  
   - [ ] Yes  
   - [ ] No  
2. Attending or enrolled in school?  
   - [ ] Yes  
   - [ ] No  
3. Attending a training program?  
   - [ ] Yes  
   - [ ] No  
4. Currently on maternity leave? (and plan to return to work/school after leave)  
   - [ ] Yes  
   - [ ] No / Co-Applicant  
   - [ ] Yes  
   - [ ] No

Total Family Size  
*Include only parents / guardians and dependent children who live in your house. Other adults and children over the age of seventeen (17) are not counted in family size.*

### Additional Questions:

1. Is family living in a Homeless Shelter or Domestic Violence Shelter?  
   - [ ] Yes  
   - [ ] No

2. Is family living in a Car / Park or other public place?  
   - [ ] Yes  
   - [ ] No

3. Is family living in a residence with family and/or friends?  
   - [ ] Yes  
   - [ ] No

4. Where is the family living?  
   - [ ] Yes  
   - [ ] No

5. Are any child(ren) in the household disabled?  
   - [ ] Yes  
   - [ ] No

6. Are any household members active in the US Military, National Guard or Reserve?  
   - [ ] Yes  
   - [ ] No

7. Does the household assets exceed one (1) million dollars?  
   - [ ] Yes  
   - [ ] No

### Pre-K Child Information

**List only four (4) year old children seeking a pre-K grant.**  
To be eligible to receive an On My Way Pre-K Grant, your child must be four (4) years old, but not yet five (5) years old, by **AUGUST 1 of the pre-k school year** for which you are applying.

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>Child's Last Name</th>
<th>Date of Birth (month, day, year)</th>
<th>County child lives in</th>
<th>Child currently receives CCDF</th>
<th>Child currently receives Head Start</th>
<th>Child is a Foster Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</table>

**Be sure to complete both sides of this application.**
### Family Income
Please list the amount of monthly income **before taxes** earned by each parent / guardian of child(ren) living in your home. You will be required to provide documentation, such as pay stubs, to verify your income.


<table>
<thead>
<tr>
<th>Parent / Guardian Income earned from work</th>
<th>Gross Monthly Unearned Income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Are you a licensed foster parent to any of the child(ren) above?</strong> ☐ Yes ☐ No</td>
<td><strong>Please list the total unearned income received by all household members. Enter $0 if unearned income is not received. Other unearned income includes income such as pension, interest on accounts, trust funds, etc.</strong></td>
</tr>
<tr>
<td>(If you are a licensed foster parent to any of the child(ren) above, enter $0 for the income.)</td>
<td>Line 4 - Child Support Received $</td>
</tr>
<tr>
<td></td>
<td>Line 5 - TANF (Cash Assistance) $</td>
</tr>
<tr>
<td></td>
<td>Line 6 - Unemployment Income $</td>
</tr>
<tr>
<td></td>
<td>Line 7 - SSI / Disability Income $</td>
</tr>
<tr>
<td></td>
<td>Line 8 - Other Unearned Income $</td>
</tr>
<tr>
<td><strong>Line 3 - Total Gross Income from Both Parents (Line 1 + Line 2)</strong> $</td>
<td><strong>Line 9 - TOTAL Gross Monthly Unearned Income (total of unearned income Lines 4-8 above)</strong> $ 0.00</td>
</tr>
<tr>
<td><strong>TOTAL GROSS MONTHLY INCOME (Earned from work and monthly unearned income Line 3 + Line 9)</strong></td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this application if my application is chosen. I also understand that providing incorrect or misleading information on any of the forms may result in immediate termination of my child’s grant, repayment of any fees overpaid on behalf of my child, and criminal charges if applicable.

Signed: ______________________________________ Date: __________________________ How did you hear about On My Way Pre-K? ______________________________________

(Parent / Guardian) (month/day/year)

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**Please submit applications within specific application periods for each prekindergarten school year.**

**BE SURE TO READ, SIGN, AND DATE THE APPLICATION. BOTH SIDES OF THE APPLICATION MUST BE FAXED OR SCANNED and E-MAILED.** If mailing by U.S. Mail, please allow additional days for delivery.

Return this form to the intake office for your county – please refer to [http://www.in.gov/fssa/files/CCDF_Intake_Map.pdf](http://www.in.gov/fssa/files/CCDF_Intake_Map.pdf) for e-mail address, fax and/or contact information.