



Bluffton-Harrison Elementary School

www.bhmsd.org

1100 East Spring Street

Bluffton, Indiana 46714

Phone (260) 824-0333

Fax (260) 824-0512

Preschool Information

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. 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 2019-20 school year. We will do our best to accommodate your preference. Students must be age 4 by August 1, 2019.

Costs

3 Day AM or PM Preschool

Registration Fee: \$25
Supply Fee: \$50
Monthly Tuition:* \$75

5 Day AM Preschool

Registration Fee \$25
Supply Fee: \$65
Monthly Tuition:* \$100

Schedule

3 Day AM or PM Preschool

Meets M, W, F
8:15-11:00 or 11:45-2:30

5 Day AM Preschool

Meets M, T, W, Th, F
8:15-11:00

**Monthly tuition subject to change.*

Office Use Only:
Date Reg. Fee Paid ____ / ____ / 2019
Date Supply Fee Paid ____ / ____ / 2019
Check # _____ Cash _____

**BLUFFTON-HARRISON ELEMENTARY SCHOOL
PRESCHOOL REGISTRATION FORM
SCHOOL YEAR 2019-20**

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, 2019 (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:

3 Day AM _____ 3 Day PM _____ 3 Day (No Preference on Time) _____
5 Day AM _____

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.)

First Name	Last Name	Middle (Full)
Maiden, Alias or Former (provide names and dates changed)		
Date of Birth	Race	
Gender <input type="radio"/> Female <input type="radio"/> Male	Phone Number	

Street Address	City	State
County		

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.

**BLUFFTON-HARRISON MSD
PRESCHOOL IMMUNIZATION RECORD**

Student Name _____ Birth Date _____

IMMUNIZATION RECORD

Parents are responsible for providing immunization records to the school before the student attends school. Immunizations are required for enrollment in Preschool by the Indiana State Department of Health. The only exceptions are if the student has a medical or religious exemption on file with the school. (The exemption must be filed every school year.) The following are the **minimum immunizations for students enrolled in preschool:**

- 4 Diphtheria-Tetanus-Pertussis (DTaP/DTP)
- 3 Polio (IPV/OPV)
- 1 Measles, Mumps, Rubella (MMR);
- 3 Hepatitis B
- 1 Varicella (or history of chickenpox disease including date of disease)

PROVIDE MONTH-DAY-YEAR FOR ALL IMMUNIZATIONS

DTaP/DTP #1 _____ #2 _____ #3 _____ #4 _____

IPV/OPV #1 _____ #2 _____ #3 _____

MMR #1 _____

Hepatitis B Vaccine #1 _____ #2 _____ #3 _____

Varicella #1 _____ or date (month and year) of chicken pox **disease** _____

Date _____ Physician or Health Department Signature _____