



# Bluffton-Harrison Elementary School

1100 E. Spring Street  
Bluffton, Indiana 46714  
P- 260.824.0333  
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Mrs. Schlaura Linderwell, Principal  
Mrs. Alyssa Moser, Asst. Principal  
Mrs. Ashley Kilgore, School Counselor  
Mr. Kole Meyer, School Counselor

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## Preschool Information 2023-2024

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 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 2023-24 school year. We will do our best to accommodate your preference. Students must be age 4 by August 1, 2023.

### Costs

#### 5 Day AM Preschool

Registration Fee: \$25  
Supply Fee: \$65  
Monthly Tuition: \$110

#### 3 Day PM Preschool

Registration Fee: \$25  
Supply Fee: \$50  
Monthly Tuition:\* \$80

### Schedule

#### 5 Day AM Preschool

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

#### 3 Day PM Preschool

Meets M, W, F  
11:45 - 2:30

Office Use Only:  
Date Reg. Fee Paid \_\_\_\_\_ / \_\_\_\_\_ / 2024  
Date Supply Fee Paid \_\_\_\_\_ / \_\_\_\_\_ / 2024  
Check # \_\_\_\_\_ Cash \_\_\_\_\_

**BLUFFTON-HARRISON ELEMENTARY SCHOOL  
PRESCHOOL REGISTRATION FORM  
SCHOOL YEAR 2023-24**

Student Name \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contacts for Student**

Primary Contact \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent Square (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 \_\_\_\_\_ Email \_\_\_\_\_

Parent Square (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 \_\_\_\_\_ Email \_\_\_\_\_

Parent Square (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):

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**CHILD MUST BE 4 YEARS OLD ON OR BEFORE AUGUST 1, 2023 (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 \_\_\_\_\_

# 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 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.

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Signature

Date

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Printed Name of Parent/Guardian

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Student's Name

Date of Birth

**\*Please complete and return this form prior to the 2nd day of school.**



## Indiana Department of Education

Dr. Katie Jenner, Secretary of Education



### 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 WIDA Screener 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: \_\_\_\_\_

# **On My Way Pre-K**

**We would like our Preschool families to sign-up for On My Way Pre-K, please visit the following website for more information:**

**<https://www.in.gov/fssa/5630.html>**

**The application can be found online.**

**If you have any further questions, please contact Jaci Moser at [jmoser@bhmsd.org](mailto:jmoser@bhmsd.org) or (260-824-0333).**