



Bluffton-Harrison Tiger Cubs' Preschool/Childcare

*1100 E. Spring Street, Bluffton, IN 46714 Phone: 260.824.0333

Mrs. Jaci Moser, PreK/Childcare Director

REGISTRATION FORM : 4 Year Olds

Program Enrollment Fees:

☐ Registration Fee: \$40.00

Eligibility Requirements:

☐ Children must be age 4 by August 1, 2025.

☐ Children must be potty trained.

Please select from the below options:

** For those selecting childcare, hours of availability 6 AM to 6 PM.

Options	Schedule	Cost	Selection
5-day AM NO CHILDCARE	Drop off: 7:50-8:00 Class time - 8:00 -10:30 Pick UP 10:20-10:30	\$115 a month (Written in one check: made out to BHMSD)	☐
5 day PM NO CHILDCARE	Drop off - 12:00-12:10 Class Time - 12:10-2:40 Pick UP - 2:30-2:40	\$115 a month (Written in one check: made out to BHMSD)	☐
5 Day Preschool WITH Childcare	Drop off - Determined by Parent Class Time - School places Pick UP - Determined by Parent	\$375 a month Includes: PreK, Childcare, Lunch, Snack (Written in two Checks: \$315 and \$60 - made out to BHMSD)	☐
OPTION FOR BHMSD EMPLOYEES ONLY 5 day Preschool WITH Childcare	Drop off - Determined by Parent Class Time - School places Pick UP - Determined by Parent	\$275 a month Includes: PreK, Childcare, Lunch, Snack (Written in two Checks: \$215 and \$60 - made out to BHMSD)	☐
On My Way Pre K WITH Childcare Must be approved PRIOR to starting class and/or childcare	Must Qualify: Contact: Mrs. Amanda Nusbaumer anusbaumer@bhmsd.org	FREE Includes: PreK, Childcare, Lunch, Snack <i>Approval Required</i>	☐



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25-26 REGISTRATION FORM : 4 Year Olds

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. Our 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 children to be engaged learners while fostering their love to learn and make learning fun.

Student Name _____

Gender _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Primary Contact _____ Relationship to student _____

Phone _____ Email _____

Secondary Contact _____ Relationship to student _____

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):

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

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.

Signature

Date

Printed Name of Parent/Guardian

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 Amanda Nusbaumer at

anusbaumer@bhmsd.org

or (260-824-0333).