Register today! - BOLD Goal?
100% of 4 year olds in preschool

Earlier registrations will have a better chance for their first choice - AM or PM.

NEW This Year - FREE PRESCHOOL!

Register for BOLD Little Warrior 3s & 4s Preschool

EARLY EDUCATION STUDENT information Form

All data provided are protected by state and federal privacy standards, and will be used by your local school district and the Minnesota Department of Education for program planning and evaluation.

Preschool Student:

First Name _____ Last Name _____

Middle Name _____ (optional)

Date of Birth (MM/DD/YYY) _____ - _____ - _____ Age as of Sept 1: _____

Gender: Female / Male

Immunizations Up to Date (Y=1 / N=0)

Race/Ethnicity:
☐Hispanic ☐Black, not of Hispanic ☐White, not of Hispanic Origin
☐Origin American Indian ☐Asian or Pacific Islander

Optional:
Primary Language _____ Migrant (Y / N) Homeless (Y / N)

Office fill out this box below:

Circle Program Name

Little Warrior 3s or Little Warrior 4s Fee Status: __ Registration Date:_____

ECFE _____

Count of Classes ____ Fee Status: __ Registration Date:_____
1=full, 2=reduced, 3=free

Funding Source:_____
01-Parent, 02-SR, 03-ECFE, 04-ECSE, 05-Head Start, 07-Title I,
08-Non-DHS funded Child Care, 09-Other district, 10-Other county, 11-Scholarship, 12-All other scholarships, 13-Private Foundation Grant

Special Needs or Delay NOT eligible for Special Education: (Y=1 / N=0)

State Student ID: __ __ __ __ __ __ __ __ __ __ __ __ __ (13 digits)

Registering Adult:

*Required Information

*First Name _____ Last Name _____

Date of Birth (MM/DD/YYY) _____ - _____ - _____ (optional)

*Are you this child's: Check One: ☐Father ☐Mother
☐Foster Father ☐Guardian-Male ☐Other Relative-Male
☐Foster Mother ☐Guardian-Female ☐Other Relative-Female

Education Background: Check One:
☐Some elementary and middle school, none beyond 8th grade
☐ Some High School, no diploma ☐High School Diploma/GED
☐Associate's Degree ☐Some College, but no degree
☐Bachelor's Degree ☐Master's Degree ☐Ph.D.

Employment Status: Check One:
☐Employed more than 25 hours/week, ☐ Employed less than 25 hours/week
☐Unemployed, seeking employment
☐Unemployed, not seeking employment

Yearly Household Income before taxes (round to nearest thousand):_____

Number of People in Household: _____

*Receiving Interpreter Assistance: (Y=1 / N=0)

*Classroom Volunteer Type:
☐Not Volunteering ☐Parent Advisory Council Volunteer
☐Classroom Volunteer ☐Other as district identified

PARENT CONTACT INFORMATION

Student's First and Last Name:_____

Parent(s) Names: _____

Address: _____

City, State, Zip: _____

Student lives with:

Check One: ☐ Both Parents ☐Mother ☐Father ☐Legal Guardian

	Cell Phone	Work Phone	Home Phone
Mom	(____) - ____ - _____	(____) - ____ - _____	(____) - ____ - _____
Dad	(____) - ____ - _____	(____) - ____ - _____	(____) - ____ - _____

SCHOOL REACH notifies you by phone for BOLD School announcements, school closing, and late starts. If you would like to be notified please list numbers.

School Reach Number(s) (____) - ____ - _____ and (____) - ____ - _____

Do you have **Internet Access** in your home? (Y / N) Can you **Text**? (Y / N)

Email Mom _____

Email Dad _____

Email Daycare_____

Emails will be used for newsletters and calendars, and other notices.

Would you be interested in getting reminders by ☐**text** or by ☐**email?**

EMERGENCY # (if parents can't be reached) grandparent, neighbor, aunt - person to contact

Name _____ (____) - ____ - _____

Person authorized to pick up my child: _____ Relationship _____

NOTE:
Information on starting dates and transportation will be coming in mid-August.

Student Registration for FREE Preschool at BOLD School

We will try to honor your first choice but cannot guarantee it.
*School Bus transportation will also be provided both to school and to home or daycare.
*Mid-day drop-offs and pick-ups will be done at Select Locations.

__ Little Warrior **4** year olds - 4 half days - 8:00-11:00 am - Must be 4 by Sep 1

__ Little Warrior **4** year olds - 4 half days - 12:00-3:00 pm - Must be 4 by Sep 1

Little Warrior 4s will tentatively meet - M/T/W/Th - Early Sep. start

__ Little Warrior **3** year olds - 2 half days - 8:00-11:00 am - Must be 3 by Sep 1

Little Warrior 3s will tentatively meet - T/Th - Early Sep. start/must be potty trained

IMMUNIZATION RECORD - copy turned in (Y / N)

EARLY CHILDHOOD SCREENING Has your child been screened yet? (Y / N)
If yes, Date screened _____ Where screened _____

ALLERGIES (Y / N) my child is allergic to _____ Is a modified diet necessary? Be specific.

PERMISSION TO PUT PHOTOS OF CHILD in newspaper, BOLD website, EOY CD (Y / N)

Has your child ever had an IEP? (Y / N) Comment _____

PHYSICAL HEALTH or **MENTAL HEALTH** issues? (Y / N) circle which

IMAGINATION LIBRARY - We are signed up to get these free books? (Y / N)

***TRANSPORTATION PLAN** - Transportation plan will be finalized before school starts.
Pencil in boxes below what you think you might use: Heartland Bus, Parents, or School Bus #

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
To SCHOOL Circle: AM-PM Mid-day: SELECT LOCATIONS					
After SCHOOL Circle: AM-PM To HOME, DAYCARE, Mid-day: SELECT LOCATIONS					

Daycare Provider _____ Daycare School Bus # ____
Phone #__ __ __ - __ __ __ - __ __ __ __ Send DC calendar/Newsletter (Y / N)