



**Register for BOLD Little Warrior 3s & 4s Preschool**  
EARLY EDUCATION STUDENT information Form

**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.

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/YYYY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 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/YYYY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (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 8<sup>th</sup> 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 meet - M/T/W/Th - Early Sept. start**

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

**Little Warrior 3s tentatively will have a M/W and T/TH class option**

Early Sept. 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
<b>To SCHOOL</b> Circle: AM-PM Mid-day: SELECT LOCATIONS					
<b>After SCHOOL</b> Circle: AM-PM To HOME, DAYCARE, Mid-day: SELECT LOCATIONS					

**Daycare Provider** \_\_\_\_\_ **Daycare School Bus #** \_\_\_\_\_

**Phone #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Send DC calendar/Newsletter ( Y / N )**

