



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 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:

Student Registration for 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 **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

___ 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

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: CCT 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)

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