



The Little Cardinals Preschool is open to any child between the ages of four (by 8/1/2021) and five. All children must be toilet trained (i.e. no diapers, pull-ups, etc.). We will consider all applications from families currently residing in the district before opening enrollment for out of district families.

Daily Schedule:

Little Cardinals Preschool follows the BSD approved calendar. Classes (AM or PM Sessions) will meet Monday - Thursday from 8:00 AM - 11:00 AM and from 11:45 AM until 2:45 PM. Lunch will not be served at school. All preschool sessions are filled on a first come first served basis. At this time, we are limiting sessions to half day only, since we are only able to offer 40 spots total. The Bloomfield School District will continue to send children with developmental delays to the GSSEC Preschool operated at Worthington for instruction with a licensed special education teacher.

Curriculum:

Little Cardinals Preschool incorporates Indiana's Early Learning Development Framework Aligned to the 2014 Indiana Academic Standards. Our Preschool Instructors are not licensed teachers but are highly qualified members of our staff with much experience working with children.

Family Involvement:

We welcome and encourage family involvement in preschool. Family members may volunteer in the preschool any time throughout the year. A volunteer form and background check need to be filled out prior to volunteering.

Tuition:

Preschool tuition is **DUE ON THE FIRST DAY OF EACH MONTH.** You must pay tuition for the entire month regardless of your child's attendance. Families are responsible for making payments (check or cash) in the Elementary School office prior to the 1st day of each month.

Michael L. Riggleman
Principal

(812) 384-4271
mriggleman@bsd.k12.in.us

Little Cardinals Preschool Enrollment Information

The BSD Little Cardinals Preschool Program welcomes both you and your family!

Please complete and submit the following information:

- Little Cardinals Preschool Enrollment Form
- Copy of child's birth certificate
- Copy of child's immunization records
- Copy of child's social security card
- Copy of parent's proof of residence

The preschool has the following tuition options based on a \$10.00 per ½ day rate for 138 days:

Monthly Rate

August Payment: \$240 (\$180 down payment + \$60 material fee)

September - April Payments: \$150 per month

School Year Rate

Materials Fee: \$ 60.00

Yearly Fee: \$1,380.00

Total Fee: \$1,440.00

In order for your student to start on August 16th, the August tuition payment and the material fee must be submitted with the enrollment packet. You must pay tuition for the entire month regardless of your child's attendance.

Please notify the office if you need to withdraw your child from preschool. We will continue to charge your account and you will be responsible for payment unless we are notified of the withdrawal.

The Annual Material Fee of \$60.00 is payable with your first month payment. The material fees are used for purchasing supplies such as construction paper, paint and other supplies used for art and science projects.

Little Cardinals Preschool Enrollment

Student's Full Name:_____

Please choose from the following options regarding your child's placement:

AM (8:00 AM - 11:00 AM) _____ PM (11:45 AM - 2:45 PM) _____

Student enrollment will be on a first come-first served basis.

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To be completed by School Office

Date Received:_____

Start Date:_____

Birth Certificate_____

Immunization Record_____

Enrollment Packet Complete _____

Material Fee Received_____

Tuition Payment Received_____

Personal Information Record & Permission Form

Students LEGAL FULL Name_____

Address_____City_____Zip_____

Home Phone_____Work Phone_____Cell Phone_____

E-mail Address_____Date of Birth:_____Current Age:_____

Place of Birth_____

Child resides with:_____

Name of Mother/ Guardian_____

Address_____Phone_____Employer_____

Work Phone_____

Name of Father/Guardian_____

Address_____Phone_____Employer_____

Work Phone_____

Directory Information

If your child is photographed during school activity do you give your permission for your child's picture to be placed in the local newspaper?_____

If your child is photographed with a group of children during school activities do you give permission for your child's picture to be placed on the school's web page/portfolios without a first or last name included?_____

If your child is videotaped during a school activity do you give permission for the use of that video in school related functions?_____

I give permission for my child to receive Tylenol/Generic if needed: Yes_____ or No_____

I give permission for the above named student to go on school sponsored field trips inside or outside Greene County during the school year. Yes_____ or No_____

I understand that I will be notified at least one week in advance of the trip's date and that I may disallow in writing any trip for my child. I also give my permission for school sponsors to give consent for medical treatment in my stead in matters affecting the above named student in case of emergency. Payment for such treatment is the responsibility of the parents. The school or teacher will not be held responsible for accidents that occur. This form will be copied to allow each sponsor to take a copy with him/her on the trip. The original will be filed in the school office.

Parent/ Guardian Signature_____Date_____

RELEASE OF STUDENT

To help us safeguard the children of Little Cardinals Preschool, we are asking you to list those persons that will be allowed to check your child out of school. If anyone other than you pick up the child, he/she will be required to furnish identification before the student will be released into their care. The parent/guardian will be contacted by phone before a person not on the list may take the child. To be sure the school is talking to the parent, the parent must give his/her social security number. If the school is unable to contact you, the child will **NOT** be allowed to leave with this person. Please furnish the following information.

IF UNABLE TO REACH PARENT/GUARDIAN PLEASE CONTACT:

We MUST have TWO additional names, relationships and phone numbers. The following **MAY** pick up my child from school and be called in case of emergency, illness or injury. Please include childcare providers.

NAME	RELATIONSHIP	PHONE NUMBER

The following **MAY NEVER** pick up my child from school.

NAME	RELATIONSHIP

Please provide the following sibling information.

NAME	AGE	GRADE	SCHOOL

Parent/Guardian Signature_____ Date_____

Health Questionnaire

Student Name_____

Parent/Guardian Name_____

Teacher_____ Grade_____

Has your child been diagnosed with any of the following:

ADD/ADHD	YES	NO
ASTHMA	YES	NO
ALLERGIES	YES	NO
IF YES, DO YOU HAVE AN EPIPEN	YES	NO

Please list allergies_____

DIABETES	YES	NO
HEART DISEASE	YES	NO
SEIZURES	YES	NO

Please list any surgeries/hospitalizations _____

Please list any medications and dosage _____

I give permission for appropriate information to be shared with other staff members (teachers, etc) as needed. YES____ or NO____

All information provided is for the strict use of the Nurse's Office and will be kept confidential unless otherwise specified.