



The Little Cardinals Preschool is open to any child between the ages of four (by 8/1/2022) 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. Rigglesman
Principal
(812) 384-4271
mrigglesman@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: \$240.00 (\$180.00 down payment + \$60.00 material fee)

September through April Payments: \$150.00 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 15th, 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 PM - 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: _____

Enrollment Packet Complete: _____

Material Fee Received: _____

Tuition Payment Received: _____

Immunization Records: _____

Birth Certificate: _____

Social Security Card: _____

Proof of Residency: _____

Personal Information Record

Students LEGAL FULL Name _____

Address _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth _____

Current Age: _____

Child resides with: _____

Name of Mother/ Guardian _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Name of Father/Guardian _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

PHOTO OPT OUT

STUDENT PHOTOGRAPHS, VIDEOS, AND/OR SOUND RECORDINGS OPT-OUT

A parent may withhold permission to have a student photographed, videotaped, and/or audiotaped during school sponsored activities, learning experiences, and/or media events. As the parent or guardian of the student identified above, I understand that if I opt- out, my child will not be included in pictures taken by school staff, students, or anyone outside the school, and the media.

NOTE: This does not include videotaping by security cameras in school or on school buses.

Please check the appropriate choice below.

_____ YES, I give my permission for my child to be photographed.

_____ NO, I do not give my permission for my child to be photographed.

Print Student Name: _____

Parent/Guardian Signature: _____

Date: _____

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Print Student Name: _____

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

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Please provide sibling information below.

NAME	AGE	GRADE	SCHOOL

Parent/Guardian Signature _____ **Date** _____

Bloomfield School District Health Questionnaire

Student Name: _____ Date submitted: _____

Parent Name: _____

Please circle yes or no to the questions listed below.

- 1) Does your child have any allergies to food, medication or other? **YES/NO**

- 2) Does your child have asthma? **YES/NO**
If yes, will your child need to have an inhaler at school? **YES/NO**

- 3) Does your child have a history of seizures? **YES/NO**

- 4) Does your child have diabetes? **YES/NO**

- 5) Does your child have ADD or ADHD? **YES/NO**

- 6) Does your child have a heart condition? **YES/NO**

- 7) Does your child have a renal condition? **YES/NO**

- 8) Does your child have any physical limitations? **YES/NO**

- 9) Will your child need to take any medications during the school day? **YES/NO**

Please list any medications your child takes:

Please explain anything you circled yes to above and/or any other health concerns not listed above:
