



Early Childhood Family Education

BHM SCHOOLS

Early Childhood Family Education
Discovery Center
301 2nd Ave NE, Buffalo, MN 55313
763.682.8780 | f:763.682.8795
bhmschools.org

Ready Set Grow Preschool -Spring Into Preschool Child Registration Information

RETURN TO THE ECFE OFFICE, BY **August 1, 2019**

2019-20 preschool section #: _____ teacher: _____

Please circle the days of attendance: M T W TH F and the time of day: AM PM

_____ M F

child last name

child first name & nickname

DOB

child health information and allergy information: _____

parent name: _____ phone: _____

mailing address: _____

email address: _____ work phone: _____

parent name: _____ phone: _____

mailing address: _____

email address: _____ work phone: _____

Please indicate with a check mark, ALL of the statements **that apply to your child.** Leave blank any that do not apply.

- ☐ My child has allergies- please provide information above
- ☐ My child's immunization information has been updated and provided to the preschool program.
- ☐ My child is transported to and from preschool by bus: Trailblazer or Vision (school district)
- ☐ My child is transported to and from preschool by family member or childcare provider



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- ☐ My child may ONLY be picked up by parent, unless a written note/email is provided to the contrary.
- ☐ My child is toilet trained.

name of persons who may pick up your child from the preschool program, in the event of illness or with
phone #

- ☐ My child has health concerns- please provide information above.
- ☐ My child has a medical plan: Please share the plan with classroom teacher and District Nurse, Heidi Gallart at 763.682.8514. Parents are responsible for providing this information, with the knowledge that district nurse services will not be provided in the evening or on field trips.
- ☐ My child attends daycare/childcare.

provider name: _____ phone number: _____

- ☐ My child may participate in class field trips. I will be notified of the details of the field trip, prior to the date. I will share any concerns about the field trip arrangement with the classroom teacher.
- ☐ My child may have his/her photo taken for inclusion in the digital classroom sharing platform. You may choose to exclude or opt out of ALL photographs/videos, with the DISTRICT 877 Exclusion Form.
- ☐ My child has siblings. The names and ages of my child's siblings are:

- ☐ I have shared my contact information with the District Census Office at 763.682.8737
- ☐ My child will attend Kindergarten during the 2020-21 school year.

Anticipated kindergarten site: _____



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All About Me

- ★ My name is: _____
- ★ My family call me by this name: _____
- ★ My favorite toy is: _____
- ★ I like to eat: _____
- ★ The activity I like to spend time doing by myself is: _____
- ★ I feel scared when: _____
- ★ My family and I like to celebrate: _____
- ★ When I go outside to play, I like to play: _____
- ★ I go to bed, when it is: _____ o'clock.
- ★ When I come to preschool I want to learn about: _____



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