



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- Taste of Preschool Child Information

RETURN TO THE ECFE OFFICE, BY August 15, 2018

2018-19 preschool section #: _____ teacher: _____

_____ 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 your initials, ALL of the statements that apply to your child. Leave blank any that do not apply.

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



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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 with classroom teacher and District Nurse, Sue Thompson (sthompson@bhmschools.org or 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 "walking" class field trips. I will be notified of the details of the field trip, prior to the date.
- ☐ 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:

- ☐ My child lives with: _____
- ☐ My child will attend Kindergarten during the 2019-20 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 have a pet named: _____

★ I don't have a pet, but if I did, I would like to have
a: _____. I would name it: _____.

★ I feel scared when: _____

★ My family and I like to celebrate: _____

★ When I go outside to play, I like to play: _____



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★ I go to bed, when it is: _____ o'clock.

★ At home I like to do this _____ with
my family. These are the people in my family: _____

★ I go to daycare with: _____
_____ and I
have fun there, when we: _____

★ When I come to preschool I want to learn
about: _____

★ I am a special because: _____

Welcome to preschool!



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