

PREKINDERGARTEN APPLICATION FORM

Child's Name:	Date of Birth:
Parent's Name:	School:
Home phone:	Work Phone:

FREE AND REDUCED MEALS FORM IS COMPLETED AND ATTACHED ___Y___N Initials _____

INCOME HAS BEEN VERIFIED ___Y___N Initials _____

People Living in Your Household:

Name	Relationship	Age	Earnings from work		Other income <small>(child support, Alimony, TCA, Pensions, Retirement, Soc. Security, VA benefits, etc.)</small>	
			Income	Frequency	Income	Frequency

CASE Number for Food Supplement Program _____

Other Information:

1. Does your child have an active IEP or IFSP for special needs? ___Y___N

Please check in what area the IEP/IFSP involves.

- | | |
|--|--|
| <input type="checkbox"/> Speech/Articulation | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Vision Loss | <input type="checkbox"/> Physical disabilities |
| <input type="checkbox"/> Language | <input type="checkbox"/> Other _____ |

2. Does your child have any ongoing, chronic medical conditions? If so, please explain in detail.

3. Has your child participated in any of the following early learning settings within the last 12 months?

- HIPPY
- Head Start
- Even Start
- Child Find
- Infants and Toddlers
- Preschool Special Education

4. Is your child just learning to speak English as a **SECOND** language other than that spoken at home? ____ Y ____ N If yes, what language is spoken at home?

Anything else we need to know about your child?

I hereby certify that the information provided on this form is accurate and true to the best of my knowledge. In the event that this information is found to be inaccurate, the child's placement in the program could be jeopardized.

Parent/Guardian's Signature

Date

I authorize the school to contact any referring agency for more information on my child, including but not limited to progress reports, assessment data, or other information that might indicate lack of school readiness in any area.

Parent/Guardian's Signature

Date

FOR OFFICE USE ONLY – PLEASE DON'T WRITE BELOW THE LINE

CATEGORY 1 CATEGORY 2 CATEGORY 3 CATEGORY 4

Person making determination _____ Date _____

Notification made _____ (Date) INITIALS _____