



Four-Year-Old Preschool Application
2025-2026 School Year

Application _____
Parent Notified _____
Date _____

PLEASE FILL THIS FORM OUT COMPLETELY (FRONT AND BACK)

Children must be four years of age on or before August 31, 2025 **but cannot have reached their fifth birthday**. Depending on numbers, students whose 4th birthday is after August 31, 2025 may be added at a later date.

PLEASE PROVIDE BIRTH CERTIFICATE, SHOT RECORDS & CURRANT PHYSICAL WITH APPLICATION

Child's Legal Name _____

Do you prefer Morning Afternoon (Your preference is not guaranteed. Placement is based off of enrollment)

Child's Date of Birth _____ Child's Current Age _____ Child's Gender: Male Female

Child lives with: Both Parents Father Mother Foster Parent(s) Other _____

Child's Physical Address _____ City _____ State _____

Mailing Address (if different) _____ City _____ State _____

Email Address _____ Phone # _____

Parent Status: Married Divorced Separated Widowed Single

Mother's Name _____ Mother's Date of Birth _____

Father's Name _____ Father's Date of Birth _____

Has your child or any child in the home participated in : Parents As Teachers, SEK Head Start

Birth to Three Program? Child/ children name(s) _____

Does your child have an IEP (Individual Education Plan)? Yes No

If your child has a case number for Food Assistance, TAF or FDPIR, please list here _____

What language is spoken in your home? English Other _____

PLEASE READ THE INFORMATION/GUIDELINES CAREFULLY.

1.I understand that my child must participate in a developmental screening each year. If concerns are present I may ask for permission to have more evaluative work completed.

2.If excessive office referrals or absences, the child may be dropped from the program.

I have read the above guidelines and agree to follow them if my child is selected. **Application must be filled out completely to be considered.**

Parent Signature

Date

Date Application Received

THIS PAGE MUST BE FILLED OUT OR YOUR APPLICATION WILL BE RETURNED TO YOU.

Qualification for 4 Year At Risk Pre-School -CHECK ALL THAT APPLY

- Child lives in a single-parent home
- Child has a parent who was a teen parent
- Child has a parent lacking a high school diploma or GED
- Qualifies for free lunches. Must turn in a free/ reduced lunch form
- Developmentally or academically delayed (not requiring Special Education Services)
- DCF referral/ Foster Care
- Limited English proficiency

What language is spoken in the home? _____

- Child qualifies for Migrant status
- Homeless

THIS SECTION MUST BE COMPLETED BEFORE SUBMITTING

Part 1. Foster Child

Check the box if this application is for a child who is the legal responsibility of a welfare agency or court. List his/her monthly personal use income. If the foster child has no personal use income, write "0".
\$ _____ Skip part 2.

Part 2. Total Household Gross Income

You must tell us the amount of gross income received and how often it is received – weekly, every 2 weeks, twice a month, monthly, yearly.

List Names of ALL Household Members	Date of Birth	Earnings from Work <u>before</u> deductions (including overtime)		Other Regular Income: Welfare, Child Support, Alimony, Pension, Social Security, Other		Temporary Income: Strike Benefits, Unemployment, Worker's Comp		Check if ZERO Income
		Amount	How Often	Amount	How Often	Amount	How Often	
1.		\$		\$		\$		<input type="checkbox"/>
2.		\$		\$		\$		<input type="checkbox"/>
3.		\$		\$		\$		<input type="checkbox"/>
4.		\$		\$		\$		<input type="checkbox"/>
5.		\$		\$		\$		<input type="checkbox"/>
6.		\$		\$		\$		<input type="checkbox"/>
7.		\$		\$		\$		<input type="checkbox"/>
8.		\$		\$		\$		<input type="checkbox"/>