

USD 347 Pre-Kindergarten PROGRAM APPLICATION for 2018 - 2019

Child's Full Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child Lives With: (Mark One)    Both Parents    Mother    Father    Other

**Parent Information – Mother**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please mark your session preference:

Morning      Afternoon

\*\*\*Every effort will be made to honor your preference; however, session assignments will not be finalized until August.

Marital Status: (mark one)    Married    Single

Highest Level of Education Completed: Grade    8    9    10    11    12    GED    HS Diploma    College  
(mark one)

**Parent Information – Father**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Marital Status: (mark one)    Married    Single

Highest Level of Education Completed: Grade    8    9    10    11    12    GED    HS Diploma    College  
(mark one)

\*\*\*Thank you for taking time to **answer the questions on both sides of this page.** Much of the information you provide is required according to the State Guidelines for a Pre-Kindergarten program.

### General Information

Please list names and ages of siblings in the house:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**Please answer the following questions required for State PreK Program.**

Mark one.

- |   |     |    |        |
|---|-----|----|--------|
| 1. Does your child qualify for the free lunch program?<br>(Must have a completed application in the district office.)   | YES | NO | Unsure |
| 2. Are you currently working with SRS/DCF? If so, do you have<br>an assigned case worker? (Must provide documentation.) | YES | NO |        |
| 3. Is the primary language spoken in the home a <b>language other<br/>than</b> English?                                 | YES | NO |        |
| 4. Is the child's family migrant? (A copy of Certificate of Eligibility<br>must be on file.)                            | YES | NO |        |
| 5. Is your child receiving any special services?<br>(Speech therapy, learning disabilities, IEP on file)                | YES | NO |        |
| 6. Is your child developmentally or academically delayed based<br>on assessments?                                       | YES | NO |        |
| 7. Was either parent under the age of 20 years when the child<br>was born?  | YES | NO |        |

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_