

## USD 347 Preschool PROGRAM APPLICATION for 2025-2026

Child's Full Name \_\_\_\_\_ Date of Application \_\_\_\_\_

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

Child Lives With: (Mark One) \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Email Address \_\_\_\_\_

My student will be in: 3yr old preschool \_\_\_\_\_ 4 yr old preschool \_\_\_\_\_

### Parent Information–Mother

Name \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

Marital Status: (circle one) Married Single

Highest Level of Education Completed: (circle one)

Grade 8 9 10 11 12 GED HS Diploma College

### Parent Information–Father

Name \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

Marital Status: (circle one) Married Single

Highest Level of Education Completed: (circle one)

Grade 8 9 10 11 12 GED HS Diploma College

\*\*\*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 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 Pre-K Programs.**

**Circle 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 \_\_\_\_\_