



Four-Year-Old Preschool Application
2022-2023 School Year

Application Accepted
Parent Notified
Date

PLEASE FILL THIS FORM OUT COMPLETELY (FRONT AND BACK)

Child's Legal Name Morning Afternoon

Child's Date of Birth 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

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 program.
3. Out of district students may be considered, however, eligible in district students will be placed first.

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

New Expanded Options to Attend
 USD 248 Girard
 Four Year Old Preschool

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

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
- None of these apply

THIS SECTION MUST BE COMPLETED

Part 1. Foster Child

Check 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 before 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"/>