

USD 350 PRESCHOOL PROGRAM APPLICATION

Child Information		
Name _____	Sex _____	Date of Birth _____
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		

Parent Information		
Mother	Father	
Name _____	_____	
Date of Birth _____	_____	
Address _____	_____	
Phone Number (home and work) _____	_____	
Marital Status (circle one) Married Divorced Single	Married Divorced Single	
Highest Level of Education Grade 8 9 10 11 12	Grade 8 9 10 11 12	
Completed(circle one) GED HS Diploma College	GED HS Diploma College	

General Information
Names and ages of siblings in the household: _____

	<i>Please Circle One</i>
Does your child qualify for the free lunch program? (must have completed application for State At Risk Funding or Child Nutrition Benefits)	YES NO
Are you currently working with DCF? If so, do you have an assigned case worker? (reason for referral must be documented and signed by the DCF agent)	YES NO
Is the primary language spoken in the home a language other than English? (as documented by the State provided oral assessment or other standardized test) (attach documentation of home survey, assessment, and services)	YES NO
Is the child's family migrant? (A copy of the Certificate of Eligibility must be on file.)	YES NO
Is your child receiving any special services, (i.e. speech therapy, learning disabilities, mentally handicapped, other) Do they have an IEP (Individual Education Plan)?	YES NO
Is the child developmentally or academically delayed based on assessments? (Assessment must be in the child's file)	YES NO
Were either parent under the age of 20 years when the child was born? (verify by including birthdate above)	YES NO

Parent/Guardian Signature _____ Date: _____