

USD 347 Preschool PROGRAM APPLICATION for 2022-2023

Child's Full Name _____

Sex _____ Date of Birth _____

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

Email Address _____

Preschool Session Preference: _____ Morning _____ Afternoon

(Preference will be considered, but not guaranteed)

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?
(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
an assigned case worker? (Must provide documentation.) YES NO

- 3. Is the primary language spoken in the home a **language other
than** English? YES NO

- 4. Is the child's family migrant? (A copy of Certificate of Eligibility
must be on file.) YES NO

- 5. Is your child receiving any special services?
(Speech therapy, learning disabilities, IEP on file) YES NO

- 6. Is your child developmentally or academically delayed based
on assessments? YES NO

- 7. Was either parent under the age of 20 years when the child
was born? YES NO

Parent or Guardian Signature _____ Date _____