

PREKINDERGARTEN APPLICATION: _____ **SCHOOL**
Name of School

Child's Name: _____
 Age: _____ Date of Birth: _____ (Male__Female____)
 Address: _____
 Land Location: *(Rural)* _____
 Parent/Guardian Names: _____
 Home Phone: _____ Cel Phone(s): i _____ ii. _____
 Email: i) _____ ii) _____

 Parent/Guardian Signature _____ Date: Month / Day / Year

1. Is this your neighborhood school?

Yes _____ No _____ If no, please explain your reasons for applying to this school.

2. Have you been referred to Prekindergarten by a partner agency such as Public Health, a Medical Clinic, Social Services, Kids First, Family Futures, or other?

Yes _____ No _____ If yes, which agency? _____

3. Are you or your partner (a) attending school, and/or (b) working outside of the home?

Mother: Yes _____ No _____ Place(s) _____

Father: Yes _____ No _____ Place(s) _____

4. Please indicate your current education levels and age range. Use M (mother) or F (father).

Grade 11 or lower _____ Grade 12 _____

College/Technical _____ University _____

Age Range: 15-20 _____ 21-25 _____ 26+ _____

5. What is your child's first language? _____

Please list all languages spoken in your child's home. _____

6. Might your child need help with toileting in Prekindergarten? Yes _____ No _____

7. With whom does your child live?

Mother _____ Father _____ Other _____ If other, please explain.

Names and ages of siblings in the home: _____

8. Does your child have any special needs, medical conditions, or behaviors of which the school staff should be aware?

Yes _____ No _____ If yes, please explain. _____

9. Does your child attend preschool, child care, or early intervention programs?

Yes _____ No _____ If yes, how often? _____

Please provide names of programs. _____

10. In a week, how often does your child play with other preschool children? _____

11. In what ways do you believe your child would benefit from Prekindergarten?

12. Prekindergarten engages parents through home visits, family events, parent education, ongoing conversations and class participation. How would you like to be engaged in Prekindergarten?

13. When would home visits from the Prekindergarten teacher and EA be most convenient?

Morning _____ Afternoon _____ Other _____ If other, please explain:

14. Where will your child be attending Kindergarten? _____

Thank You!