

2016-2017 Preschool Application

As of 9/15/16

Age 3

Age 4

Applying for Center in: Bedford Creston Mt Ayr Winterset

Student Information					
First	Middle	Last	Nickname	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language	Other Language Proficiency <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility <input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid	Medicaid #
Doctor		Dental Coverage	Dental Coverage #	Dentist	

Student: Developmental Delay/Disability Information		
Check all that apply: <input type="checkbox"/> Disability Suspected by Parent <input type="checkbox"/> Disability Diagnosed by Professional <input type="checkbox"/> Has/had an IFSP <input type="checkbox"/> Has an IEP	What type of delay/disability? <input type="checkbox"/> Speech <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Behavior <input type="checkbox"/> Other:	Referred by a Professional? Name: Agency/Occupation:

Primary Adult					
First	Middle	Last	Nickname	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language	Other Language Proficiency <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Training/Certificate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Some College		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		Child's Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other:	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
				Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent	
Address (if not living w/child):					
Email Address:					

Secondary Adult					
First	Middle	Last	Nickname	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language	Other Language Proficiency <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Training/Certificate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Some College		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		Child's Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other:	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
				Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent	
Address (if not living w/child):					
Email Address:					

Other Adult					
First	Last	Child's Relationship	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Same Household <input type="checkbox"/> Yes <input type="checkbox"/> No

All Additional Children (Non-Applicant) *If more than one child is applying, please complete a separate application for each child.					
First	Last	Birthday	Related To:	Gender	Same Household?
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Information							
Family Living Address			ZIP	City	State	County	
Family Mailing Address							
Same as living?	Mailing Address			ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)		Type (check one)		Note (for example, name, an extension, or best time to call)			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/> English <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income					
Instructions: Please list all forms of family income. We will need a copy of verification of family income, such as (but not limited to): W2, tax return, Child Support, FIP, SSI, Unemployment, Letter of Employment, etc. We are happy to assist you with making copies or obtaining documentation.					
FIP Status		SSI		Other Income:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
Income Notes					

Certification	
<i>I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.</i>	
Parent/Guardian Signature	Date

Please provide copy of student's birth certificate, current physical, immunization record, and income verification. We will be happy to assist you with making copies or obtaining documentation.