



**Centennial Lil' Broncos Preschool Application**  
**8:05-11:25 a.m. and 12:10-3:30 p.m.**  
**Ages 3-5 (Peers age 5 before July 31st are not eligible)**

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**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Gender:** M or F

**Parent/Guardian's Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone #** (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

**Preferred email address:** \_\_\_\_\_

**Siblings** (names and ages) \_\_\_\_\_

**Siblings have attended Centennial** (circle one) Yes or No

**Are you a resident of Centennial School District** (circle one) Yes or No

**People residing in the same household as the child** (names and ages) \_\_\_\_\_

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**Child attends daycare** (circle one) Yes or No

If yes, indicate daycare setting (where) \_\_\_\_\_

**Preferred time of preschool** (circle) Morning Afternoon No Preference

**My child has a verified disability** (IFSP or IEP) Yes or No

Describe: \_\_\_\_\_

**My child is potty trained** Yes or No

**Other pertinent information** \_\_\_\_\_

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