

## RIDGEDALE LOCAL PRESCHOOL **2021-2022 SCHOOL YEAR**

Child's Name						
First	First				Last	
Date of Birth	City of Birth				Gender M of F	
Mother's Maiden Nar		School District Residence				
Parent's Name						
Address			City		Zip_	
Home Phone	ne Phone Cell Phone					
Will you child need bu	ussing? Ye	s or No				
Child needs screened about your child's dev						
Preferred Time: (Pleas AM (8:00-11:00) Please check the race	1		•	No P	reference	
African American				Indian or A	Alaska Na	tive
Asian			Caucasian			
Hispanic / Latino			Native Ha	waiian or d	other Paci	fic Islander
Family Unit	Please	Circle	Your	Income	Level	
1	\$12,880	\$17,130	\$17,774	\$19,320	\$25,760	
2	\$17,420	\$23,169	\$24,040	\$26,130	\$34,840	
3	\$21,960	\$29,207	\$30,305	\$32,940	\$43,920	
4	\$26,500	\$35,245	\$36,570	\$39,750	\$53,000	
5	\$31,040	\$41,283	\$42,835	\$46,560	\$62,080	
6	\$35,580	\$47,321	\$49,100	\$53,370	\$71,160	
7	\$40,120	\$53,360	\$55,366	\$60,180	\$80,240	
8	\$44,660	\$59,398	\$61,631	\$66,990	\$89,320	
Office Use Only: Date Retu			Registration			or Check

Office Use Only: Date Returned \_\_\_\_\_\_ Date Registration

ACCEPTED: \_\_\_\_\_ DENIED:\_\_\_\_\_\_

B 150.00 \ mon+\(\text{M}\)

\$ 25.00 Enrollment Fee