

SOUTHERN LYON COUNTY USD #252

EARLY CHILDHOOD LEARNING CENTER APPLICATION

CHILD INFORMATION

In-District Request
 Out-of-District Request

Name: _____
First Middle Last

Sex: M or F DOB: _____ Age in Months as of Aug. 1 _____ Premature: Yes No No. of Weeks: _____

Home/Primary Language: _____ Is the student Hispanic/Latino? Yes No

Child's Race: American Indian or Alaskan Native Hawaiian or Pacific Islander
 Black or African American White
 Native Asian

Child lives with: Both Parents Mother Father Other: _____

I am enrolling my child in the: Half-Day 3-year-old program Full Day 3-year-old program*
 Half-Day 4-year-old program Full Day 4-year-old program*
**includes childcare component*

My child will need after school childcare (3:25-5:30): Yes No Drop Off Time: _____
Pick Up Time: _____

MOTHER/GUARDIAN

Name: _____

Date of Birth: _____ Ethnicity _____

Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Full-Time Part-Time Not Employed

Currently Serving in the Military: Yes No

Marital Status: (circle one)
Married
Divorced
Single

Highest Level of Education: (circle one)
Grade 8 9 10 11 12
GED
HS Diploma
College

FATHER/GUARDIAN

Name: _____

Date of Birth: _____ Ethnicity _____

Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Full-Time Part-Time Not Employed

Currently Serving in the Military: Yes No

Marital Status: (circle one)
Married
Divorced
Single

Highest Level of Education: (circle one)
Grade 8 9 10 11 12
GED
HS Diploma
College

Income Sources: Wages Alimony Worker's Compensation Unemployment TANF
Circle all that apply Social Security Agriculture Supplemental Security Insurance

Total Yearly Household Income (circle one)

<\$10K	\$10K-\$19K	\$20K-\$29,999	\$30,K-\$39,999	\$40,K-\$49,999
\$50,K-	\$59,999	\$60,K-\$69,999	\$70,K-\$79,999	\$80,K-\$89,999
\$90,K-\$100K	>\$100K			

Caregiver Insurance: _____

Child's Insurance: _____

Names and ages of other adults and children living in the home: (TOTAL IN HOUSEHOLD = _____)

Name: _____	Age: _____	<input type="checkbox"/> Currently Attends USD 252
Name: _____	Age: _____	<input type="checkbox"/> Currently Attends USD 252
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Name: _____	Age: _____	<input type="checkbox"/> Currently Attends USD 252
Name: _____	Age: _____	<input type="checkbox"/> Currently Attends USD 252

Does your child qualify for the free lunch program? (*must have completed application for State At Risk Funding or Child Nutrition Benefits*) YES NO

Do you currently receive benefits from the Department of Children Families (DCF)? YES NO

Is the primary language spoken in the home a language other than English? (*as documented by the State provided oral assessment or other standardized test - attach documentation of home survey, assessment and services*) YES NO

Is your child's family migrant? (*Please attach a copy of the Certificate of Eligibility.*) YES NO

Is your child developmentally or academically delayed based on assessments? (*Attach assessment results.*) YES NO

Is your child receiving any special services. (developmentally delayed, intellectual disabilities, occupational therapy, speech/language therapy, etc.). Does he/she have an IEP (Individual Education Plan)? YES NO

Were either parent under the age of 20 years when the child was born? YES NO

I attest that the information contained herein is correct to the best of my knowledge.

Parent/Guardian Signature _____ **Date:** _____

For Office Use Only

DATE OF ENROLLMENT: _____

State Pre-Kindergarten Placement Criteria Used: _____
(Formerly Four-Year-Old At-Risk)

Referred to: Head Start Special Education
 Parents as Teachers ECKAN
 Other: _____

Revised 7-26-17