

Sanford School Department

917 Main Street, Suite 200, Sanford, Maine 04073 - Tel.: 207-324-2810

Pre-K PROGRAM APPLICATION FORM

***Please complete the following information and select desired Pre-K program option on 2nd page*

BLOCK 1

Application Date: _____ **Student's Date of Birth:** _____ **Sex:** Male Female

Student's Full Legal Name: _____
Last First Middle

Home Address: _____
Number and Street or Road Town Zip Code

Mailing Address (If different from above): _____

Home Phone No: _____

Student's Birth Information: City: _____ State: _____ Country: _____

BLOCK 2

Ethnicity: Is the child Hispanic/Latino: Yes No

Race: Choose at least one below
 Caucasian/White Asian
 African American/Black American Indian/Native Alaskan
 Native Hawaiian/Pacific Islander

Primary Language Spoken at Home: _____

English Proficiency: Native Speaker Bilingual Limited English Proficient

Is child a State Ward? Yes No **Is child a State Agency Client?** Yes No

Health Insurance? Do you have health insurance? Yes - List Policy ID # below No
 Maine Care – Insurance ID #: _____ Private – Insurance Policy #: _____

Is Child a U.S. Citizen? Yes No
If No, Date Entered U.S.: _____
Date first entered U.S. Schools: _____

Please bring original
BIRTH CERTIFICATE

BLOCK 3

Who Holds Legal Custody for this Child?
Please list Parent(s), Legal Guardian(s) who have custody and their relationship to the child (e.g. father, mother, step-father, step-mother, etc.)

Full Name: _____ Relationship: _____
Mailing Address: _____
Tel. No. - Home: _____ Work: _____ Cell: _____ E-Mail: _____

Full Name: _____ Relationship: _____
Mailing Address: _____
Tel. No. - Home: _____ Work: _____ Cell: _____ E-Mail: _____

Who Does the Child Live With? Check all that apply
 Mother Father Other: _____ Legal Guardian**

** Legal Guardian Relation: _____
If child resides with a legal guardian who is not the parent, a certified copy of the court order appointing the guardian must be attached. If a custodial parent/guardian wishes the school to comply with provisions of a court order restricting access to the child, a certified copy of the court order must be attached. If the student is an emancipated minor, a certified copy of the court order must be attached.

Other living arrangements: _____
 Parent/Guardian declares the student is Homeless: _____

BLOCK 4

Other Children in Household: (List relationship as brother, sister, step-brother, step-sister, other)

Legal Name	Age	Grade	School	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BLOCK 5

Emergency Contact Information: (List 3 people who may assume temporary care of your child (including Sitter) if you cannot be reached).

Name	Address	Phone	Relationship	Sitter
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

BLOCK 6

Parent/Guardian Certification of Residency:

I certify that the student named above lives at the residence address identified above. If this residency information changes, I agree to bring it to the immediate attention of the Sanford School Department.

Signature Date

Print Name

Required Proof Of Residency Provided:

- Utility Bill
- Rent Receipt/Mortgage Payment Book
- Deed or Real Estate Tax Bill
- Driver's License
- Voter Registration Card
- _____ Registrar's Initials

BLOCK 7

Pre-K Program Option:

I understand that Sanford School Department, York County Community Action Corporation Children's Services, and Child Development Services (CDS) collaborate to provide this Pre-K Program. I give permission for the three entities to share information from this application process.

Parent/Guardian Signature Date

Check Pre-K Program Option 1, 2 or 3 below

Sanford School Department (No Income Eligibility Requirements) Pre-K Program at SRTC

- Option 1: **Mornings - 2 ½ Hours** / day Monday – Friday
- Option 2: **Afternoons- 2 ½ Hours** / day Monday – Friday

****Please return form to Sanford School Department – 917 Main St., Suite 200, Sanford, ME 04073 – (207) 324-3210**

York County Community Action - YCCAC & Sanford School Dept. Collaboration (Income Eligibility Requirement)

- Option 3: **Full Day - 6 Hours/day** Monday – Friday

The following information will be needed to determine your child's eligibility for this program:

Highest level of education (please check below):

Mother: 0-8 Some high school GED/HS diploma Some college Degree
 Father: 0-8 Some high school GED/HS diploma Some college Degree

How many members are in your household? _____

What is your family's approximate yearly gross income? \$ _____

****Please return registration form in person to YCCAC Children's Services, 6 Spruce Street, Sanford, Maine or by mail to YCCAC Children's Services, P. O. Box 72, Sanford, Maine 04073 or by fax to (207) 324 4197.**

An in-person interview will be scheduled with a YCCAC Children's Services employee.

OFFICE USE ONLY

Student ID #: _____	<input type="checkbox"/> Original Birth Certificate Provided - Copy for file	<input type="checkbox"/> Health Survey Provided
Year Of Graduation: _____	<input type="checkbox"/> Residency Checked	<input type="checkbox"/> Physical Examination Verification Provided
Date of Entry: _____	<input type="checkbox"/> Home Language Survey Provided	<input type="checkbox"/> Immunization Records Provided
Bus: _____	<input type="checkbox"/> Internet Policy & Release Provided	<input type="checkbox"/> Migrant Form Provided
		<input type="checkbox"/> Media & Emergency Release Provided