



## Woodstock Elementary School Pre-K Program 2023 – 2024 Application for Enrollment

Woodstock Public Schools offers enrollment into our Pre-K program to families of Woodstock. Children are selected for Pre-K through our lottery process or found eligible with a documented disability through our student services department. All information provided will remain confidential and will not impact chances for enrollment. **Applications are due no later than May 5, 2023 in the main office.** Lottery selection is completed at a Board of Education Academic subcommittee meeting in June.

**Student Information:**

Name: (First, Last)		Date of Birth:
Primary language spoken at home:		Birth Place:
Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic or Latino		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Biracial/Multi-racial	Do you have any developmental concerns about your child? <input type="checkbox"/> Speech <input type="checkbox"/> Thinking/Processing <input type="checkbox"/> Movement/Occupational Therapy <input type="checkbox"/> Behavior/Play <input type="checkbox"/> Health or Medical	
Street Address:	Has your child attended another preschool or early childhood program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address: (If Different)	Program Attended:  Dates Attended:	
Has your child ever received any type of early intervention services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which services?		
Through which agency?		
Preferred Pre-K Hours: (Not guaranteed if selected for program) <input type="checkbox"/> Morning Pre-K (Monday – Thursday, 8:30am -11:30am) <input type="checkbox"/> Afternoon Pre-K (Monday – Friday, 12:30pm – 3:15pm)		
Does your child nap? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Jenna Demers**  
Principal  
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**Parent/Legal Guardian 1:**

Name: (First, Last)		Relationship to Child:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Widower		Primary Phone Number:
Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic or Latino		Secondary Phone Number:
Street Address: (If Different from Child)		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Biracial/Multi-racial
Education: (Please Check Highest Level Completed) <input type="checkbox"/> Grade 9 or Less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Some College/Certificate. <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Advanced Degree		
Email Address:		
Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Deployment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:	Work Position:	Work Phone:

**Parent/Legal Guardian 2:**

Name: (First, Last)		Relationship to Child:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Widower		Primary Phone Number:
Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic or Latino		Secondary Phone Number:
Street Address: (If Different from Child)		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Biracial/Multi-racial
Education: (Please Check Highest Level Completed) <input type="checkbox"/> Grade 9 or Less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Some College/Certificate. <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Advanced Degree		
Email Address:		
Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Deployment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:	Work Position:	Work Phone: