

RSU #12 - HEAD START PRESCHOOL COLLABORATION
Chelsea Elementary 582-2214 / Palermo Consolidated 993-2352 / Somerville Elementary 549-3261 /
Windsor Elementary 445-2356 / Whitefield Elementary 549-7691

APPLICATION FOR PRESCHOOL

Child's Legal Full Name: _____ DOB: _____ Gender: _____

Place of Birth (City/State/Country): _____

Child's Residence Address (what # and road does s/he live on and town?): _____

Child's Race (circle one): American Indian/Alaskan Native White Asian Native Hawaiian/Pacific Islander Black/African American Bi-Racial/Multi-Racial

Hispanic/Latino: Yes__ No__

Child's Primary Language: _____

Primary Language Spoken in Home: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

DOB: _____

DOB: _____

Residence Address: _____

Residence Address: _____

Mailing Address: _____

Mailing Address: _____

Town: _____

Town: _____

Lives in same home as child? Yes__ No__

Lives in same home as child? Yes__ No__

Legal Guardian? Yes__ No__ Explain: _____

Legal Guardian? Yes__ No__ Explain: _____

Home Phone: _____ Cell Phone: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Work Phone: _____

Place of Employment: _____

Place of Employment: _____

Email Address: _____

Email Address: _____

Parent/Guardian's Race: _____

Parent/Guardian's Race: _____

Hispanic/Latino: Yes__ No__

Hispanic/Latino: Yes__ No__

Parent/Guardian Highest Education: check one

Parent/Guardian Highest Education: check one

__Some high school

__Some high school

__Graduated high school/GED/HISET

__Graduated high school/GED/HISET

__Some college

__Some college

__College Degree

__College Degree

Active Military? Yes__ No__ Veteran? Yes__ No__

Active Military? Yes__ No__ Veteran? Yes__ No__

Names and ages of children residing in the home: _____

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Number of all adults in the home: _____

Family Status: Single Parent___ Two Parent Family___ Foster/Kinship Family___ Other: _____

Describe living arrangements and/or shared custody for the child: _____

- ☐ If there is a court order or custody agreement, please provide a copy of the current court order.

Is child in DHHS custody? Yes___ No___ Name and Phone of DHHS Guardian: _____

- ☐ If the child lives in RSU#12 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 RSU#12 to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.

Will child be picked up and dropped off by the bus at home or at a child care provider? Home___ CC Provider___

Child Care Provider's Name: _____

Street Address: _____ Town: _____

Does child have any health, behavioral and/or developmental needs? Yes___ No___ If yes, please explain and list names of providers of care and services for your child: _____

Does child currently have an IEP with Child Development Services? Yes___ No___

Does child wear glasses? Yes___ No___ Handed: Right___ Left___

Please list one person we may contact to help reach you:

Name: _____ Relationship: _____ Phone: _____

I certify that I live with the child named above at the child's residence address identified above. I understand RSU #12 reserves the right to require 2 forms of proof of residency and I have the burden of proof regarding residency. If this residency changes, I agree to bring it to the immediate attention of my child's school.

Date: _____ Parent/Guardian Signature: _____

Print Full Name: _____

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Preschool grant requirements require that we gather income information or documentation of being in foster care or homelessness, over the past 12 months or between January and December for last year. Types/sources of income that support your family may include: Employment, Worker's Comp, Social Security Benefits, Unemployment Benefits, Child Support, TANF, Veteran's Benefits, Other.

The following items must be attached to this application to complete this process

- o Certified copy of child's birth certificate (20-A M.R.S.A. Section 6002)
- o Immunization records (signed statement from health provider specifying immunizations received, dates, and dosages. Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, varicella (chicken pox), measles, mumps, and rubella. (20-A M.R.S.A. Section 6352-6359 and Chapter 126 of the Maine Department of Education Rules.). Non-immunized children are not permitted to attend schools unless one of the following conditions is met.
 - o You have submitted a signed immunization exemption form or letter indicating waiver for sincere religious belief
 - o You have submitted a signed immunization exemption form or letter indicating waiver for philosophical reason
 - o You have submitted a signed immunization exemption form or letter indicating waiver for medical reason
- o Documentation of income over the past 12 months or between January and December of last year.
- o Free and reduced meal form.

Head Start Preschool Collaboration

RSU #12 collaborates with Head Start to provide a quality preschool program. In addition to the public preschool program services, Head Start comprehensive services include:

- A quality learning environment that prepares children for success in kindergarten,
- Enhanced preschool classroom environments,
- Individualized learning plans,
- Referrals, resources and advocacy for medical, dental and mental health services, and
- Comprehensive screenings to identify and support learning and healthy development.

Head Start offers families parent meetings, workshops, family resources and opportunities to make decision about the program and policies.

PARENTS: Please send your completed application to your local Elementary School. They will inform the Head Start program, and you will then be contacted by a Head Start staff person to complete the eligibility paperwork.