



Caney Valley USD #436

FOUR YEAR OLD PRESCHOOL

TO ATTEND THE 4-YEAR-OLD STATE PRE-KINDERGARTEN PROGRAM, A CHILD MUST BE FOUR YEARS OLD BY AUGUST 31, BUT CANNOT HAVE REACHED THEIR FIFTH BIRTHDAY AND MUST MEET AT LEAST ONE OF THE CRITERIA LISTED BELOW:

- Living in a Single Parent Home
- Have a Parent who was a Teen Parent (of child who is applying)
- Have a Parent Lacking a High School Diploma or GED
- Developmentally or Academically Delayed
- SRS Referral
- Limited English Proficiency
- Income Based Qualifications
 - Eligible for free meals
 - Medicaid-Free
 - Direct Certified
 - TAF
 - Foster Child
 - Homeless
 - Child Qualifies for Migrant Status

THERE IS NO CHARGE FOR THIS PROGRAM IF THE CHILD QUALIFIES AND IS ACCEPTED INTO THE PROGRAM.

Caney Valley USD #436 offers a Preschool program which allows any child that meets the age requirement to apply for the program. To qualify, a child must be four years old by August 31. Classes are held Monday - Friday and follow the regular academic calendar for Lincoln Memorial Elementary School.

If there is a waiting list to get into this program, parents/guardians will be notified that their student will be dropped from the program when 10 absences in a semester are accumulated.

Class numbers are limited and approval will be made by the Superintendent of Schools.

**Applications available at:
USD #436 Board of Education
700 East Bullpup Blvd
Caney, KS 67333
(620)879-9200**

**Lincoln Memorial Elementary
201 East First
Caney, KS 67333
(620)879-9240**

IF YOUR CHILD DOES NOT QUALIFY FOR THE STATE PRE-K PROGRAM, YOUR CHILD WILL HAVE THE OPPORTUNITY TO ATTEND PRESCHOOL BY PAYING A MONTHLY CHARGE AS LISTED BELOW:

- Payment for August will be \$100, due before the first day of school
- Beginning in September through May, a monthly payment of \$100 will be due the first of each month
- Payments will be made to Lincoln Memorial Elementary School.



USD #436 does not discriminate on the basis of race, religion, color, national origin, sex, age, or disability in employment or in access to the use of its programs and activities.

APPLICATION FOR: ☐ State Pre-K Program ☐ Regular Preschool

CHILD'S FULL NAME _____ GENDER: ☐ Male ☐ Female

First Middle Last

CHILD'S DATE OF BIRTH _____ CHILD'S SOCIAL SECURITY # _____

CHILD'S ADDRESS _____

Street City State Zip

CHILD'S MAILING ADDRESS _____

(If Different from Above) Street City State Zip

PHONE: _____ WORK PHONE: _____

CHILD LIVES WITH: ☐ Both Parents ☐ Father ☐ Mother ☐ Foster Parents ☐ Other

MARITAL STATUS: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

MOTHER'S NAME: _____ MOTHER'S DATE OF BIRTH: _____

MOTHER'S EDUCATION LEVEL: ☐ Did Not Graduate HS ☐ HS Graduate ☐ GED ☐ College

FATHER'S NAME: _____ FATHER'S DATE OF BIRTH: _____

FATHER'S EDUCATION LEVEL: ☐ Did Not Graduate HS ☐ HS Graduate ☐ GED ☐ College

IS CHILD RECEIVING ANY SPECIAL SERVICES (IE: Speech Therapy, Learning Disabilities, Mentally Handicapped, Other)
Do they have an IEP (Individual Education Plan)? ☐ YES ☐ NO

WHAT LANGUAGE IS SPOKEN IN YOUR HOME? ☐ English ☐ Other

IF APPLYING FOR THE STATE PRE-K PROGRAM AND YOU WOULD LIKE YOUR INCOME TO BE CONSIDERED TO QUALIFY FOR THE PROGRAM, PLEASE COMPLETE THE FOLLOWING INCOME INFORMATION:
If Child has a Case Number for Food Stamps, TAF, or FDPIR, Please List Here:
If child has a number, you may skip the following information.

YOU MUST LIST THE AMOUNT OF GROSS INCOME RECEIVED AND HOW OFTEN IT IS RECEIVED--WEEKLY, EVERY 2 WEEKS, TWICE A MONTH, MONTHLY, ANNUALLY

List Names of all Household Members	Earnings from Work BEFORE Deductions (Including Overtime)	HOW OFTEN	Other Regular Income (Welfare, Child Support, Alimony, Pension, Social Security, Other)	HOW OFTEN	Check if No Income
	AMOUNT		AMOUNT		X
1	\$		\$		
2	\$		\$		
3	\$		\$		
4	\$		\$		
5	\$		\$		
6	\$		\$		
7	\$		\$		
8	\$		\$		

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY:

STATE Pre-K: _____ Approved _____ Denied By: _____ Date: _____

Criteria:

REGULAR Pre-K: _____ Approved _____ Denied By: _____ Date: _____