



Hagen Early Education Center
 RE-1 Valley Schools, Logan County, Colorado
 301 Hagen Street • Sterling, Colorado 80751
 Phone (970) 522-0432 • Fax (970) 522-5439
 District Website: www.re1valleyschools.org

Preschool Application

Hagen Early Education Center and Caliche Little Buffs Preschool
 301 Hagen Street
 Sterling, CO 80751
 (970) 522-0432

Preschool is available for RE-1 Valley School District students who are at least 3 years of age on or before July 1st. Students may qualify for free preschool under various different funding sources or families may pay tuition. Openings are limited.

Please complete this application and return to the Hagen Early Education Center office at 301 Hagen Street. Upon receipt, we will contact you to discuss placement options, next steps, and answer any questions you may have.

Please make sure to answer each question. The entire form must be completed, front and back!

Child's **FULL** name: _____

Date: _____

Are you interested in enrolling your child in:

- Hagen Early Education Center Tuesday through Friday (these hours are subject to change)
 - Morning session- 8am-11am
 - Afternoon session- 12pm-3pm
 - Full day 8:00am-3pm

Child's date of birth: ___/___/___

Gender: _____

Address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Best phone number(s) to reach you at: _____

Email address: _____

What is the primary language spoken in your home: _____

For office use only

Enrollment year _____	CPP qualified _____	Years to kinder _____	DEA _____	DAC _____	approved	declined
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Who does the child live with: _____
Number of times you have move in the past year: _____

Does your child have a current/ active ___ IEP ___ IFSP ___ Private therapy
Has your child attended any preschools previously? ___ If yes, where: _____

What health insurance do you have for your child? _____
What dental insurance do you have for your child? _____

Many families receive services or financial assistance from one or more programs or agencies.
Does your family receive any services or financial assistance? If yes, please list. (such as SNAP,
TANF, Medicaid, Ect.) _____

Have there been any experiences that may affect your child at school? (such as, divorce, death,
recent move, or other) If yes, explain: _____

Has your child experienced any of the following?:
___ Premature birth
___ Late walking (14+ months)
___ Late talking (2+years)
___ Other _____

Do you have any concerns about your child's vision?: _____

Do you have any concerns about your child's hearing?: _____

Does your child have any disabilities or limitations? If yes, explain: _____

Do you have any concerns about your child's development? If yes explain: _____

Does your child have any chronic health conditions? If yes please list: _____

Will your child need medications here at school?(if yes separate paperwork will need to be
completed): _____

Has your child had any serious illness, operations, or injury? If yes, explain. _____

Does your child have any allergies? If yes, please list: _____

Does your child have any unique eating behaviors or dietary restrictions? If yes, explain:

Do you have any **past or present** concerns about abuse in the child's home environment?

_____ Yes _____ No

If yes, please explain (only if you are comfortable doing so) _____

Does **anyone** in your child's life suffer from alcohol or drug abuse?

_____ Yes _____ No

If yes, please explain (only if you are comfortable doing so) _____

Is there anything else you would like us to know about your child or family? _____

Mothers information:

Name: _____ Age at birth of child: _____

Last grade of school attended _____ Received diploma or GED: _____

Are you currently enrolled in school: _____ If yes, where: _____

Are you employed now: _____ If yes, where: _____

Work phone number: _____

Fathers information:

Name: _____ Age at birth of child: _____

Last grade of school attended _____ Received diploma or GED: _____

Are you currently enrolled in school: _____ If yes, where: _____

Are you employed now: _____ If yes, where: _____

Work phone number: _____

Other members in the household:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____