

2020-2021 Pre-Kindergarten Application

Your answers to the following questions will help us to determine your child's eligibility and will be kept strictly confidential.

Please answer all questions as accurately as possible.

1. Information of All Members in House (only Mother, Father, (or Guardians) and Siblings under 18)

Name	Relationship to Child	Annual Income of Parents	Date of Birth
	Mother (or Guardian)	\$	
	Father (if in the home)	\$	

2. Are the parents in this family employed or enrolled in school? Please circle.

Mother: Working/Seeking **F/T P/T** Employer: _____ Job Title: _____

How long employed here? _____ Hours per week _____ How often are you paid? _____

In School **F/T P/T** Course of study: _____ School: _____

Stay at home _____ Seeking work _____ Disability _____ Other (explained) _____

Father: Working/Seeking **F/T P/T** Employer: _____ Job Title _____

How long employed here? _____ Hours per week _____ How often are you paid? _____

In School **F/T P/T** Course of study: _____ School: _____

Stay at home _____ Seeking work _____ Disability _____ Other (explained) _____

3. Please circle the highest level of education completed:

Received?

Mother: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher

GED

Father: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher

GED

4. **Is your child currently enrolled in any type of preschool program? If so please indicate.**

___ Child Care Center/Home: Name _____ Town/City _____

___ Head Start site name: _____

___ Parent/Home

___ Other – Please specify _____

5. If your child is not in a program, has he/she ever been in any type of child care program? ___ Yes ___ No ___ N/A

If yes, indicate last day of attendance _____ Name of child care center/home, preschool or head start program:

_____ Town/City _____

6. Does your child have or has he/she ever had a chronic health condition? ___ Yes ___ No

If yes, what is the health condition? _____

7. Is your child currently or has he/she ever received services for a special need or disability? ___ Yes ___ No

If yes, please specify (check all that applies) **Date of Services:** _____

___ Speech _____ Physical Therapy

___ Educational Services _____ Identified disability – Please specify _____

___ Mental Health _____ Other- Please specify _____

8. Does the parent/legal guardian serve as an active member of the Armed Forces of the United States or has been ordered to active duty by the proper authority within the last or next 18 months? ___ Yes ___ No

9. Has a parent/legal guardian been seriously injured or killed while in active duty? ___ Yes ___ No

10. Is your child currently receiving subsidy for child care? ___ Yes ___ No. On the subsidy waiting list? ___ Yes ___ No

11. Are any siblings currently enrolled in an elementary school? _____ If so what school? _____

12. How did you hear about this program? _____

13. If available in your area, will your child need transportation? (**Note: Transportation is limited) ___ Yes ___ No

14. Name & Phone # of Doctor or Medical Service Provider _____

15. Name & Phone # of Child's Dentist _____

16. Randolph Health will be used in case of emergency unless otherwise listed: _____