

Pre-K Enrollment Form

Student ID Number _____

Students Last Name _____ First Name _____ Middle Name _____
Social Security Number _____ Birthdate ___/___/___ Sex M F Age _____
Birthplace (City) _____ State _____ Any Custody Papers? Y N _____

(Primary Contact/Receives Correspondence)

Parent/Guardian Name _____ Relationship to Student _____
Home Address _____ Home Phone _____ Unlisted Y N
City/State/Zip _____ Work Phone _____ Ext _____
Mailing Address _____ Cell Phone _____
City/State/Zip _____ Email _____

Parent/Guardian Name _____ Relationship to Student _____
Home Address _____ Home Phone _____ Unlisted Y N
City/State/Zip _____ Work Phone _____ Ext _____
Mailing Address _____ Cell Phone _____
City/State/Zip _____ Email _____

Is your address a temporary living arrangement? Y N Is this temporary due to loss of housing or economic hardship? Y N

Physician _____ Phone _____ Dentist _____ Phone _____

Allergies or Drug Allergies _____

Medical Conditions _____

Medication received on a regular basis _____

Language spoken at home _____ Of Hispanic Origin Y / N ? (Please choose one or more)

_____ White _____ Black or African American _____ American Indian or Alaska Native

_____ Asian _____ Native Hawaiian of Other Pacific Islander

Have had previous children in Pre-K? Y N Where? _____

Do siblings attend elementary school? Y N Where? _____

Do you have concerns about your child's (Y/N) _____ Health _____ Development _____ Speech _____ Hearing _____ Vision

Diagnosed Disabilities/IEP _____ Other Concerns _____

Current Child Care Name _____ Address _____

Phone Number _____

Total number of children in family _____ Number of children in family under age of 4 _____

Approximate gross family income:

Yearly \$ _____ Monthly \$ _____ Weekly \$ _____

Foster Child? Y N Does child receive SSI? Y N Does child receive TANF? Y N Does child receive SNAP? Y N

Child's Health Insurance Medicaid # _____ CHIPS # _____ Private _____ None _____

Parent/Guardian Signature Required _____ Date _____

For Office Use Only

Age Verified by _____ Age as of June 30 _____ Bus Needed Y N

Eligibility Approved _____ Head Start _____ Pre-K _____ Placement _____ Date _____