



# 4 Year Old Kindergarten Program Application (Non Tuition Based)

Zoned Elementary School: \_\_\_\_\_

**\*\*NO SCHOOL OF CHOICE\*\***

**IF ACCEPTED INTO THE PROGRAM, I ACKNOWLEDGE MY CHILD HAS TO BE POTTY TRAINED.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  Male  Female

Race: \_\_\_\_\_ Child's Primary Language: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Please check any special needs services your child is receiving or has received in the past:

Speech Therapy  Occupational Therapy  BabyNet  Other \_\_\_\_\_

**Contact Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email(s): \_\_\_\_\_

**Phone Numbers:**

Home Number: \_\_\_\_\_

Work Number(s): \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

**Family Information:**

Parent(s) in Household <b>Please check one:</b>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Only Mother	<input type="checkbox"/> Only Father	<input type="checkbox"/> Someone other than the parents	<input type="checkbox"/> Foster Parents
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	Name	Age	Employer	Education Level
Father				
Mother				

Children living in the household (include the child you are applying for):

Child's Name	Child's Age	School Attending (if any)	Grade

**Household Income:**

List all adults in the household	LAST <b>MONTH'S</b> GROSS INCOME			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$

Do you receive any of the following benefits?  Medicaid  SSI  EBT  TANF

Is your child currently in a childcare, daycare or church center? If so, which center? \_\_\_\_\_

*The information provided on this form is accurate and true.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE STAFF:**

PLEASE **DO NOT** DUPLEX THIS PAGE TO THE APPLICATION! MAKE SURE THIS BLACK BOX IS COPIED ON A SEPARATE PAGE BY ITSELF.

To be completed by school personnel:

Name: \_\_\_\_\_

Screening Date: \_\_\_\_\_

Zoned School: \_\_\_\_\_

Notes:

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<b>DIAL-4</b>			<b>Points Summary</b>	
	<b>Total Weighted Score</b>	<b>%</b>		
<b>Motor</b>	<input type="text"/>	<input type="text"/>	<b>Dial 4</b>	<input type="text"/>
<b>Concepts</b>	<input type="text"/>	<input type="text"/>	<b>F/R, Medicaid, Etc</b>	<input type="text"/>
<b>Language</b>	<input type="text"/>	<input type="text"/>	<b>IEP, ESOL, BNet, Etc</b>	<input type="text"/>
			<b>S/E (McK, Deployed, Abuse)</b>	<input type="text"/>
			<b>Teacher concern</b>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>	<b>Total Points (100 max)</b>	<input type="text"/>