



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 Please check one:	<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 MONTH'S 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:

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

You apply at your zoned elementary school anytime now up until early June 2021 by taking a completed 4K application, your child's birth certificate and one utility bill as proof of residence. (Applications will also be available at the school.) The office staff will then give you an appointment time to bring your child back to the school on either June 15, 16 or 17, 2021 for a one-hour long screening session. The results of that screening determine whether or not your child would be offered a spot in the program at that school. You would learn of acceptance around early to mid August 2021. 4K typically begins one to two weeks after all other grade levels.