



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: _____