

Laingsburg Community Ed/Services

Wolf Pups Preschool Enrollment



*Please provide a copy of your child's Official Birth Certificate with this application

Date of application _____

Child's Birth date _____
(Must be 4 years old by September 1st of this year)

Student Information:

Name: (Last, First, Middle)		
Home Address:		
Mailing Address: (if different)		
District of Residence:		
Home Phone:		
Place of Birth: (city, state)	Gender:	
Language spoken in Home:		
Student Resides with:		
Parent Email Address:		

<p>Is your child Hispanic/ Latino:</p> <p><input type="checkbox"/> No, not Hispanic/ Latino</p> <p><input type="checkbox"/> Yes, Hispanic/ Latino</p>	<p>What is your child's race? (Choose one or more)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>
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Does your child have any allergies or medical conditions? Please explain:

Parent/ Guardian Information:

Name:	
Relationship to Student:	
Home Address:	
Home Phone:	
Cell Phone:	
Occupation:	
Employer:	
Work Phone (with extension):	
Email Address:	
Marital Status:	

Parent/ Guardian Information:

Name:	
Relationship to Student:	
Home Address:	
Home Phone:	
Cell Phone:	
Occupation:	
Employer:	
Work Phone (with extension):	
Email Address:	
Marital Status:	

Name:	
Relationship to Student:	
Home Address:	
Home Phone:	
Cell Phone:	
Occupation:	
Employer:	
Work Phone (with extension):	
Email Address:	
Marital Status:	

Name:	
Relationship to Student:	
Home Address:	
Home Phone:	
Cell Phone:	
Occupation:	
Employer:	
Work Phone (with extension):	
Email Address:	
Marital Status:	

Household Information: Own _____ Rent _____ Other (please explain) _____

List all adults & children living in the household with child	Date of Birth	Relationship to child	Highest level of education

In case of separated or divorced parents, are there any legal restrictions on the release of you child to either parent? *YES _____ NO _____

If yes, please explain: _____

***It is our policy that a court order restricting non-custodial parent contact MUST be on file with our office.**

Additional Emergency Contact Information (Parents/ Guardians will always be contacted first):

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name:			
Relationship:			
Phone Number:			
Address:			

The following information is kept completely confidential and is necessary in determining eligibility for tuition free preschool. Please fill out all information even if you don't feel you would be eligible.

Section 1:

Please list your yearly household income: \$ _____

Please complete the worksheet below. Include income for all family members responsible for financial support of the Preschool child. You may calculate your income using an average from your last 3 months or from previous year income tax form. List your gross income, before deductions. Income documentation (payroll check stubs, income tax forms, DHS child care verification forms, etc) are required.

Income Source	Annual Amount Received	Source
Employment- Mother/ Stepmother/ Guardian		
Employment- Father/ Stepfather/ Guardian		
Unemployment		
Child Support		
Alimony		
Pension(s)		
Retirement SSI		
Disability SSI		
TANF eligible (please see rows below)		
*Food Assistance		
*Child Care Assistance		
*Medical Assistance		
*Cash Assistance		
Other		

Section 2:

YES NO Did your child attend Head Start or qualify for Head Start?

Section 3

**YES NO Was your child born premature?
Birth weight? (____ lbs. ____ oz) _____ weeks gestation**

YES NO Does your child have Speech difficulties, difficult to understand, difficulty expressing needs, does not speak in whole sentences? Please explain: _____

**YES NO Does your child have an IEP (Individualized Education Plan)?
Please explain: _____**

YES NO Has your child been diagnosed as Nutritionally deficient or has a diagnosed disability? Please explain: _____

YES NO Does your child have chronic health issues (including high lead level) that could result in a developmental or learning difficulty? Please explain: _____

YES NO Have you been told your child is immature or has a doctor referred your child for a developmental screening? Please explain: _____

Section 4:

YES NO Does your child have a destructive or violent temper? Please explain: _____

**YES NO Is your child in counseling or therapy, or has been referred for their behavior?
Please explain: _____**

**YES NO Has your child been expelled from another preschool or child care center?
Please explain: _____**

Section 5:

**YES NO Is there another language spoken in your home besides English?
Please explain: _____**

Section 6:

**YES NO Does your child have a parent or guardian that did not graduate from high school?
Please explain: _____**

**YES NO Does your child have a parent or older sibling who can not read?
Please explain: _____**

**YES NO Does your child have a parent or older sibling who struggled/ struggles in school?
Please explain: _____**

Section 7:

- YES NO** Has someone in the child's home been a victim of physical, sexual or emotion abuse or neglect? Please explain: _____

- YES NO** Is there a history of substance abuse in the home (alcohol, prescription or non-prescription drugs, smoking, etc). Please explain: _____

- YES NO** Does someone in the child's home have a violent or destructive temperament? Please explain: _____

Section 8:

- YES NO** Has your child lost a parent due to death?
YES NO Has your child lost a parent due to divorce?
YES NO Has your child lost a parent due to incarceration?
YES NO Has your child lost a parent due to military deployment?
Please explain: _____

- YES NO** Does your child experience frequent changes in custody or is being raised by a single parent, grandparent, or foster parent?
Please explain: _____

- YES NO** Is your child negatively effected by issues related to chronic illness or disability of a parent or sibling (including physical, mental, and emotional)?
Please explain: _____

- YES NO** Is your child's home in foreclosure? Or does your child have frequent changes of residence? Please explain: _____

- YES NO** Does your child live in a shelter or with other families (grandparents, friends, etc.)?
Please explain: _____

- YES NO** Does your child have daily exposure to environmental pollutants such as lead, rodents, or insect infestations? Please explain: _____

- YES NO** Was your child or older siblings born to teen parents (not yet age 20 when first child was born?) Please explain: _____

- YES NO** Was your child born with fetal alcohol syndrome or addicted?
Please explain: _____

- YES NO** Does your child have environmentally induced respiratory problems such as asthma chronic respiratory infections? Please explain: _____

Policies and Permission

If your child is to take ANY type of medication at Preschool, we will need a signed medical permission form. Medication must be in its original container with the instructions as to when to administer, dosage to be taken, and the name of the medication. Please contact the office for a medical permission form. Please acknowledge that you understand this requirement by signing below.

Parent Signature

Date

When you register your child for Preschool we are holding a spot for them. Therefore you will be responsible for payment whether or not your child is there. If at anytime your child will not be at school you are responsible for notifying the staff. If a child does not come to school for two weeks and we have not been contacted in regards to their absence, the child will automatically be removed from the program.

Payments are due in full by the first of each month. You may send the payment with your child, bring it in or mail it to our ECEC office. Please sign below if you agree to follow the terms of our policies.

Parent Signature

Date

We take many pictures of the children in the classroom throughout the school year. Please sign below if we have permission to photograph your child to use on our bulletin boards, advertisements and various classroom needs.

Parent Signature

Date

We take occasional field trips in the local area and/or nature walks. These activities are planned and supervised by the Wolf Pups Preschool Staff. We will notify you in advance of any field trips that will take place outside of the school area. Please sign below if you allow your child to participate in such events.

Parent Signature

Date

I give Laingsburg Community Schools permission to transport my child to and/or from school on the school bus.

Parent Signature

Date

Since we are a half day program we offer care for families who cannot transport their child mid-day or need a full day program. Would you need to use our childcare program?

YES

NO

Please let us know if you have a preference for the AM or PM classroom. We can not guarantee a placement for your child, but will do our best to accommodate your request. Families requiring the use of childcare will be placed in the AM classroom because we do not offer childcare during the AM session of preschool.

I prefer for my child to be placed in: AM PM

01/2015