



Early Childhood Preschool Program

The Burlington Unified School District #244 is anticipating a grant to provide an “At Risk” preschool program for 4 year old children. **Children will ONLY be enrolled based on criteria specified in the grant and by adhering to school guidelines.** Applications should be turned in at the Coffey County Special Education Cooperative between April 1, 2018 and May 15, 2018 with notification of acceptance by August 6th. Space is limited in the program and **acceptance will be based on a weighted scale of the criteria requirements.**

PROGRAM GUIDELINES

Four-year old at-risk children must **be 4 years of age by August 31st**, **AND** be identified using *at least* one of the following criteria:

- ❖ Developmentally or academically delayed based on evaluations completed by USD #244 staff;
- ❖ Single Parent Families (at the time of enrollment the custodial parent is unmarried);
- ❖ SRS Referral (reason for referral must be documented and signed by the SRS agent);
- ❖ Teen Parents (parent was a teen when the child was born);
- ❖ Either parent is lacking a high school diploma or GED;
- ❖ Children qualifying for migrant status;
- ❖ Limited English Proficiency;
- ❖ Income Level – Acceptance is contingent upon whether you met the state guidelines for Free Lunch benefits. This will be verified once you have completed an application for Child Nutrition Program Benefits.

SCHOOL GUIDELINES

- ❖ The parent or legal guardian **must** provide the school with the **child’s original birth certificate prior to being approved for preschool attendance.**
- ❖ Physicals are **required prior** to attending the Preschool, and are available at the Coffey County Health Department.
- ❖ *Prior* to attending classes the parent or legal guardian **must** provide the school with the **child’s original immunization record.**
- ❖ Child **MUST have participated in a FREE early childhood screening on April 13th or August 3rd.** Contact Christy Hess at 620/364.5151 ext. 3110 to schedule an appointment.

For more information please call Christy Hess, at (620) 364-5151 Extension 3110



Early Childhood Preschool Program

APPLICATION

Child's Name: _____ Date of Birth: _____

Address: _____ Child's Age: _____

_____ Home Phone: _____

FAMILY HISTORY

- Child's Ethnic Group: American Indian or Alaskan Native
 (Please Check One) Pacific Islander or Asian
 Black (not of Hispanic origin)
 Hispanic
 White (not of Hispanic origin)

Please indicate the language spoken in the home: _____

Is this child a foster child? Yes No

Parent Information:

Mother's Name: _____

DOB: _____

Address: _____

Phone #: (home) _____

(work) _____

Occupation: _____

Educational Background

(please check one):

- Some High School
- GED
- High School Diploma
- Some College
- College Degree

Marital Status (please check one):

- Married
- Divorced
- Single

Father's Name: _____

DOB: _____

Address: _____

Phone #: (home) _____

(work) _____

Occupation: _____

Educational Background

(please check one):

- Some High School
- GED
- High School Diploma
- Some College
- College Degree

Marital Status (please check one):

- Married
- Divorced
- Single

Please list the Child's siblings:

Name of Sibling:

Date of Birth:

Relationship to Child:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members of the household (please include name, age, and relationship to the child):

Other Household Members:

Age:

Relationship:

_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSEHOLD INCOME

Does your family qualify for the free lunch program? Yes No Unsure
(Applications for free and reduced nutritional benefits are available upon request.)

Are you currently working with SRS? Yes No

Please estimate your total *monthly* household income: \$ _____

Do you currently have any concerns about your child's development (Examples may include: Delays in Speech, Gross Motor Skills (running & jumping), Fine Motor Skills (cutting & grasping a pencil), or Behavior Problems)? _____

PRESCHOOL CLASS SESSIONS

There will be two preschool class sessions; a morning session and an afternoon session, Monday through Friday. Please check your preferred class time below:

8:10 a.m. – 11:10 a.m. 12:10 a.m. – 3:10 p.m. No Preference

NOTE: Your preference does not guarantee that your child will be able to attend at that time. Decisions will be based on availability and student to teacher ratio.

PARENTAL FEEDBACK

Please tell us where you heard about the Early Childhood Preschool Program?
(check all that apply):

Preschool Screening SRS Referral Newspaper
 Physician Referral Friend Other _____

IMPORTANT NOTICE

Please initial by each statement that you have read and understand the following:

- Child **MUST have participated in a FREE early childhood screening on April 13th or August 3rd**. Contact Christy Hess at 620/364.5151 ext. 3110 to schedule an appointment.
- The parent or legal guardian **must** provide the school with the **child's original birth certificate prior to being approved for preschool attendance.**
- Physicals are **required *prior*** to attending the Preschool, and are available at the Coffey County Health Department.
- Prior* to attending classes the parent or legal guardian **must** provide the school with the **child's original immunization record.**
- The Preschool program is free, but families are responsible for breakfast or lunch (dependent upon class session) unless families qualify for the free meal program.
- Transportation will be provided once a transportation request form is completed.

Parent or Guardian Signature

Date