

MORRICE AREA SCHOOLS PREKINDERGARTEN PROGRAM APPLICATION

Date of Application _____/_____/_____

NAME OF Mother/Step/Guardian _____ NAME OF Father/Step/Guardian _____
(circle one) (circle one)

STREET ADDRESS _____ STREET ADDRESS _____

CITY _____ ZIP _____ CITY _____ ZIP _____

COUNTY _____ PHONE _____ COUNTY _____ PHONE _____

Email Address _____ Email Address _____

Morrice School District Resident: YES or NO Morrice School District Resident: YES or NO

MARITAL STATUS: Married ___ Single ___ Divorced ___ Separated ___ MARITAL STATUS: Married ___ Single ___ Divorced ___ Separated ___

Highest Grade Completed: _____ Highest Grade Completed: _____

Employed ___ Laid Off ___ Looking for work ___ Stay at home ___ Employed ___ Laid Off ___ Looking for work ___ Stay at Home ___

All CHILDREN IN HOUSEHOLD	DATE OF BIRTH	SEX	RACE	School Attending
1.				
2.				
3.				
4.				
5.				
6.				

Please check all statements that apply to your PreKindergarten student.

- | | | |
|---|---|--|
| <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Challenging Behavior | <input type="checkbox"/> Hearing/Vision Problems |
| <input type="checkbox"/> Speech/Language Concerns | <input type="checkbox"/> Often Seems Unhappy | <input type="checkbox"/> Joint Custody Agreement |
| <input type="checkbox"/> Diagnosed Disability | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Low Birth Weight (under 6 lbs.) |
| <input type="checkbox"/> Overly Aggressive | <input type="checkbox"/> Timid and/or Fearful | <input type="checkbox"/> Premature Birth-less than 36 week |
| <input type="checkbox"/> Earaches/Tubes | <input type="checkbox"/> Vision Problems/Glasses | <input type="checkbox"/> WIC Eligible |
| <input type="checkbox"/> Chronic Illness (such as Asthma, etc.) | <input type="checkbox"/> Homeless or "Doubled-Up" | <input type="checkbox"/> TANF or Cash Assistance |

EXPLAIN ALL ITEMS CHECKED:

I have applied for other PreK programs: Yes (please list) _____ or No _____

I have applied for the CACS Head Start Program: Yes or No

I am interested in the following Great Start PreK Classroom : **Part-Day** or **Full-Day**

I am unavailable for care during school hours due to school or work schedule: Yes or No

Please complete the back of this application and sign.

MORRICE AREA SCHOOLS
PreKindergarten Program APPLICATION- Part 2

Child's Legal Name: _____ DOB: _____ Birth Weight: _____

A WORD TO FAMILIES: Your complete answers to the following questions will help us better understand your child and determine if they would be eligible to attend our program FREE.

1. Describe a typical day for your preschool child.

2. Describe any concerns (past/present) about your child's growth or development (physical, social, emotional, language, etc.)

3. Were there any complications during the birth of your child?

4. Has your child had any surgery, hospitalizations, or medical procedures? Does your child take any medications regularly? Please explain.

5. Has anyone in the family (parents/siblings) had difficulty or challenges in school?
If yes, please describe.

6. Does anyone in the family receive special health and/or education services ?
If yes, please describe.

7. Please describe your current housing arrangement? How long have you lived there?

8. Do you have a custody/visitation agreement for your preschool child?
If yes, please describe.

Parent/Guardian Signature _____ Date _____

Great Start Director Signature _____ Review Date _____