

CENTENNIAL PRESCHOOL APPLICATION

Section 1: Child Information

DEADLINE APRIL 23RD, 2010

Child's Legal Name: Last _____ First _____

Race: _____ Child's SS#: _____ - _____ - _____ Sex M F Primary Language _____

Age As of 8/1/2010 _____ Birthdate _____/_____/_____

Section 2: Family Information

Parent/Guardian: _____ Primary Parent Language _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____

Number of Persons living in home: _____ Number of children by Age: 0-3 yrs _____ 4-5 yrs _____

Section 3: Special Needs

Does child have an identified disability? Y N Describe: _____

Does child presently receive services? Y N Who is the provider? _____

Does child have any special needs or health related problems? Y N Describe: _____

Section 4: Eligibility Information

Does your family receive Public Assistance Benefits? Y N List benefits received: _____

Do you currently have children in the Free/Reduced Lunch Program? Y N

If not, do you plan to apply for the Free/Reduced Lunch Program? Y N

Was your child born prematurely or at a low birth weight as verified by a physician? Y N

Parents' highest level of education completed: _____

Section 5: Transportation

Centennial will provide transportation for all preschool students. Will your child be requiring transportation to and from preschool? Y N

Parent/Guardian Signature: _____ Date: _____