

SOUTHERN LYON COUNTY USD #252

CHILD INFORMATION

Name: _____

First Middle Last

☐ In-District Request
☐ Out-of-District Request

Sex: M or F Date of Birth:_____ Premature: Yes No Number of Weeks:_____

Home/Primary Language:_____ Is the student Hispanic/Latino? Yes No

Child's Race: ☐ American Indian or Alaskan ☐ Native Hawaiian or Pacific Islander
☐ Black or African American ☐ White
☐ Native Asian

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: _____

I am enrolling my child in the:

<input type="checkbox"/> Half-Day 3-year-old program	<input type="checkbox"/> Full Day 3-year-old program*
<input type="checkbox"/> Half-Day 4-year-old program	<input type="checkbox"/> Full Day 4-year-old program*

**includes childcare component*

My child will need after school childcare (3:25-5:30): Yes No

MOTHER/GUARDIAN

Name: _____

Date of Birth: _____ Ethnicity _____

Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Full-Time Part-Time Not Employed

Currently Serving in the Military: Yes No

Marital Status: (circle one)

Married
Divorced
Single

Highest Level of Education: (circle one)

Grade 8	9	10	11	12
GED				
HS Diploma				
College				

FATHER/GUARDIAN

Name: _____

Date of Birth:_____ Ethnicity_____

Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Full-Time Part-Time Not Employed

Currently Serving in the Military: Yes No

Marital Status: (circle one)

Married
Divorced
Single

Highest Level of Education: (circle one)

Grade 8	9	10	11	12
GED				
HS Diploma				
College				

Income Sources: Wages Alimony Worker's Compensation Unemployment TANF
Circle all that apply Social Security Agriculture Supplemental Security Insurance

Total Yearly Household Income (circle one)

<\$10K	\$10K-\$19K	\$20K-\$29,999	\$30,K-\$39,999	\$40,K-\$49,999
\$50,K-	\$59,999	\$60,K-\$69,999	\$70,K-\$79,999	\$80,K-\$89,999
\$90,K-\$100K	>\$100K			

Caregiver Insurance: _____

Child's Insurance: _____

Names and ages of other adults and children living in the home: (TOTAL IN HOUSEHOLD = _____)

Name: _____	Age: _____	<input type="checkbox"/> Currently Attends USD 252
Name: _____	Age: _____	<input type="checkbox"/> Currently Attends USD 252
Name: _____	Age: _____	<input type="checkbox"/> Currently Attends USD 252
Name: _____	Age: _____	<input type="checkbox"/> Currently Attends USD 252
Name: _____	Age: _____	<input type="checkbox"/> Currently Attends USD 252

Does your child qualify for the free lunch program? *(must have completed application for State At Risk Funding or Child Nutrition Benefits)* YES NO

Do you currently receive benefits from the Department of Children Families (DCF)? YES NO

Is the primary language spoken in the home a language other than English? *(as documented by the State provided oral assessment or other standardized test - attach documentation of home survey, assessment and services)* YES NO

Is your child's family migrant? *(Please attach a copy of the Certificate of Eligibility.)* YES NO

Is your child developmentally or academically delayed based on assessments? *(Attach assessment results.)* YES NO

Is your child receiving any special services. (developmentally delayed, intellectual disabilities, occupational therapy, speech/language therapy, etc.). Does he/she have an IEP (Individual Education Plan)? YES NO

Were either parent under the age of 20 years when the child was born? YES NO

I attest that the information contained herein is correct to the best of my knowledge.

Parent/Guardian Signature _____ **Date:** _____

For Office Use Only

DATE OF ENROLLMENT: _____

☐ State Pre-Kindergarten Placement Criteria Used: _____
(Formerly Four-Year-Old At-Risk)

Referred to: ☐ Head Start ☐ Special Education
☐ Parents as Teachers ☐ ECKAN
☐ Other: _____

Revised 2-8-16