

Geary County Schools USD 475 Early Childhood Application



Home of the Little Jays!

Thank you for your interest in our Early Childhood Program. We serve students who are three and four years of age through our grant funded PreK program who live within the USD 475 school boundaries. This application serves as the first step in the inquiry process and also provides us with documentation required by the state for our program. Once we receive your application you will be sent the link to the parent questionnaire. Further communication will occur with your family once these two items are received.

Today's Date _____

Child's Name (First, Last): _____ Gender: Male Female

Date of Birth: _____ Email Address: _____

Parent/ Guardian Name (s): _____

Address: _____

Phone Number _____

Neighborhood Elementary School: _____

**Please help us to get to know your family and your child by filling out the appropriate answers to the following questions.

Has your child attended any early childhood programs (for ex. Headstart), early intervention programs, or received any other type of support services? YES NO If yes, please explain or list below. _____

Does your child have an IEP? YES NO

Is your child independent in day time toileting routines? YES NO (If no, please explain briefly) _____

Is the child's parent or guardian Active Duty? YES NO

Are you able to transport your child to and from preschool? YES NO

Location Preference: ___ Fort Riley ___ Junction City ___ First Available

Need Indicators:

- Does your child have an identified developmental need? YES NO
- Do you have concerns about your child's development? YES NO (If yes, please describe) _____
- Does your family currently qualify for any of the following?
 WIC Food Stamps/ SNAP TANF
- Does your family qualify for free or reduced meals? FREE Reduced Unknown (Please fill out a meal application from the office to verify)
- Is there a written referral from the Kansas Department of Children and Families for this child?
 YES NO
- Does either parent lack a high school diploma or GED Certificate? YES NO
- Were either the child's mom or dad 19 years old or younger at the time of the child's birth?
 YES NO If so please list Mom DOB _____ Dad DOB _____
- Is your child in a single parent family (adults child resides with are not currently married)?
 YES NO
- Does your child qualify for migrant status? YES NO (Documentation must be provided)
- Does your child speak or understand any language other than English? YES NO Is there any other language spoken in the home besides English? YES NO If so, please list any other languages spoken in the home. _____
- Is your child currently in a temporary living arrangement such as living with another family or in a hotel? YES NO

For Questions Please Call 785-717-6975 or Email Deana Campbell @ Deanacampbell@usd475.org. This form can be emailed, scanned, or dropped off at the Early Childhood Center located at 1803 Elmdale Avenue, Junction City, KS 66441.

For Office Use Only: ASQ Links Sent _____

Child's Placement _____