



USD 475 Early Childhood Program Application Form



Home of the Little Jays!

Thank you for your interest in the Early Childhood Program. We serve students who are 3 and 4 years of age that live within the USD 475 school boundaries through our grant funded Pre-K program. This form 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 links to two parent questionnaires, the ASQ-3 and ASQ-SE. Further communication will occur with your family once these two questionnaires are completed if additional steps are necessary before adding your child to our waiting list.

Today's Date _____

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

Date of Birth: _____ Neighborhood Elementary School: _____

Parent/ Guardian Name (s): _____

Address: _____

Phone Number _____ Email Address: _____

**Please help us to get to know your family and your child by answering 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? If so, please explain or list below. _____

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. _____

Are either or both parents/guardians currently Active Duty? ___ YES ___ NO

Is your child independent in daytime toileting routines? ___ YES ___ NO (If no, please explain briefly)

Are you able to transport your child to and from preschool? _____

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

Need Indicators:

- Does your child have an identified developmental need? YES NO
- Does your child have an IEP? YES NO
- Do you have concerns about your child's development? YES NO (If yes, please describe) _____
- Does your family currently qualify for the following? Food Stamps/ SNAP TANF
- Does your family qualify for free or reduced school meals? FREE Reduced No Unknown (Please fill out a meal application to verify when offered a placement.)
- Is there a written referral from the Kansas Department of Children and Families for this child? YES NO (Please provide documentation of referral.)
- 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? YES NO
- Is your family currently in a temporary living arrangement such as living with another family, in a hotel, or migrant status? YES NO (If migrant status, documentation must be provided.)
- Is the child currently living in foster care, custodial grandparents/kindship care, or out-of-home living arrangement? YES NO (If yes, please explain briefly.) _____

- Does the child have health insurance coverage (private, military, state, etc)? Yes No

For questions please call 785-717-6975 or email Deana Campbell @ Deanacampbell@usd475.org. This form can be emailed to Ms. Deana, mailed, or dropped off at the Early Childhood Center office located at 1803 Elmdale Avenue, Junction City, KS 66441 during office hours Monday-Friday from 8:00-4:00.

For Office Use Only:

Application Received _____ ASQs (2) Links Sent _____ ASQs (2) Received _____ Programs _____