

*** For Office Use Only ***

Application #: _____ Logged in on _____ Staff initials _____

Caseload: _____ Enrollment Date: _____

Date waiting list letter sent: _____ By: _____

Preschool Application for Enrollment

Vernon Preschool Collaborative
A Vernon Public Schools and EASTCONN Head Start Initiative

All information given will be kept confidential, so please answer all questions to the best of your knowledge.

Please circle or fill in the correct information completely.

Please print or type all information. Thank you for your cooperation.

CHILD INFORMATION

Family Phone # () _____

Child's Name: _____ Sex: M F
(First) (Middle) (Last)

Birth Place: _____ Child's Birthdate: ____/____/____ Age: _____
(if not U.S., list country of birth)

School Child Attends: _____ N/A

Circle Days Needed: Mon Tues Wed Thurs Fri

Hours Needing To Attend: _____ a.m. p.m. both

How will your child get to and from school?: _____

Child Lives With: ___ Both Parents ___ Father ___ Mother ___ Other _____

Home Address: _____
Street City State Zip

Mailing Address: _____

Is this child a foster child?: Yes No

What language did the child learn to speak first? _____

What language is spoken by adults in the child's home? _____

What language does the child speak at home? _____

Ethnicity: Hispanic or Latino Non-Hispanic/Non-Latino

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or

Other Pacific Islander White Biracial/Multi-racial Other: _____

Transfer From: _____
(If Applicable) (School/Grade) (City) (State or Country)

FAMILY UNIT INFORMATION

PARENT / LEGAL GUARDIAN

Name: _____ D.O.B: _____
(First) (Middle) (Last)

Relationship to Child: _____ Home Telephone: _____

Address (if different from child): _____

Marital Status: Single Married Divorced Separated Widow Widower

Ethnicity: Hispanic or Latino Non-Hispanic/Non-Latino Primary Language: _____

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Biracial/Multi-racial Other: _____

Parent/Legal Guardian Education (please circle the number of years completed):

Elementary/Secondary: K 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 5+ In a job training program? Yes No

Employment Information

Employer Name & Address: _____

Position: _____ Work Hours: _____

Work #: () _____ Ext: _____ Cell #: () _____

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PARENT / LEGAL GUARDIAN'S SPOUSE

Name: _____ D.O.B: _____
(First) (Middle) (Last)

Relationship to Child: _____ Home Telephone: _____

Address (if different from child): _____

Marital Status: Single Married Divorced Separated Widow Widower

Ethnicity: Hispanic or Latino Non-Hispanic/Non-Latino Primary Language: _____

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Biracial/Multi-racial Other: _____

Parent/Legal Guardian Education (please circle the number of years completed):

Elementary/Secondary: K 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 5+ In a job training program? Yes No

Employment Information

Employer Name&Address: _____

Position: _____ Work Hours: _____

Work #: () _____ Ext: _____ Cell #: () _____

PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS

NAME (First, Last) RELATIONSHIP DOB

MEDICAL INFORMATION

Child's Dentist: _____ Phone #: _____

Child's Physician: _____ Phone #: _____

Do you have health insurance coverage: Yes No

If yes, Health Insurance Carrier: Husky A Husky B Private Other _____

Policy #: _____

OTHER REMARKS

Please indicate any limitations, restrictions, or concerns you have for your child (i.e., allergies, health problems, diet restrictions, fear of dogs, etc.).

Custody Alert/Special Family Circumstances: _____



Please check off if your family receives any of the following services:

- ___ Husky A Health Insurance
- ___ Husky B Health Insurance
- ___ Private Insurance
- ___ WIC
- ___ Cash Assistance
- ___ Unemployment
- ___ Other: _____

- ___ Domestic Violence Program
- ___ Care 4 Kids
- ___ Court custody pending
- ___ Energy Assistance
- ___ SNAP (Food Stamps)
- ___ Jobs First

- ___ Housing
- ___ Migratory
- ___ DCF
- ___ TANF
- ___ SSI/SSDI

Were you referred by a community agency? Yes No Contact person _____

The Vernon Preschool Collaborative includes Head Start spaces for income eligible families. Head Start provides services to families including health screenings and parent support. Are you interested in learning more about Head Start? Yes No

Parent/Legal Guardian's Signature _____ Date _____



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