

FAMILY LITERACY PRESCHOOL for **2020-21**

Date _____

Call/Contact Information

STUDENT'S FULL NAME _____

PHONE NUMBERS _____

ADDRESS _____

DATE OF BIRTH _____ Male Female (Check One)

PARENT(S) _____

EMAIL(s): _____

CLASS PREFERENCE:

_____ MORNING _____ AFTERNOON _____ EITHER IS FINE

CHILD'S AGE ON AUGUST 1, 2020 _____ **Limited Space Available for 3 Year Olds**

Willson Family Literacy Preschool is a FREE preschool program for students who qualify. In order to determine whether or not your child will qualify for FREE preschool, please answer the following questions. Tuition for non-qualifying students is 10 monthly payments of \$100 each.

Mother's Highest Level of Education (No Diploma, GED, HS Diploma, College, Etc...): _____

Father's Highest Level of Education (No Diploma, GED, HS Diploma, College, Etc...): _____

Is a language other than English spoken in the home? (Circle one): **YES** **NO**

Is the child being raised by a single parent? (Circle one): **YES** **NO**

Is the child being raised by a grandparent? (Circle one): **YES** **NO**

Has the child had an incarcerated parent? (Circle one): **YES** **NO**

Was the child born before either parent reached age 20? (Circle one): **YES** **NO**

Does the child or child's parent have an IEP or medically diagnosed disability?
(Circle one): **YES** **NO**

Does someone in your household receive any of the following? (Circle all that apply)

SNAP **WIC** **TANF** **DISABILITY** **Other Public Assistance (List)** _____

Have any of the following housing situations applied to your child in the last 12 months?

Living in a shelter, living in doubled-up housing for financial reasons, homeless, foster care, living in a hotel/motel, campsite (Circle one): **YES** **NO**

Total number of people living in child's home: _____

Is there at least one adult working full-time who lives in the home? (Circle one): **YES** **NO**

Estimate your family's income: \$ _____ per _____ (week/month/year)

Is or will the child be enrolled in any other preschool/daycare program? Please Explain: _____

WILLSON PRESCHOOL NEW STUDENT ENROLLMENT INFORMATION (Please Print)

TODAY'S DATE: _____

Student's Name (as it appears on birth certificate): _____

Date of Birth: _____ M or F Grade: _____

Street, Apt#: _____

City, State, Zip: _____

Home Phone: _____

Father's Name: _____

Mother's Name: _____

Guardian's Name (if not parent) : _____

Has your child ever been enrolled in a Crawfordsville School? Yes or No

If yes, what school did they attend: _____

Has your child ever been enrolled in an Indiana school? Yes or No

Former School: _____

State and County of Former School: _____

Did your child receive special services at his/hers last school? Yes or No

Does your child have an IEP? Yes or No

Is this a single parent household? Yes or No Does more than one family live in the house: Yes or No

Office use only:

1. Proof of Residency _____ 2. Birth Certificate _____ 3. Immunization Records _____

IF STUDENT IS NEW TO THE CORPORATION, ASSIGN STUDENT ID AND LUNCH NUMBER.

IF STUDENT HAS NEVER LIVED IN INDIANA BEFORE, ASSIGN STN NUMBER.

Student ID: _____ STN Number: _____ Lunch Number: _____

Transferred STN # : _____ Requested Records: _____ Sent Notice: _____ Changed in Excel file: _____

Book Rental Paid: _____ Applied for Assistance: _____ MBA Funds Complete: _____ Give Statement: _____

Teacher Assigned: _____ Finished Data Entry: _____ Report Card Envelope: _____

Changed in Excel file: _____ Changed in notebook: _____ SCAN Information: _____

New Student Temp Form sent to: Laura Harris, SPED Teacher, Sonia Klingbeil, Lauren Binford: _____

DATE OF ENROLLMENT: _____