

# PRESCHOOL PROGRAM APPLICATION



Date \_\_\_\_\_

## Child Information

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## Parent/Guardian Information

Are you the legal parent/guardian of the child?    Yes    No

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

Do you need an interpreter?    Yes    No    Language \_\_\_\_\_

**Please list a friend or relative we can contact if we are unable to reach you.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Household Information

Total monthly income \$ \_\_\_\_\_

Number of people supported by this income \_\_\_\_

Number of people in household \_\_\_\_

### Check all that apply

Homeless

Foster Care

Child has an Individual Education Plan (IEP)

**Is there anything we should know about your child?**

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## For more information

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