



# 2020-2021 Kent County Preschool Intake Application

**Secondary Adult/Guardian's Legal Name: (if applicable)**

First:		Last:	
DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Do you have email: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please list <i>*If no email entered we will be communicating via US mail.*</i> email:	
Mobile Phone:		Home Phone:	Work Phone:
Relationship to Child:		Do you have custody of the child:	
Does the child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Work Status**

**Work Days**

**Work Hours**

Not Employed <input type="checkbox"/>	Weekdays <input type="checkbox"/>	1 <sup>st</sup> <input type="checkbox"/>
Full Time <input type="checkbox"/>	Weekends <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>
Part Time <input type="checkbox"/>	Weekdays and Weekends <input type="checkbox"/>	3 <sup>rd</sup> <input type="checkbox"/>

**School Status**

Not Attending School <input type="checkbox"/>	Classroom <input type="checkbox"/>	Daytime <input type="checkbox"/>
Full Time <input type="checkbox"/>	Online <input type="checkbox"/>	Evening <input type="checkbox"/>
Part Time <input type="checkbox"/>	Classroom and Online <input type="checkbox"/>	Daytime and Evening <input type="checkbox"/>

**Alternate Contact:**

First:		Last:	
DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Do you have email: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please list email:	
Mobile Phone:		Home Phone:	Work Phone:
Relationship to Child:			

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## Child Information:

Is this child Hispanic/Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>
Which one of the following groups describes the child's race? Please select at least one. <input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Does this child have severe or challenging behavior? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this child ever experience abuse? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this child ever experienced any environmental risk? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this child have a diagnosed disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain the child's disability
Does this child have an active IEP? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this child have asthma, food allergies, other allergies, seizures or other medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please explain the medical condition and the name the doctor the child sees for this medical condition.</i>
Is this child in foster care or court ordered relative placement? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Family Information:

Parental Status: <input type="checkbox"/> One Parent/Guardian <input type="checkbox"/> Two Parent/Guardian
Have all parent(s)/guardian(s) graduated from high school/secondary school or received a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all parent(s)/guardian(s) literate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was either parent of the child ever abused? Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary language spoken at home:
Does the family need a translator?
Number of family members in the household supported by the parents/guardians (all adults and children):
Is there anyone in the family receiving SSI Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there anyone in the family receiving Cash Assistance (TANF-Child Only Payments)? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the family's yearly gross income before taxes?
Is at least one parent/guardian an active duty member of the United States military? Yes <input type="checkbox"/> No <input type="checkbox"/>

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**Other Info:**

Does this child need before school care? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this child need afterschool care? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this child enrolled in any school or other programming? Yes <input type="checkbox"/> No <input type="checkbox"/> N
If yes, what program?
Does this child have any siblings? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the sibling enrolled in any school or other programming? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what program?
Is this child a sibling of a child that is now enrolled or returning next school year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred Session: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day
Site Preference: (We will try to accommodate one of your site preferences. However, placement at one of your preferred sites is not guaranteed)
Bussing Address (bussing is not guaranteed)
Drop off Address (If different from bussing)
Pick Up Adders (If different from bussing)
Can the Parent/Guardian transport if no bussing is available? Yes <input type="checkbox"/> No <input type="checkbox"/>

**How did you hear about Preschool?**

<input type="checkbox"/> Agency: Newsletter	<input type="checkbox"/> Agency: Person	<input type="checkbox"/> Billboard	<input type="checkbox"/> Business: Flyer	<input type="checkbox"/> Business: Poster
<input type="checkbox"/> Clinic: Flyer	<input type="checkbox"/> Clinic Person	<input type="checkbox"/> Clinic Video	<input type="checkbox"/> Doctor's Office: Flyer	<input type="checkbox"/> Doctor's Office: Person
<input type="checkbox"/> Flyer	<input type="checkbox"/> Friend	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Yard Sign	<input type="checkbox"/> Facebook/Social Media
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> School: Newsletter	<input type="checkbox"/> School: Robo Call	<input type="checkbox"/> School Yard Sign
<input type="checkbox"/> WIC				

Is there anything else you would like us to know about your child to ensure the best possible preschool placement?