

Panther Pride Preschool Application

4 Year Old Full Day 3 Year Old Half day
 4 Year Old Half Day

As of 9/15/23

Age 3
 Age 4

Student Information					
First	Middle	Last	Nickname	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #
				<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid	
Doctor/Medical Home		Dental Coverage		Dental Coverage #	Dentist/Dental Home

Student: Developmental Delay/Disability Information		
Check all that apply:	What type of delay/disability?	Referred by a Professional?
<input type="checkbox"/> Disability Suspected by Parent <input type="checkbox"/> Disability Diagnosed by Professional <input type="checkbox"/> Has/had an IFSP <input type="checkbox"/> Has an IEP	<input type="checkbox"/> Speech <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Behavior <input type="checkbox"/> Other:	Name: Agency/Occupation:

Primary Adult					
First	Middle	Last	Nickname	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship	Custody Check all that apply:
<input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Training/Certificate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Some College		<input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> Lives with Family <input type="checkbox"/> No <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
				Address (if not living w/child):	
Email Address:					

Secondary Adult					
First	Middle	Last	Nickname	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship	Custody Check all that apply:
<input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Training/Certificate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Some College		<input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> Lives with Family <input type="checkbox"/> No <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
				Address (if not living w/child):	
Email Address:					

All Additional Children (Non-Applicant) *If more than one child is applying, please complete a separate application for each child.

First	Last	Birthdate	Related To:	Gender	Same Household?
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Information

Family Living Address: This is our home Staying with friends/family ZIP City State County

Family Mailing Address:

Same as living? Yes No Mailing Address ZIP City State

Name: Phone Number: Phone Type: One way communication/announcements:

Cell Home Work Opt this # in for one way messaging

Cell Home Work Opt this # in for one way messaging

Cell Home Work Opt this # in for one way messaging

Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/> English <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Scholarship eligibility is based on a point system and determined only in part by using a family's past 12 months of income.

A copy of income, such as (but not limited to): a 2022 W2, 1040 tax return, Child Support, FIP, SSI, SNAP, etc. must be submitted with application if intended to qualify for funding. ALL copies of income documentation is kept strictly confidential and used only for scholarship eligibility determination.

Family Investment Program (FIP)	Supplemental Security Income (SSI)
Currently utilizing FIP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently receiving SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization For Exchange of Information

This release authorizes a mutual exchange of information between agencies in order to provide the most complete and thorough services available pertaining to funding resources and classroom placement. It does not authorize the release of any other person or agency except those agencies listed below. Unless revoked in writing, this release and exchange of information shall remain in effect for a period of 12 months.

Please sign and date indicating consent for all application information to be exchanged between the Community School District and MATURA Head Start.

I also certify that the information provided in this application is true. If any part is false, my participation in this agency's programs may be terminated and may be subject to legal action. I understand that the information in this application will be held in strict of confidence and is accessible to me during normal business hours.

Parent/Guardian Signature: _____ Date: _____

**The following items must be submitted with application to complete registration process and determine student eligibility for any state and/or federal scholarship opportunities.*

- copy of:**
- **student's birth certificate**
 - **current physical**
 - **immunization record**
 - **income verification (past 12 months)**

We would be happy to assist you with making copies of and/or obtaining the above required documentation.