2022-2023 Preschool Application

As of 9/15/22
☐ Age 3
☐ Age 4

Applying for Center in: ☐ Bedford ☐ Corning ☐ Creston ☐ Mt. Ayr ☐ Winterset

Please completely fill out each section of the application.

Student Information

First	Middle	Last	Nickname	Birthday	Gender
					☐ Male ☐ Female

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other:	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

Primary Health Coverage	Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #
			☐ Not Eligible ☐ 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?
☐ Disability Suspected by Parent ☐ Disability Diagnosed by Professional ☐ Has/had an IFSP ☐ Has an IEP	☐ Speech ☐ Learning ☐ Physical ☐ Developmental ☐ Behavior ☐ Other:	Name: Agency/Occupation:

Primary Adult

First	Middle	Last	Nickname	Birthday	Gender
					☐ Male ☐ Female

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other:	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:
☐ HS Graduate ☐ GED ☐ Associate's ☐ Grade 10 ☐ Bachelor's ☐ Grade 11 ☐ Master's ☐ Grade 12 ☐Training/Certificate ☐ < Grade 9 ☐ Some College	☐ Full Time ☐ Full Time & Training ☐ Part Time ☐ Part Time & Training ☐ Seasonal ☐ Training or School ☐Unemployed ☐ Retired or Disabled	☐ Biological/Adopted/Step ☐ Grandchild ☐ Other Relative ☐ Foster ☐ Other:	☐ Yes ☐ No	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent

Email Address:

Address (if not living w/child):

Secondary Adult

First	Middle	Last	Nickname	Birthday	Gender
					☐ Male ☐ Female

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other:	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

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Email Address:

Address (if not living w/child):

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Other Adults in Household					
First	Last	Child's Relationship	Birthday	Gender	Provides Financial Support
				☐ Male ☐ Female	☐ Yes ☐ No

All Additional Children (Non-Applicant) ***If more than one child is applying, please complete a separate application for each child.***					
First	Last	Birthday	Related To:	Gender	Same Household?
			☐ Primary Adult ☐ Secondary Adult	☐ Male ☐ Female	☐ Yes ☐ No
			☐ Primary Adult ☐ Secondary Adult	☐ Male ☐ Female	☐ Yes ☐ No
			☐ Primary Adult ☐ Secondary Adult	☐ Male ☐ Female	☐ Yes ☐ No

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

Family Mailing Address				
Same as living?	Mailing Address	ZIP	City	State
☐ Yes ☐ No				

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
☐ One ☐ Two	☐ English ☐ Other:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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 2021 W2, 1040 tax return, Child Support, FIP, SSI, etc. must be submitted with this application. ***All copies of income documentation is kept strictly confidential and used only for scholarship eligibility determination.***

Family Investment Program (FIP)		Supplemental Security Income (SSI)
FIP Status: ☐ Yes ☐ No ☐ Formerly on TANF/Not now		☐ Yes ☐ 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, MATURA Head Start, and/or additional providers _____.

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: _____

How did you hear about this program:

☐ Family/Friend ☐ Brochure/Flyer ☐ Internet/Website ☐ Social Media ☐ AEA ☐ Faith-based Organization ☐ other:_____

Please provide copy of ***student's birth certificate, current physical, immunization record, income verification & Insurance card****. We will be happy to assist you with making copies or obtaining documentation.*

Return application to Central Office: MATURA Head Start, 209 N Elm St, Creston IA 50801 Phone: 641-782-6201

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