

St. Joseph County Early Childhood Preschool Application

Child's Name _____ Birth Date _____ Sex _____

Parent/Guardian _____ Birth Date _____ Phone _____ Cell # _____

Address: _____ City _____ Zip _____

Is your current address a temporary living arrangement? _____ yes _____ no

If yes, is this temporary arrangement due to loss of housing or economic hardship? _____ yes _____ no

School District _____ Transportation Needed? _____ yes _____ no

If transportation is unavailable are you willing to transport? _____ yes _____ no

Other adults in the home:

_____ Relationship _____ Birth Date _____

_____ Relationship _____ Birth Date _____

Other children in the family:

_____ Birth date _____

_____ Birth date _____

_____ Birth date _____

Daycare provider _____ Address: _____

Are you a single parent? _____ yes _____ no Divorced? _____ yes _____ no

Annual income (last 12 months) _____ Number in family _____

Do you currently receive Cash Assistance (not food stamps) from Dept. of Human Services (DHS)? _____ yes _____ no

Are you currently employed? Mother _____ yes _____ no Father _____ yes _____ no

Do you or any of your family members receive SSI? _____ yes _____ no

List language (s) spoken in the home _____

Highest grade completed in school: Mother _____ Father _____

Mother's age at birth of first child _____ Child's birth weight _____

Does the child have a confirmed disability or receive special education services? _____ yes _____ no

Explain: _____

Have you or any of your children had a long-term or chronic illness? _____ yes _____ no

Who: _____ What: _____

Has your child experienced the death of a parent or sibling? _____ yes _____ no

Do you live in a rural area? _____ yes _____ no

Have any of your children attended: _____ GSRP _____ Head Start _____ Early Head Start

Parent Guardian Signature: _____ Date _____