

**KECSD WASHINGTON PRESCHOOL  
Pre-Registration Application**

**Date:** \_\_\_\_\_

Washington Preschool is a State funded child development program for three and four year old children of income eligible families. Eligibility is based on income and family size. Priority will be given to children who are four years old on or before September 1<sup>st</sup> of the school year in question.

**Please bring the following documents with you when you return this application:**

- Birth certificates for **all** children in the family.
- Proof of residence within Kingsburg Elementary School District (rent receipt, mortgage papers, gas, electric or city services bill).
- Documentation of one month's or four weeks worth of income. Please provide documentation of all income sources, including, but not limited to, the sources listed in the income section below.
- Immunization Record and current physical for the preschool child.

**Incomplete applications and applications without required documentation will not be accepted.**

**Child Name (Last, First, MI):** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Special Needs?** No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, please explain:** \_\_\_\_\_

**IEP?** No \_\_\_\_\_ Yes \_\_\_\_\_ **CPS at Risk?** No \_\_\_\_\_ Yes \_\_\_\_\_

**Are there any court custody orders relating to this child?** No \_\_\_\_\_ Yes \_\_\_\_\_

**Parent/Guardian A (Last, First, MI):** \_\_\_\_\_

I am this child's (check one): Biological or Adoptive Parent \_\_\_ Step Parent \_\_\_ Foster Parent \_\_\_ Legal Guardian \_\_\_

**Address:** \_\_\_\_\_

**Phones:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_

**Working?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Hours per Week:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian B (Last, First, MI):** \_\_\_\_\_

I am this child's (check one): Biological or Adoptive Parent \_\_\_ Step Parent \_\_\_ Foster Parent \_\_\_ Legal Guardian \_\_\_

**Address:** \_\_\_\_\_

**Phones:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_

**Working?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Hours per Week:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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Please list all other children in household:

Name (Last, First, MI):	Date of Birth	Where Attending School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Income Source	Parent A	Parent B
Wages and Salary		
Public Cash Assistance		
Self- Employment		
Disability/Workers Comp.		
Unemployment		
Spousal or Child Support or financial assistance for housing costs, etc. received in addition to or in lieu of spousal support or child support		
Portion of student grants or scholarships used for living costs		
Housing or automobile allowances		
Other (please specify)		
<b>Monthly Total</b>		

Class Preference (please check one): AM Class (8:00 – 11:15) \_\_\_\_\_ PM Class (11:45 – 3:00) \_\_\_\_\_

Reason for preference: \_\_\_\_\_

Please keep in mind that, while we make every effort to place children in the class that works best for the family, we cannot guarantee placement in a particular class.

If our program is full, may we share this application with VDA's preschool in room 20? Yes \_\_\_\_\_ No \_\_\_\_\_