

Office Use Only

Date Received: _____

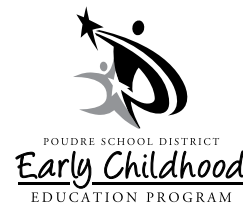
Enrollment Phase: _____

**Please save your file often
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2020-2021 Program Application

Poudre School District Early Childhood Education Program

Fullana Learning Center
220 N. Grant Avenue, Fort Collins, CO 80521
Phone: (970) 490-3204 Fax: (970) 490-3134 bit.ly/PSDpreschool



The Poudre School District Early Childhood Education Program offers quality, comprehensive opportunities for education from birth through five years old and prenatal mothers. Through federal, state and district funds the program offers no-cost and tuition-based program options to eligible children.

How do you apply? Follow these steps:

Completely fill out this application in blue or black ink. Complete screening surveys online at <https://www.asqonline.com/family/a80b32>. A completed application contains all documentation listed in items 1 - 7. Documents to bring with you:

1. Proof of your family's current income for the past 12 months or preceding calendar year, examples:
 - a. 2019 Federal Tax Form (preferred)
 - b. 2019 W-2
 - c. SSI or TANF proof of enrollment
 - d. Pay stubs reflecting current income for last three months
 - e. Student income (scholarships / grants / monthly stipends covering living expenses)
 - f. I-20
 - g. Child support documentation
2. Birth certificate
3. Immunizations
4. Current physical exam (or Health Exam Form from Fullana completed by child's doctor)
5. Utility bill or lease/mortgage for address verification (lease must be signed by landlord)
6. Custody paperwork as applicable
7. ASQ-3 and ASQ-SE screening surveys Check box if completed online

Apply today!
Enrollments happen
throughout the school
year.
(970) 490-3204

**INCOMPLETE
applications will not be
processed.**

PROGRAM OPTIONS

Please select the program you are applying for

Early Head Start – Early Head Start serves prenatal mothers through child's age 36 months. Please check if you are applying for a child aged birth through 36 months.

I am interested in the home-based program (weekly mentor home visits) childcare center-based program (monthly mentor home visits)

If I am eligible and enrolled under Head Start Funds, I understand that my participation in home visits is part of the program. _____ Initials

Is mom currently pregnant and interested in applying for the Early Head Start prenatal program? Yes No

If yes, front office staff will provide a Prenatal Program Application or an Enrollment Technician will follow up with you.

3-5 Preschool Program - Please check if you are applying for a child school age 3, 4 or 5 for a preschool classroom

The 3-5 Preschool Program serves children school-aged three and four years olds (three/four years old by **October 1** of the enrollment year unless they are enrolling in Early Intervention). Enrolled children may be placed in an elementary school or community based preschool classroom where experienced Early Childhood teachers guide the children through district approved curriculum and activities. If enrolled under Head Start funding, families will receive home visits from an Early Childhood Family Mentor to support home and school learning environments and school readiness goals. If you are enrolled under Head Start funding, you will receive additional information about home visits once placed.

If I am eligible and enrolled under Head Start Funds, I understand that my participation in home visits is part of the program. _____ Initials

Check this box if you are applying for a **no-cost** placement in the preschool program. Children may be eligible to enroll in a no-cost program option under Head Start, Colorado Preschool Program or Early Childhood Special Education funding. Each program has different eligibility requirements and parents must submit income documentation as part of the application process.

I am interested in a: Half Day Classroom Full Day Classroom Either

Check this box if you are applying for a **tuition-based** placement in the preschool program. Tuition-based applicants do not need to submit income information. Tuition-based placements are in half day classrooms only.

SCREENING

I understand and give permission for a hearing/vision screening to be performed as required as part of the enrollment process. _____ Initials

SCHOOL OPTIONS - CHOOSE ONE

I am open to any location within Poudre School District or at an Early Childhood Education Community Partner site _____ Initials

I only want placement at locations specified below and will decline other offers _____ Initials

Locations: _____

Will you be able to transport your child to and from a preschool placement? Yes No

The PSD Early Childhood Education Program does not guarantee that transportation will be available for your child. If you desire busing you must submit a request for transportation. Approval is based on several criteria.

SECTION 1: CHILD & FAMILY INFORMATION

Child's last name:						First:			Middle:			Age:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Birthdate:															
Street Address:							Mailing Address (if different):								
City:			State:		Zip:		City:			State:		Zip:			
Who does this child live with most during the year: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____															
Do you consider your child's ethnicity to be Latino or Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No					What do you consider your child's race? (choose all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander										
Child's Primary/Home Language:							Second Language:								
Child's primary language proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None															
Learned about Program from: <input type="checkbox"/> Family/Friend <input type="checkbox"/> School/Teacher <input type="checkbox"/> Doctor <input type="checkbox"/> DHS <input type="checkbox"/> Social Media <input type="checkbox"/> Radio Other _____															
Child has previously attended preschool <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and location of school:															
Primary Guardian Name Last:							First:			Relationship to child: <input type="checkbox"/> Father <input type="checkbox"/> Mother					
<input type="checkbox"/> Address is same as child's			Birthdate:				<input type="checkbox"/> Legal Guardian								
Street Address:							Mailing Address (if different):								
City:			State:		Zip:		City:			State:		Zip:			
1st Phone : ()				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Can we send you text messages?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
2nd Phone : ()				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Email:									
Parent/Guardian Primary/Home Language: Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s):															
Do you consider your ethnicity to be Latino or Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No					What do you consider your race? (choose all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander										
Education: <input type="checkbox"/> Bachelor or Above <input type="checkbox"/> Associate Degree <input type="checkbox"/> Trade School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> No Diploma Last Grade Completed: _____															
Current Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Self employed <input type="checkbox"/> Stay-at-home parent <input type="checkbox"/> Retired/Disabled															
Secondary Guardian Name Last:							First:			Relationship to child: <input type="checkbox"/> Father <input type="checkbox"/> Mother					
<input type="checkbox"/> Address is same as child's			Birthdate:				<input type="checkbox"/> Legal Guardian								
Street Address:							Mailing Address (if different):								
City:			State:		Zip:		City:			State:		Zip:			
1st Phone : ()				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Can we send you text messages?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
2nd Phone : ()				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Email:									
Parent/Guardian Primary/Home Language: Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s):															
Do you consider your ethnicity to be Latino or Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No					What do you consider your race? (choose all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander										
Current Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Self-employed <input type="checkbox"/> Stay-At-Home Parent <input type="checkbox"/> Retired/Disabled															
Education: <input type="checkbox"/> Bachelor or Above <input type="checkbox"/> Associate Degree <input type="checkbox"/> Trade School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> No Diploma Last Grade Completed: _____															
Educational Rights and Child Custody Status (**please include legal documentation from the social worker or court papers):															
<input type="checkbox"/> Both Parents (Legal & Physical Custody)				<input type="checkbox"/> Sole custody** with <input type="checkbox"/> Mom or <input type="checkbox"/> Dad				<input type="checkbox"/> Jointly (but lives with <input type="checkbox"/> Mom or <input type="checkbox"/> Dad)							
<input type="checkbox"/> Other custody between parents				<input type="checkbox"/> Foster care				<input type="checkbox"/> Grandparent(s)				<input type="checkbox"/> Guardianship with educational rights			

Other persons in the home not listed on previous page: List all children or adults who live in the same household as the child (use additional sheet of paper if there are more than four).

Full Name	Relationship to child	Date of birth	School (if applicable)	Financially supported by parent/guardian (Y/N)

SECTION 2: DEVELOPMENTAL EXPERIENCES

Do you or someone else have concerns or think your child needs support in the following areas of development?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Holding & using small objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech and language development in first/primary language
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Early learning skills
<input type="checkbox"/> Yes <input type="checkbox"/> No	Walking, running, climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision impairment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social/Behavioral skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a current/active IEP/IFSP* or is in Private Therapy

*Copies of documentation regarding your child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) are necessary to ensure that the Early Childhood Education (ECE) Program places your child in a classroom with proper resources to meet his/her needs.

Describe any concerns about your child's development:

SECTION 3: LIVING SITUATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you and your child(ren) sharing the housing of another person due to loss of housing or economic hardship?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you and your child(ren) living in hotels, motels, cars, or camping grounds due to lack of housing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you and your child(ren) living in emergency or transitional shelters/housing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your home lack proper kitchen/bathroom facilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your home have infestations, mold or other dangers?

If YES to any of the above, briefly describe the situation:

SECTION 4: ENVIRONMENTAL/FAMILY FACTORS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is currently homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents did NOT graduate high school or earn a GED
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family was homeless in the last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family has moved two or more times in the previous 12 months
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents were less than 18 years old at birth of applying child and unmarried	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current or past issues with violence or abuse
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is a single parent family/relative guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents have mental health issues or a psychiatric diagnosis
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents have periodic or significant health concerns. Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent, child or sibling has a history of learning difficulties
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do cost, space availability, or distance prevent you from enrolling your child in preschool?	<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents have been incarcerated
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents have history of alcohol or drug abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is eligible for free/reduced lunch
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents are currently deployed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent has mental health concerns about the child or there is a current psychiatric diagnosis (social/emotional issues)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child is an English Language Learner (child's home/ first language is not English)	<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents do not have stable employment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child has recurring minor or significant health issues. Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	At least one parent/guardian is an active duty member of the United States military
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child is currently in Foster Care placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	At least one parent/guardian is a veteran of the United States military
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is currently working with a social worker at the Department of Human Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child has been excluded from another preschool or childcare due to social emotional (behavior) issues

SECTION 5: ADDITIONAL INFORMATION

Use this section to describe any additional information about your child that you feel is relevant, if anything:

SECTION 6: EMPLOYMENT HISTORY

Name of Parent/Guardian:				Name of Parent/Guardian:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Did this person work in the last 12 months? (If YES, please answer below.)				<input type="checkbox"/> Yes <input type="checkbox"/> No Did this person work in the last 12 months? (If YES, please answer below.)			
How many jobs did this person work in the last 12 months? _____				How many jobs did this person work in the last 12 months? _____			
Please fill in the chart below indicating all jobs in the last 12 months and timeframe at each job. Please send in proof of income for each job. Attach an additional sheet if more than 3 jobs.				Please fill in the chart below indicating all jobs in the last 12 months and timeframe at each job. Please send in proof of income for each job. Attach an additional sheet if more than 3 jobs.			
	Employer name	Start date	End date		Employer name	Start date	End date
1				1			
2				2			
3				3			

SECTION 7: OTHER SOURCES OF INCOME

<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support - If yes, please include proof of the amount of child support received in the last 12 months.
<input type="checkbox"/> Yes <input type="checkbox"/> No	School Grants or Scholarships that include living expenses - If yes, please include proof of the amount of grants or scholarships received for living expenses in the last 12 months.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, Retirement, Veteran's or Disability Benefits - If yes, please include proof of the amount of the benefits received for the last 12 months.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Benefits - If yes, please include proof of the benefits received for the last 12 months. If worked any jobs in the last 12 months, please attach the last paystub for each job or W-2 indicating timeframe worked at each job.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or anyone in the household enrolled in Larimer County Works/TANF? If yes, please list each family member's name that is enrolled and attach a copy of the TANF contract:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or any of the family members in your household receive SSI (Supplemental Security Income)? If yes, please attach a copy of the last SSI statement.

SECTION 8: SIGN AND DATE APPLICATION

By signing below, I am verifying that the information provided to the Poudre School District Early Childhood Education (ECE) Program on this program application is, to the best of my knowledge, complete and truthful. I understand that my child may be withdrawn from enrollment if any information I have provided proves to be false. By signing, I am further verifying that I understand that submitting an application does not guarantee enrollment and that enrollment is based on the eligibility requirements of federal, state and district programs.

Parent/Guardian Signature _____ Print Name _____ Date _____

Parent/Guardian Signature _____ Print Name _____ Date _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did someone help you complete this application?
	If yes, who: _____ Relation to Parent/Guardian _____
	Phone: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for the person listed above to be contacted in order to help my child enroll in the program.