Office Use Only

Date Received:_____

School Year Applying For:_____

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
Email: psdece@psdschools.org www.bit.ly/PSDpreschool

POUDRE SCHOOL DISTRICT
Early Childhood
EDUCATION PROGRAM

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.

DOCUMENTS REQUIRED FOR YOUR CHILD'S ELIGIBILITY

- Proof of your current income (submit any one of the examples below)
  - Current Federal Income Tax form (preferred)
  - All W-2 forms for the current year (preferred)
  - Payroll check stubs (reflecting past 12 months of income)
  - Public Assistance (TANF, SSI or SNAP)
  - Foster Care Stipend/documentation
  - Social Security documentation
  - Letter from current employer (subject to verification)
  - Unemployment Compensation
  - Signed statement of no income
- Verification of Child's Birth Date (examples: Birth Certificate, Immunization Record, Physical Exam)
- Completed ASQ-3 and ASQ-SE screening – Complete online or at Fullana
- Proof of address (copy of utility bill, mortgage or lease signed by landlord)
- Completed Enrollment Packet – Complete online or at Fullana
- Online Application – Complete online
- Colorado Universal PreK application – www.upk.colorado.gov (School age 4-year olds)
- Custody documentation (if applicable)

DOCUMENTS REQUIRED PRIOR TO YOUR CHILD'S FIRST DAY OF SCHOOL

- Current Physical Exam (Hard copy or screenshot from Patient Portal)
- Current Immunization Record (Hard copy or screenshot from Patient Portal)

Apply today!
Enrollments happen throughout the school year.

(970) 490-3204

This application is best completed on a laptop or computer. Computers are available at Fullana Learning Center.

Classes offered:
Monday - Thursday

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 EHS Family Specialist home visits) ☐ childcare center-based program (monthly EHS Family Specialist home visits, limited space available)

If I am eligible and enrolled under Early 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 or 4.

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 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.

☐ **Check this box if you are applying for placement in the preschool no-cost program.** Children may be eligible to enroll in a no-cost program option under Head Start or UPK 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 AM Classroom ☐ Half Day PM Classroom ☐ Full Day Classroom ☐ Either

☐ **Check this box if you are applying for a <u>tuition-based</u> placement in the preschool program.** Tuition-based applicants do not need to submit income information.

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.

SCHOOL CHOICES AND TRANSPORTATION

☐ I am open to any location within Poudre School District _____**Initials**

☐ I only want placement at locations specified below and will decline other offers _____**Initials**
Locations: _____

☐ I have already requested a Universal PreK slot at the following site _____

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. (www.bit.ly/PSDpreschool)

SECTION 1: CHILD & FAMILY INFORMATION

Child's first name: | **Middle name:** | **Last name:**

Birthdate: | Age: | Sex: ☐ M ☐ F

Street Address: | Mailing Address (if different):

City: | State: | Zip: | City: | State: | Zip:

Do you consider your child's ethnicity to be Latino or Hispanic
☐ Yes ☐ No

What do you consider your child's race? (choose all that apply)
☐ American Indian/Alaskan Native ☐ Black/African American ☐ White
☐ Asian ☐ Native Hawaiian/Pacific Islander

Child's First Language: | Second Language: | Additional Language:

Child's ability in First Language: ☐ Proficient ☐ Moderate ☐ Little ☐ None

Child's ability in Second Language: ☐ Proficient ☐ Moderate ☐ Little ☐ None

List other languages spoken in the home:

Learned about Program from: ☐ Family/Friend ☐ School/Teacher ☐ Doctor ☐ DHS ☐ Social Media ☐ Other_____

Which language do you prefer for communication to and from school/program_____

Primary Guardian Name First: Last:

Relationship to child: ☐ Father ☐ Mother ☐ Legal Guardian

☐ **Address is same as child's**

Birthdate:

Street Address: | Mailing Address (if different):

City: | State: | Zip: | City: | State: | Zip:

1st Phone : ☐ Cell ☐ Work | Cell Phone Provider:

If a Poudre District Employee, which site and what is your role:

Email:

Parent/Guardian Primary/Home Language: Bilingual? ☐ Yes ☐ No If yes, what language(s)_____

Do you consider your ethnicity to be Latino or Hispanic
☐ Yes ☐ No

What do you consider your race? (choose all that apply)
☐ American Indian/Alaskan Native ☐ Black/African American ☐ White
☐ Asian ☐ Native Hawaiian/Pacific Islander

Education:
☐ Bachelor or Above ☐ Associate Degree ☐ Trade School ☐ High School Diploma ☐ GED ☐ No Diploma Last Grade Completed: _____

Current Employment Status:
☐ Full-Time ☐ Part-time ☐ Seasonal ☐ Unemployed ☐ Student ☐ Self-employed ☐ Stay-at-home parent ☐ Retired/Disabled

Secondary Guardian Name First: Last:

Relationship to child: ☐ Father ☐ Mother ☐ Legal Guardian

☐ **Address is same as child's**

Birthdate:

Street Address: | Mailing Address (if different):

City: | State: | Zip: | City: | State: | Zip:

1st Phone : ☐ Cell ☐ Work | Cell Phone Provider:

If a Poudre District Employee, which site and what is your role:

Email:

Parent/Guardian Primary/Home Language: Bilingual? ☐ Yes ☐ No If yes, what language(s)_____

Do you consider your ethnicity to be Latino or Hispanic
☐ Yes ☐ No

What do you consider your race? (choose all that apply)
☐ American Indian/Alaskan Native ☐ Black/African American ☐ White
☐ Asian ☐ Native Hawaiian/Pacific Islander

Education:
☐ Bachelor or Above ☐ Associate Degree ☐ Trade School ☐ High School Diploma ☐ GED ☐ No Diploma Last Grade Completed: _____

Current Employment Status:
☐ Full-Time ☐ Part-time ☐ Seasonal ☐ Unemployed ☐ Student ☐ Self-employed ☐ Stay-at-home parent ☐ Retired/Disabled

Educational Rights and Child Custody Status

☐ Both Parents (Legal & Physical custody) ☐ Sole custody with: ☐ Mom or ☐ Dad ☐ Jointly, but lives with: ☐ Mom or ☐ Dad

☐ 50/50 Custody between parents ☐ Other Custody between parents ☐ Foster Care ☐ Kinship Care ☐ Guardianship with educational rights

Do you have Custody Court Documentation? ☐ Yes ☐ No **If yes, please provide documentation.**

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 six).

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

SECTION 2: DEVELOPMENTAL FACTORS

Do you have concerns about your child's development? ☐ Yes ☐ No If yes, please describe:

Does your child have an: ☐ IEP (Individual Education Plan) or ☐ Early Intervention Services or ☐ Private Therapy?

SECTION 3: LIVING SITUATION

Please check which of the following situations the child resides in (choose all that apply or None of the above):

☐ Living with extended family members, non-family members, or friends

☐ Motel, car, campsite, or park

☐ Shelter (emergency safehouse) or transitional housing program

☐ Inadequate housing (lacks proper kitchen, bathroom facilities, water or electricity, and/or infestations, mold, or other dangers)

☐ None of the above

☐ Other, please explain:

SECTION 4: ENVIRONMENTAL/FAMILY FACTORS

☐ Yes ☐ No	Family is currently homeless
☐ Yes ☐ No	Family was homeless in the last 12 months
☐ Yes ☐ No	One or both parents were 18 years or younger at birth of applying child
☐ Yes ☐ No	Family is a single parent family/relative guardian
☐ Yes ☐ No	Member of the household has periodic or significant health concerns. Explain:
☐ Yes ☐ No	One or both parents have history of alcohol or drug abuse
☐ Yes ☐ No	Is any other language spoken in the home on a regular basis?
☐ Yes ☐ No	Child has recurring minor or significant health issues. Explain:
☐ Yes ☐ No	Child is currently in Foster Care or Kinship placement
☐ Yes ☐ No	Family is currently working with a social worker at the Dept of Human Services or Child Protection Services

☐ Yes ☐ No	One or both parents did NOT graduate high school or earn a GED
☐ Yes ☐ No	Current or past issues with violence or abuse
☐ Yes ☐ No	One or both parents have mental health issues or a psychiatric diagnosis
☐ Yes ☐ No	One or both parents have been incarcerated
☐ Yes ☐ No	Family is eligible for free/reduced lunch ☐ Do not know
☐ Yes ☐ No	At least one parent/guardian is an active-duty member of the United States military
☐ Yes ☐ No	At least one parent/guardian is a veteran of the United States military
☐ Yes ☐ No	Child has been excluded from another preschool or childcare due to social emotional (behavior) issues
☐ Yes ☐ No	Do you have internet service at home?
☐ Yes ☐ No	Do you have a laptop or tablet at home for remote learning?
☐ Yes ☐ No	Do you have Housing Choice Voucher?

SECTION 5: CURRENT EMPLOYMENT HISTORY

Name Parent/Guardian:				Name Parent/Guardian:			
Please fill in the chart below indicating your current employment situation.				Please fill in the chart below indicating your current employment situation.			
	Employer Name	Start Date	End Date		Employer Name	Start Date	End Date
1				1			
2				2			
3				3			

SECTION 6: OTHER SOURCES OF INCOME

☐ Yes ☐ 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.
☐ Yes ☐ 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.
☐ Yes ☐ 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 (Temporary Assistance for Needy Families) contract:
☐ Yes ☐ 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.
☐ Yes ☐ No	Are you or anyone in your household enrolled in SNAP (Supplemental Nutrition Assistance Program)? If yes, please attach a copy of your last eligibility letter.

SECTION 7: 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** _____ **Today's Date**_____

Parent/Guardian Signature _____ **Print Name** _____ **Today's Date**_____

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