

SCHOOL ZONE: _____

**DANVILLE PUBLIC SCHOOLS
PRESCHOOL APPLICATION FORM**

Name of Child _____ Sex _____ Race _____
(Last) (First) (Middle) (Nickname)

Address of Child _____ Zip _____

Birthplace _____ Date of Birth _____ Birth Certificate # _____
(City) (State)

Home Phone # _____ Cell Phone # _____ Other Phone # _____

Name of Father _____ Address of Father _____

Name of Mother _____ Address of Mother _____

Child lives with: Both Parents Mother Father Other* _____ (must have custody order)
(Relationship)

*Name _____ Address _____

Father's Employment _____
(Place) (Hours) (Dept.) (Phone)

Mother's Employment _____
(Place) (Hours) (Dept.) (Phone)

Emergency Contact Person _____
(Name) (Phone) (Relationship)

List names of brothers/sisters that are preschool (age 4) through 12th grade:

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Daycare/Preschool Experience: Yes No If yes, where and for how long? _____

Is your child presently enrolled in a daycare/preschool program? Yes No

If yes, where? _____

My signature below gives permission for Grove Park Preschool to verify residency with my landlord.

Parent/Guardian's Signature _____

Date _____

For Office Use Only:

- | | | | |
|--|----------------------------------|--|--|
| <input type="checkbox"/> Not on Head Start Roster | <input type="checkbox"/> Title I | <input type="checkbox"/> Virginia Preschool Initiative | <input type="checkbox"/> Preschool Screening Forms |
| <input type="checkbox"/> Birth Certificate | | | <input type="checkbox"/> Application |
| <input type="checkbox"/> Social Security Information | | | <input type="checkbox"/> Initial Entrant Screening Notification |
| <input type="checkbox"/> Address Verification _____ | | | <input type="checkbox"/> School Entrance Health Information Form |
| <input type="checkbox"/> Physical _____ | | | <input type="checkbox"/> Home Language Survey |
| <input type="checkbox"/> Immunization Record _____ | | | <input type="checkbox"/> Permission Slip |
| <input type="checkbox"/> Verification of School Zone | | | |
| <input type="checkbox"/> Toilet Trained | | | |

Information Sheet

Volunteer Information: Please check yes or no.

I would like to volunteer in the preschool program. Yes No

I will try to attend and participate in parent meetings and activities. Yes No

Please check any of the following which apply to your family:

	Have	Want	Do Not Need
Social Services			
Medical Services			
Mental Health Services			
WIC			
Housing Help			
Weatherization			
Clothing Help			
Financial Help			

Please indicate your annual income:

\$7,500 - \$12,500 \$12,501 - \$17,500 \$17,501 - \$22,500 \$22,501 & up

Number in family: _____Adults _____Children _____Total

Is the mother in this family in school? Yes No

If yes, please list the name of the school: _____

List any strengths or areas of particular concern you have about your child:
