

RAYMOND CENTRAL PRESCHOOL APPLICATION

SECTION 1: CHILD INFORMATION

Legal Name _____ Male _____ Female _____
Last First MI

Date of Birth ____/____/____ Age (as of July 31) _____

Ethnicity: Is the student Hispanic or Latino? Yes _____ No _____

Race: _____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

Home Address _____ City _____ Zip _____

Mailing Address (if different from above) _____

SECTION 2: FAMILY INFORMATION

Father's Name _____ Father's Employer _____

Father's Phone (Home) _____ (Work) _____ (Cell) _____

Mother's Name _____ Mother's Employer _____

Mother's Phone (Home) _____ (Work) _____ (Cell) _____

Father's Email _____ Mother's Email _____

Parent's Marital Status: _____ Married _____ Separated _____ Divorced _____ Single

Siblings	Age	School/Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Others living with Family _____

Emergency Contact Name _____

Relationship to Student _____ Phone _____

SECTION 3: SPECIAL NEEDS

Does child have an **identified disability**? ___N ___Y Describe _____

Does child presently **receive services**? ___N ___Y Who is the provider? _____

Does child have any **special needs or health related problems**? ___N ___Y

Describe _____

Is child **potty trained**? ___Y ___N (We define "potty trained" as the ability to go to the restroom unassisted or tell the teacher without prompting they need to go. Potty trained children do not wear diapers, pull-ups or need frequent reminders to use the restroom.)

SECTION 4: ADDITIONAL INFORMATION

Do you currently have children in the **Free/Reduced Lunch Program**? ___N ___Y

If not, **do you plan to apply** for the Free/Reduced Lunch Program? ___N ___Y

Was your child **born prematurely or at a low birth weight** as verified by a physician? ___N ___Y

Parents' highest **level of education** completed _____

SECTION 5: TRANSPORTATION

Raymond Central **may** provide transportation for preschool students at designated pick up spots. Would you be interested in transportation to and from preschool at designated pick up and drop off locations? ___N ___Y

Where does your child go to daycare to coincide with busing? _____

SECTION 6: SESSION PREFERENCE

_____ Monday and Wednesday

_____ Tuesday and Thursday

SECTION 7: Application is Considered Complete upon Receipt of the Following Items

1. Certified copy of the child's birth certificate
2. Up-to-date immunization record
3. Any documentation for evidence of special priority considerations

Parent/Guardian Signature _____ Date _____