

Colorado Preschool Program Early Childhood Education 720-561-5075 phone, 720-561-5142 Fax

## Colorado Preschool Program 2013-2014

The Boulder Valley School District Preschool Program offers free preschool for families that qualify. The program is paid for by the State of Colorado and eligibility is determined by a variety of factors. Filling out this application does not guarantee you a spot. We will contact you if we can place your child.

Your child must be 3 or 4 years old by September 30th, 2013.

If your family is eligible for Colorado Preschool Program funds, you will be given the opportunity to request your choice of school for your child. However, our BVSD staff personnel will make the final placement and you will be required to enroll at the school where your child has been assigned. You must submit a current **physical exam** and updated **immunization records** prior to enrollment.

### This application is not complete until we have a copy of each of the following documents:

#### Required:

- Copy of student's birth certificate or passport
- Proof of residency (copy of lease, utility bill or house contract)
- Current copy of student's immunizations
- Current Physical Exam (with signature from Health Care Provider)
- Student Enrollment Online (SEO)

District Sites		Community Sites	
Boulder	Aurora 7 (BCIS/High Peaks)	Acorn Preschool	
	Columbine Elementary	Children's Alley YWCA	
	Creekside Elementary	Children's House Preschool	
	Douglass Elementary	Family Learning Center	
	Flatirons Elementary	New Horizons Preschool	
	Heatherwood Elementary		
	Mapleton Early Childhood Center		
	University Hill Elementary		
Broomfield	Aspen Creek K-8		
	Birch Elementary		
	Emerald Elementary		
	Kohl Elementary		
Lafayette	Escuela Bilingüe Pioneer	Friends N' Fun Preschool	
	Lafayette Elementary	Take a Break Preschool	
	Ryan Elementary		
	Sanchez Elementary		
Louisville	Fireside Elementary	Louisville Preschool	
	Louisville Elementary		
	Monarch K-8		
Nederland	Nederland Elementary		

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Child's full name					
	Last Name	First N	ame Mi	ddle Name	
Boy Girl	Birth date:	City/Country of Birtl	h	-	
Parent/Guardian	ardian (1) Relationship to child				
Parent/Guardian	(2)	Relationsh	ip to child		
Home Address		_Apt Home phone			
City	State Zip Code	Cell phone _			
F-mail Address(s)	:				
L-man Address(s).					
	ole living in this child's ho				
Name	Birth Date	School	Grade	Relationship	
Emergency Conf	tact: Phone:		_ Relationship:		
Name:	Phone:	inches	_		
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# **Preschool Application 2013-2014**

Note: This information is required if applying for Colorado Preschool Program funding. This application will not be processed until all information is complete. All information will be kept confidential and will only be used to determine program eligibility.

Eligibility Information:
What is your family's monthly gross income (before taxes)? \$
<ul> <li>Is either parent/guardian unemployed? Yes No Who?</li> </ul>
<ul> <li>Parent/Guardian marital status: Married Single Separated Divorced</li> </ul>
Who does the child live with?
<ul> <li>Age at birth of first child: Parent/Guardian (1) Parent/Guardian (2)</li> </ul>
<ul> <li>Highest grade completed in school: Parent/Guardian (1) Parent/Guardian (2)</li> </ul>
<ul> <li>Is your child in need of language development, including but not limited to the ability to speak English?</li> <li>Yes No Explain:</li> </ul>
Is your child receiving services from the State Department of Social Services? Yes No
Has your child experienced frequent relocations within this year? Yes NoHow often?
Was your child premature? Yes No Birth Weight: lbs oz.
Did birth mother have prenatal care? Yes No
Was there anything unusual about your child's birth or early infancy? If so, please explain:
<ul> <li>Is your child/family homeless (does not have consistent sleeping quarters, is living with another family, is in transitio housing)? Yes No Explain:</li> </ul>
Is your child in foster care? Yes No
Is your child adopted? Yes No If yes, when?
Is there an abusive adult residing in the home? Yes No Explain:
Is there drug or alcohol abuse in the home where this child lives? Yes No
Explain
Does your child have poor social skills? Yes No Explain:
Additional Information you would like to share that you feel may assist staff to determine eligibility.
I certify (promise) that all information on this application is true and that all income is reported. I understand that BVSD will g State funds based on the information I give. I understand that school officials may verify the information on the application. Purposely giving false information may result in a loss of preschool benefits.
Parent/Guardian Signature Print Name