

# Colorado Preschool Program Application

<p>Today's Date _____</p> <p>Child's Name _____</p> <p>Child's Date of Birth _____</p>	<p style="text-align: center;"><b>Preferred Site</b></p> <p>(Please rank in order of preference 1-5)</p> <p>___ Beech Street ___ A.M. ___ P.M. ___ All day ___ Children's House (Children's Kiva) ___ Treehouse ___ Por Dia ___ Ute Mountain Ute Child Development Center</p>
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**Family Information (or custodial guardian)**

Child lives with:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Length of time at address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Graduated High School:      Yes      No

Age at birth of child: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or guardian Primary language \_\_\_\_\_

Does your family qualify for any of the following:

Medicaid \_\_\_                      SNAP \_\_\_                      TANF \_\_\_

Free & Reduced Lunches \_\_\_      WIC \_\_\_                      CHP+ \_\_\_

How many times has your family moved from one house to another in the past 5 years? \_\_\_\_\_

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## Family Information 2 (or custodial guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, if different: \_\_\_\_\_

Length of time at address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Graduated High School:      Yes      No

Age at birth of child: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or guardian Primary language \_\_\_\_\_

## Information to help us get to know your child and family

These are things I want my child to learn in preschool this year:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Do you have any questions and/or concerns regarding your child's development in any of the following areas:

Language/Speech      \_\_\_

Gross Motor (running, skipping, jumping)      \_\_\_

Social (How your child interacts with others )      \_\_\_

Names of brothers and sisters and ages: \_\_\_\_\_

Other people who live in our household are (names and relationships): \_\_\_\_\_

\_\_\_\_\_

Describe your current living situation, including any recent changes: \_\_\_\_\_

\_\_\_\_\_

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Has your family experienced any of the following:

Witnessed violence \_\_\_\_

Substance abuse (drugs or alcohol) \_\_\_\_

Separation \_\_\_\_

Incarceration \_\_\_\_

Involvement with the Department of Social Services \_\_\_\_

Other (please explain) \_\_\_\_

Please explain:

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## Language

My child understands and speaks English well:      Yes      No

Other languages spoken in our home: \_\_\_\_\_

My signature indicates that the information I have provided in this application is true and that I agree to participate in my child's preschool education as described in the Family Involvement section.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Feel free to include any additional information below or on the back of this form: