

Preschool Initial Information - 3 year old

Sherman Early Childhood Center

Sherman Preschool

*300 Sherman Street
Fort Morgan, CO 80701*

Date of Application: _____

Child's Name: _____

Does the child have an Individual Education Plan (IEP) YES NO

Child's Address: _____

Home Phone: _____

Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Parent/Guardian Phone Number: _____

Siblings and Schools They Attend: _____

This form is the initial application to express interest in preschool. The school will contact the Parent/Guardian if a spot in preschool is available.