



# BEST IN CLASS Pre-Kindergarten Program Student Application 2024-25

One of the goals of Best in Class is to help make quality early experiences affordable and accessible to all families. The information below is being collected to determine eligibility of participation in the Best in Class Pre-Kindergarten Program. The program will use the information to meet Best in Class enrollment. All information you share is confidential.

The application deadline for consideration in the program is Wednesday, July 31, 2024 at 12 p.m. noon. If more than the maximum number of students apply for participation, a randomized selection process will occur.

**Child Applying for Pre-K:** \_\_\_\_\_  
Student First Name Student Last Name

**Student's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (student must be age 4 by July 31, 2024)  
Month Date Year

Please check YES or NO to the following questions:

YES  NO Has the student ever attended another pre-school program?  
If yes, please share the pre-school name: \_\_\_\_\_

YES  NO Is the student currently on an Individual Education Plan (IEP) or receive any additional services (speech, OT, PT)?

If the student is receiving additional services, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please complete the following information for the student's parent/guardian.  
Please supply all contact information.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
(Must reside within the Fargo Public School District attendance boundaries)

**Parent/Guardian Phone Number:** \_\_\_\_\_

**Parent/Guardian Email Address:** \_\_\_\_\_

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Do you currently receive or are you eligible to receive any of the following services? *Check YES or NO.*

- YES    NO      Child Care Assistance Program (CCAP)
- YES    NO      Supplemental Nutrition Assistance Program (SNAP)
- YES    NO      Medicaid or Children’s Health Insurance Program (CHIP)
- YES    NO      Housing Assistance (Housing Choice Voucher, USDA rent assistance)
- YES    NO      Free or Reduced Lunch Program

How many **people** are currently living **in your household**? \_\_\_\_\_

*Note: A “household” includes anyone who lives together in one place most of the time, even if not related.*

Please indicate the range that best describes **your gross household income**. Choose the chart that corresponds to the number of people in your household, as noted above. Place a check mark by your household income range.

*Note: Gross household income includes any income earned by a household member who is age 18 or older.*

2-person household	3-person household	4-person household
_____ < \$42,467	_____ <\$52,460	_____ < \$62,452
_____ \$42,468 - \$70,778	_____ \$52,461 - \$87,433	_____ \$62,453 - \$104,087
_____ \$70,779 - \$106,168	_____ \$87,434 - \$131,150	_____ \$104,088 - \$156,130
_____ >\$106,169	_____ >\$131,151	_____ >\$156,131
5-person household	6-person household	
_____ < \$72,444	_____ <\$82,437	
_____ \$72,445 - \$120,740	_____ \$82,438 - \$137,395	
_____ \$120,741 - \$181,110	_____ \$137,396 - \$206,093	
_____ >\$181,111	_____ >\$206,094	

*I confirm that the information I have provided above is true and correct to the best of my knowledge. I will agree to work with my Best in Class program administrator if additional information is needed/requested.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date