



StormHawks Preschool

School Year

Start Date

StormHawks Preschool: Financial Aid Request

For Nature, 3 year and 4 year only

Child's Name _____ Child's Date of Birth _____ __ M __ F

Parent/Guardian _____ Email _____

Address _____ City/Zip _____

Daytime Phone _____ Other Phone _____

Number of people living in household _____ Adults _____ Children

Please tell us about your need for financial assistance:

- Other factors that put your child at risk for not being fully prepared for kindergarten. Please check all that apply:
 - Developmental or behavioral concerns
 - Child's primary language other than English; Language spoken by child _____
 - No previous preschool experience

Does your child require transportation? No Yes: Please complete the transportation request form found online and return to the Community Ed office.

Has your child completed Early Childhood Screening? No Yes

State funds are used on the basis of this information. I certify the information provided on this application is true and correct.

Signature _____ Date _____

Please include **one** of the following with this application:

- a copy of two paystubs or W2 forms
- most recent income taxes of household income
- statement of county services provided (WIC, SNAP/EBT, Medical Assistance)
- free/reduced lunch

Return form and required documents to:

StormHawks Preschool Attn: Early Childhood Specialist
110600 Village Rd, Chaska, MN 55318
communityed@district112.org



COMMUNITY EDUCATION

110600 Village Road | Chaska, MN 55318
952.556.6400 ce4all.org