

Please complete the information below for our records and return to an Early Childhood Education building secretary by **Friday, May 19, 2017** to be entered into the Preschool lottery. The lottery will be held on Wednesday, May 31, 2017. Families will be contacted after that date to advise if their child was chosen for preschool placement.

Child's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Parents' Names \_\_\_\_\_ Email address: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Number \_\_\_\_\_

Elementary Attendance Area \_\_\_\_\_

Please pick a first, second, third, fourth and fifth choice, 1=1<sup>st</sup> choice, 2=2<sup>nd</sup> choice, 3=3<sup>rd</sup> choice, 4=4<sup>th</sup> choice, and 5=5<sup>th</sup> choice. We will fill by first choice until the section is full and then by second, third, fourth and fifth choices. You may place a DW next to a blank to indicate a placement you do **not** want.

\_\_\_\_\_ 3 days **PM** (Tuesday, Wednesday, Thursday)

\_\_\_\_\_ 4 days **AM** (Monday, Tuesday, Wednesday, Thursday)

\_\_\_\_\_ 4 days **PM** (Monday, Tuesday, Wednesday, Thursday)

\_\_\_\_\_ 4 days **AM** (Tuesday, Wednesday, Thursday, Friday)

\_\_\_\_\_ 4 days **PM** (Tuesday, Wednesday, Thursday, Friday)

Please list your preference, 1-3 on location: 1=1<sup>st</sup> choice, 2=2<sup>nd</sup> choice and 3=3<sup>rd</sup> choice. You may place a DW next to a blank to indicate a placement you do **not** want.

\_\_\_\_\_ ECE West – 5323 Ville Maria Lane – 953-7650

\_\_\_\_\_ ECE Central – 15955 New Halls Ferry Road – 953-4950

\_\_\_\_\_ ECE East – 12555 Partridge Run Drive – 953-7600

Is your child currently receiving Speech service through Hazelwood Early Childhood? Yes No

**Lottery forms will not be accepted from any families who owe any outstanding tuition or fees.**

For Office Use Only:

Placement: \_\_\_\_\_ Waiting List # \_\_\_\_\_

Location: West Central East \_\_\_\_\_AM \_\_\_\_\_PM

Dial 4 Screening Date \_\_\_\_\_ Motor \_\_\_\_\_ Concepts \_\_\_\_\_ Language \_\_\_\_\_ T1 Referral \_\_\_\_\_