



# USD 475 Early Childhood Program Application Form



Thank you for your interest in the Early Childhood Program. We serve students 3 and 4 years of age that live within the USD 475 school boundaries through our grant funded Pre-K program. This form serves as the first step in the inquiry process and provides us with documentation required by the state. When your application is received, you will be sent links to two online parent questionnaires, the ASQ-3 and ASQ-SE. Further communication will occur with your family once these two questionnaires are completed if additional steps are necessary before adding your child to our waiting list.

Today's Date: \_\_\_\_\_

Child's Name (First and Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Parent/ Guardian Name (s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Race (please select all that apply):

- American Indian/Alaska Native  Asian  Black or African American  White
- Native Hawaiian/Other Pacific Islander  Middle Eastern/North African  Hispanic/Latino

**Please help us to get to know your family and your child by answering the following questions.**

Has your child attended any early childhood programs, early intervention programs, or received any other type of support services? If so, please list them: \_\_\_\_\_

Does your child speak or understand any language other than English?  YES  NO

Is there any other language spoken in the home besides English?  YES  NO

If yes, please list any other languages spoken in the home: \_\_\_\_\_

Are either parent/guardians currently Active Duty?  YES  NO

Is your child independent in daytime toileting routines?  YES  NO If no, please briefly explain their current stage of potty training:

Placement location preference:  Fort Riley  Junction City  First Available

## Need Indicators:

- Does your child have an identified developmental need?  YES  NO
- Does your child have an IEP (Individualized Education Plan)?  YES  NO
- Do you have concerns regarding your child's development?  YES  NO  
If yes, please describe: \_\_\_\_\_
- Does your family currently qualify for the following?  Food Stamps  TANF
- Does your family qualify for free or reduced-priced school meals?  No  Free  
 Reduced  Unknown (An application will be provided upon enrollment to verify.)
- Is there a written referral from the Kansas Department of Children and Families for this child?  YES  NO (Please provide a copy of documentation.)
- Does either parent lack a high school diploma or GED certificate?  YES  NO
- Were either parent 19 years of age or younger at the time of the child's birth?  
 YES  NO If yes, please list. Mother DOB \_\_\_\_\_ Father DOB \_\_\_\_\_
- Is the child in a single parent family?  YES  NO
- Is your family currently in a temporary living arrangement such as living with another family, in a hotel, or migrant status?  YES  NO (If migrant status, please provide a copy of documentation.)
- Is the child currently living in foster care, custodial kinship care, or out-of-home living arrangement?  YES  NO If yes, please briefly explain:  
\_\_\_\_\_  
\_\_\_\_\_
- Does the child have health insurance (private, military, state, etc.)?  YES  NO
- If there is additional information you would like to share with the program, please do so below:  
\_\_\_\_\_  
\_\_\_\_\_

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For questions, please call 785-717-6975 or email Deana Campbell at [deanacampbell@usd475.org](mailto:deanacampbell@usd475.org). This form can be emailed to Ms. Deana, mailed to the Early Childhood Center, or dropped off at the Early Childhood Center office located at 1803 Elmdale Avenue, Junction City, Kansas 66441 during office hours Monday through Friday from 8 a.m. through 4 p.m.

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### For Office Use Only:

Application Received \_\_\_\_\_ ASQs (2) Links Sent \_\_\_\_\_ ASQs (2) Received \_\_\_\_\_ Programs \_\_\_\_\_