



StormHawks Preschool

Acct_____ Start_____

Age_____ ECS_____

SR ☐ VPK ☐ PW2 ☐

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:

☐ Participant in public aid programs (ex. WIC, SNAP/EBT, Medical Assistance)

☐ Income meets qualifying level

Other factors that put your child at risk for not being fully prepared for kindergarten. Please check all that apply:

☐ Developmental or behavioral concerns identified in screening

☐ Child's primary language other than English; Language spoken by child_____

☐ No previous preschool experience

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 for each parent/guardian with an income

☐ most recent income taxes of household income

☐ statement of county services provided (WIC, SNAP/EBT)

☐ free/reduced lunch

Does your child require transportation? ☐ No ☐ Yes

Has your child completed Early Childhood Screening? ☐ No ☐ Yes

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