Pre-Enrollment Form
Little Cats Preschool

Student Last Name: _____First: _____/Preferred _____ Middle: _____

Enrolling in: 4-year-old preschool (4 by July 31, 2026) _____ 3-Year-old preschool (3 by July 31, 2026) _____

Street Address: _____City/State:_____Zip: _____

Mailing Address: _____City/State: _____Zip:_____

Home Phone: (___)_____ Email: _____

Birth Date ___/____/_____ Gender: (circle) Male Female

Do you have a student(s) currently enrolled in the school district? Yes _____ No _____

Does your family, or do you believe you will, qualify for free or reduce lunch status during the 26-27 school year? Yes ____ No____

Program preference: Only Full Day_____ Only Half Day_____ Either Option _____

For 4-year-old preschool only:
____(Initial here) I understand that there is the possibility of a fee to attend Little Wildcats Preschool if grant funding is not made available through the State of Missouri.

For 3-year-old preschool only:
____(Initial here) I understand that if my family does not qualify for Free or Reduced Lunch Status then I am responsible for the tuition fee.

☐ **check if student primarily resides here**	☐ **check if student primarily resides here**
Father _____	Mother_____
Home/Cell_____Work_____	Home/Cell_____Work_____
Address_____	Address_____
City _____State_____Zip_____	City _____State_____Zip_____
Employer _____	Employer _____
Email _____	Email _____

Special Services: List educational services received beyond regular classroom instruction (i.e. IEP/Special Education, Reading, SP/LG, 504, English Language Learner, etc.):

_____

_____

Sibling Information: Please list all siblings residing in the Harrisonville Cass R-IX School District:

Name _____Grade/Date of birth_____

Name _____Grade/Date of birth_____

Name _____Grade/Date of birth_____

Wildcat Club (Before and After School Care)
Please check one of the following:

My preschool student will enroll in Wildcat Club. ☐

My preschool student will NOT enroll in Wildcat Club. ☐

My preschool student may enroll in Wildcat Club. ☐

My child's preschool screening has, or will be, completed on (Date/Time): _____

_____ (Initial to state your understanding) **Placement in a Little Cat Preschool Classroom is not confirmed until you receive a verification email from Dr. Beth Love and have met all the necessary requirements**

If there is no parent or legal guardian in the household a Waiver of Residency form must be completed. If parent or legal guardian and student are residing with a third party in the district a Resident's Affidavit must be completed.

I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student. By signing I/we authorize the Harrisonville Cass R-IX School District to request school records including special education records from all districts attended in the last 12 months. I/we understand any falsification or omission of information regarding the enrollment of said student in the Harrisonville Cass R-IX School District may result in suspension, expulsion or denial of enrollment. I/we also understand that submitting false information relating to residency is a class A misdemeanor.

Signature _____ *Printed Name* _____ *Date*_____

The Board of Education does not discriminate on the basis of race, color, national origin, ancestry, age, religion, marital status, pregnancy, sex, exercise of FMLA rights or disability in employment, educational programs or activities as set forth in policy AC.

NOTE: The reader is encouraged to review policies and/or procedures for related information in this administrative area.