

Dodge County Primary School Pre-K Application

Office Use Only:	
BC ___ POR ___ SS ___	DATE _____ Time _____ INI _____

Child's Name _____ Sex _____ Race (optional) _____

Name to be called at school _____ Child's Birthday _____

Name of parents child lives with _____

911 Address _____ S.S. # for child _____

Mailing address (if different) _____

Home phone _____ Cell phone _____ Neighbor phone _____

Mother's Employment _____ Work Phone _____

Father's Employment _____ Work Phone _____

Grandparents Name _____ Phone # _____

Other Children in Family

Name	Age	School Attending
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1.

2.

3.

Check if you/your child receives these: ___ TANF ___ Food Stamps ___ Medicaid

Please list your monthly gross (before taxes) income for your household _____

Is your child registered at another Pre-K program for this coming school year? ___ Yes ___ No

If so, where? _____

Where does your child attend daycare now? _____

If accepted, how will your child get home?

___ parent pick up ___ county bus ___ city bus

