

# Preschool Initial Information - 3 year old

*Sherman Early Childhood Center*

*Sherman Preschool*

*300 Sherman Street  
Fort Morgan, CO 80701*

Date of Application: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Does the child have an Individual Education Plan (IEP)      YES              NO

Child's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_              Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Siblings and Schools They Attend: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*This form is the initial application to express interest in preschool. The school will contact the Parent/Guardian if a spot in preschool is available.*