



Public Preschool Application

Applying for public Prekindergarten does not automatically guarantee enrollment into our program. We have a limited amount of spaces based on funding and restrictions. In order for your application to be considered, you must complete this application and attach ALL required documents. Incomplete applications will not be processed and may affect your child's placement into our program.

Student Information

Child's Full Name: _____ Nickname: _____

Birthdate: _____ Child's Gender: _____

Child's Physical Address: _____

Family Information *Child lives with:* _____

(1.) Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Address: _____

Employer: _____ Work Phone: _____

Employer

Address: _____

(2.) Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____

Parents are (select all that apply):

Living Together Separated Divorced Widowed

Will you need before and/or after care. Preschool is from 8:45-3:15

Before Care 7:00-8:45 am After Care 3:15-5:15 pm

The Learning Bee seeks and admits students without regard to race, color, creed, sex, ethnic origin, disabilities and health care needs. The school does not discriminate in the administration of its policies and program.



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*Total household gross income- must be verified to qualify for placement. List all household members (including yourself) even if they do not receive an income. Household income **MUST** be documented by submitting one of the following: **2 consecutive paystubs within the last six months; or 2021 tax return (1040); or 2021 W’2’s; or unemployment verification. Include a copy of child’s Birth Certificate and verification of address.***

First and last name of all Household members	Individual’s date of birth
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Does your child have an IFSP/IEP? YES / NO

Does your child have any allergies? YES / NO – If yes, please provide information on the Emergency Form and complete an Allergy Action Plan. Have the doctor complete necessary sections.

Is this child in Foster Care? yes no Is this child homeless? yes no

Are there any medical or emotional concerns we should be aware of? YES / NO – if yes, please explain:

What language(s) did your child first learn to speak? _____

What language(s) does your child use most often to communicate? _____

What language(s) are spoken in your home? _____

Parent / Guardian _____
Signature

Date

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