



The Center at Lake County Elementary
Early Childhood Programs
Lake County School District R-1

Head Start, Early Head Start, Children with disabilities, and Tuition Based

Dear Parents,

Thank You for your interest in The Center Early Childhood Programs. Our program offers a school readiness preschool program and extended day high quality child care.

The Following Items MUST be included with your application in order for it to be processed.

- Child's Birth Certificate
- Health Insurance Card-Private Insurance, CHP+, or Medicaid
- **If you wish to be considered for a HEAD START preschool spot, you must include one of the following as evidence of eligibility. These documents need to be included for any adult in the home that has an income:**
 - 1040 Tax Form from 2021 or W-2 forms from 2021
 - Check Stubs representing one year of income
 - Statement from Employer for one year of income
 - Documentation of Foster Care or McKinney Vento Act documenting homelessness

You must have one of these income forms to be considered for Head Start. The Center will make copies of the original documents. Please do not leave original documents.

Once you have completed this application, please bring, email, or fax it to The Center with the required documents. We can also receive applications through regular mail. We will evaluate your requests and let you know which program you qualify for, which programs have openings, and work to create a schedule that will fit your family needs.

COMPLETION OF THE APPLICATION DOES NOT GUARANTEE YOUR CHILD A PLACE IN THE PROGRAM.

If you have any questions at all, or if you would like assistance completing this application, please call Lisa at 719-486-6928 or Nancy at 719-486-6920 for Spanish.

Date Application was received by office:	Person Receiving application:
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Child's Name: _____ Date of Application: _____

The Center at Lake County Elementary School 2022-2023 Preschool Application

Child Information

Last Name		First Name		Middle Name	Lives with: <ul style="list-style-type: none"> • Mom • Dad • Both • Foster • Other
Date of Birth	Birthplace	Primary language <ul style="list-style-type: none"> • English • Spanish • other - _____ 		<ul style="list-style-type: none"> • Boy • Girl 	

Race/Ethnicity – circle all that apply

African American Hispanic Native American Asian Pacific Islander White Other-----

Insurance Information

Medicaid# _____ CHP+# _____ Private Insurance# _____ **No insurance**

Primary Adult	Mother	Father	Other _____	Lives with family? Y N
Last Name		First Name		Date of Birth
Home Phone		Cell Phone		Physical AND Mailing Address
Email address				
Name of Employer/address & phone		Primary language <ul style="list-style-type: none"> • English • Spanish • other - _____ 		

For notification purposes (late start, school closure, etc.) how do you want us to contact you: home phone cell email

Race/Ethnicity – circle all that apply

African American Hispanic Native American Asian Pacific Islander White Other-----

Secondary Adult	Mother	Father	Other _____	Lives with family? Y N
Last Name		First Name		Date of Birth
Home Phone		Cell Phone		Physical AND Mailing Address
Email address				

Name of Employer/address & phone	Primary language <ul style="list-style-type: none"> • English • Spanish • other - _____ 	
For notification purposes (late start, school closure, etc.) how do you want us to contact you: home phone cell email		
Race/Ethnicity – circle all that apply African American Hispanic Native American Asian Pacific Islander White Other_____		
Other Adult in home: Guardian Step Parent Live in Partner Grandparent Other		
Last Name	First Name	Date of Birth
Primary Phone	Secondary Phone	Physical AND Mailing Address
Name of Employer/address & phone	Primary language <ul style="list-style-type: none"> • English • Spanish • other - _____ 	
Race/Ethnicity – circle all that apply African American Hispanic Native American Asian Pacific Islander White Other_____		

Other People in Your Home if not already listed above – include brothers and sisters		
Name	Relationship	Date of Birth

CONFIDENTIAL		
Family Factors (check all that apply – this helps us find a funding source to meet your family's needs)		
<ul style="list-style-type: none"> • parent under 18 at time of child's birth 	<ul style="list-style-type: none"> • violence/abuse in the home – current or past 	<ul style="list-style-type: none"> • Lived in more than one home in the past year. How many? _____
<ul style="list-style-type: none"> • one or both parents deployed 	<ul style="list-style-type: none"> • family member incarcerated 	<ul style="list-style-type: none"> • Homeless. • No permanent housing, • Motel • Camp ground • shelter, • doubled up, due to loss of housing or economic hardship.

<ul style="list-style-type: none"> involved with DHS 	<ul style="list-style-type: none"> one of more parent/guardian did not complete a high school education or equivalent 	<ul style="list-style-type: none"> family member who struggles with depression (including postpartum), chronic illness, or disability 	
<ul style="list-style-type: none"> drug or alcohol abuse in the home – current or past 			
<ul style="list-style-type: none"> receives assistance (circle all that apply) TANF CCAP (child care) LEAP WIC Food Stamps Unemployment Free and Reduced Lunch SSI 			
<ul style="list-style-type: none"> type of support does your family have? (Friends, family, church group, etc.) 			
<ul style="list-style-type: none"> Any other family information that is important for us to know? 			
AM	PM	If full day is desired, please circle reason: Work full time student job search Other: _____	Home based
If prenatal, what is your due date?			

Child Factors (check all that apply-this helps us to make sure we are meeting all of your child's needs)			
<ul style="list-style-type: none"> Had problems during/just after birth 	<ul style="list-style-type: none"> Difficulty seeing or rubs/blinks eyes a lot 	<ul style="list-style-type: none"> I'm worried about my child's speech or language 	
<ul style="list-style-type: none"> Weighed less than 5 lb. 8 oz. 	<ul style="list-style-type: none"> Difficulty hearing or tubes in ears or frequent ear infections 	<ul style="list-style-type: none"> I'm worried about my child's behavior 	
<ul style="list-style-type: none"> Has an ongoing illness: 	<ul style="list-style-type: none"> Has a diagnosed disability 	<ul style="list-style-type: none"> I'm worried about my child's physical development 	
<ul style="list-style-type: none"> Health concerns which will limit activities at school: 	<ul style="list-style-type: none"> Has an IFSP or IEP or receives private therapy 	<ul style="list-style-type: none"> I'm worried about my child's social skills 	
<ul style="list-style-type: none"> Rarely plays with other kids his/her age 	<ul style="list-style-type: none"> Has received early intervention in the past 	<ul style="list-style-type: none"> I'm worried about my child's ability to learn 	
<ul style="list-style-type: none"> Any other information we need to know about your child? 			
Are you a Lake County School District Employee? Yes / No Which School?-----			
Do you need extended hours? Please List:-----			
Parent/Guardian Signature: _____		Date: _____	
Staff Signature: _____		Date: _____	

Staff use only – Dates: Application received _____ Enrolled _____

Start date: _____

Program: *Head Start* *CPP* *IEP* *District Employee* *Tuition*

Schedule: AM PM FULL DAY Home based

Updated Initials _____ Date _____ Updated Initials _____ Date _____

Updated Initials _____ Date _____ Updated Initials _____ Date _____