APPLICATION FOR THE 2024-2025 SCHOOL YEAR

Staff to complete this section

Date Received: ___________________

Home School: CRS LSS MSS NES SRS

Letters sent: ☐ ☐ ☐

Placement: ____________________

Vernon Preschool Program
Vernon Public Preschool
Application for Enrollment

All information on this application will be kept confidential, so please answer all questions to the best of your knowledge.
Completed applications may be mailed to: Office of Pupil Services, 30 Park Street, Vernon, CT 06066.

Vernon Preschool Program is a high-quality preschool program serving Vernon's children and families. Children will receive health and developmental screenings and monitoring. Children enter the program by being chosen through the preschool lottery, meeting School Readiness income guidelines, or having a documented disability.

Please check only one:

☐ 3-year-old half day (must be 3 by September 1st, 2024)

☐ 4-year-old half day (must be 4 by September 1st, 2024)

CHILD INFORMATION

Home Phone #: ______________________
Cell Phone #: ______________________
Email Address: ______________________

Child's Name: ____ **Sex:** ☐Male ☐Female
(First) *(Middle)* *(Last)*

Birth Place: ____________________ **Child's Birth date:** ______/______/______ **Age:** ______________

Ethnicity: ☐ Hispanic or Latino ☐Non-Hispanic/Non-Latino

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White or Caucasian ☐ Biracial/Multi-racial ☐ Other: ______________________________

Child Lives With: ☐ Both Parents ☐ Father ☐ Mother ☐ Other ________________________

Home Address: ____
Street *Apt #* *City* *State*

Mailing Address: ____
Street *Apt #* *City* *State*

Is this child a foster child? ☐ Yes ☐ No

What language did your child learn to speak first? ________________________________

What language is spoken by adults in your child's home? ________________________________

What language does your child speak at home? ________________________________

Are you concerned about your child's development (speech, behavior, play)? ☐ Yes ☐ No

If yes, explain: ____

My child has attended preschool or other early childhood program in the past: ☐ Yes ☐ No

School/Program Child Attended: ____ **When?** __________

FAMILY INFORMATION

PARENT / LEGAL GUARDIAN

Name: ____ **D.O.B:** _________________
(First) *(Middle)* *(Last)*
Relationship to Child: ___________________________**Phone #:** ______________________

Address ***(if different from child)*****:** ____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow ☐ Widower

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic/Non-Latino **Primary Language:** ______________
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White or Caucasian ☐ Biracial/Multi-racial ☐ Other: ____________________

Parent/Legal Guardian Education (***please circle education completed):***
Grade 9 or less Grade 10 Grade 11 High School Grad GED Some College Associate's Bachelor's Master's +
In a job training program? ☐ Yes ☐ No **If yes, where?** ____________________________________
Active Military: ☐ Yes ☐ No **Military Veteran:** ☐ Yes ☐ No **Military Deployment:** ☐ Yes ☐ No

Employment Information

Employer Name & Address: ____
Position: __________________**Work #:** ________________**Work Hours:** ☐ Daytime ☐ Evening

PARENT / LEGAL GUARDIAN' S SPOUSE

Name: ____ **D.O.B:** _________________
(First) *(Middle)* *(Last)*
Relationship to Child: ___________________________**Phone #:** ______________________

Address ***(if different from child)*****:** ____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow ☐ Widower

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic/Non-Latino **Primary Language:** ______________
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White or Caucasian ☐ Biracial/Multi-racial ☐ Other: ____________________

Parent/Legal Guardian Education (***please circle education completed):***
Grade 9 or less Grade 10 Grade 11 High School Grad GED Some College Associate's Bachelor's Master's +
In a job training program? ☐ Yes ☐ No **If yes, where?** ____________________________________
Active Military: ☐ Yes ☐ No **Military Veteran:** ☐ Yes ☐ No **Military Deployment:** ☐ Yes ☐ No

Employment Information

Employer Name & Address: ____
Position: __________________**Work #:** ________________**Work Hours:** ☐ Daytime ☐ Evening

Please list ALL other household members below.

Name	Relationship to child	Date of Birth

HEALTH INFORMATION

Child's Dentist: ________________________________ **Phone #:** ________________________

Has your child been to the dentist within the last 6 months: ☐ Yes ☐ No

Child's Physician: ______________________________ **Phone #:** ________________________

Has your child had a Physical Examination within the last 12 months: ☐ Yes ☐ No

Do you have health insurance coverage: ☐ Yes ☐ No

***If yes*, Health Insurance:** ☐ Husky A ☐ Husky B ☐ Private **Policy #:** ____________________

Please tell us about any limitations, restrictions, or health concerns you have for your child.

Health Concern	Yes	No	Describe concern/reaction	Current Medications/Treatments
Asthma				
Seizures				
Other				
Allergies	**Yes**	**No**	**List & describe reaction**	**Current Medications/Treatments**
Food				
Insects				
Medications				
Other				

If your child has a medical condition that requires medication at school, you will be required to submit a *Vernon Public Schools Authorization for the Administration of Medication by School Personnel* form completed by your child's Doctor.

Please indicate which services your family receives:

☐ Substance Abuse Program
☐ Food Bank
☐ Current DCF
☐ Cash Assistance/TANF
☐ SSI
☐ Unemployment
☐ Other ________________
☐ Domestic Violence Program
☐ Care 4 Kids
☐ Past DCF
☐ Formally receiving TANF
☐ SSDI
☐ Energy Assistance
☐ Housing
☐ Migratory
☐ WIC
☐ Job's First
☐ SNAP (Food Stamps)
☐ Diaper Bank

Were you referred by a community agency? ☐ Yes ☐ No

If yes, agency name: ______________________ Contact person ____________________________

The information provided in this application is true to the best of my knowledge.
I agree to contact the Vernon Preschool Program in the event my phone number or address changes.
I understand that if my income changes, I may submit a new application and income information.

Parent/Legal Guardian's Signature: ____________________________**Date:** ________________

INCOME INFORMATION

IMPORTANT! This page must be completed and verification of income is required in order for your application to be complete. Please attach income verification to this application. For your convenience, instead, you may email it to *Shelley McCone at shelley.mccone@vernonct.org or fax it to 860-870-6006.* Please be sure to put your **child's name** on any verification you send via email or fax. Income data is required for state and federally funded programs and will be used for administrative purposes only.

Parent/Legal Guardian Name(s): ____

Child's Name: ____

Below, circle the number of people in your household. Underneath the number of people in your household, please indicate your current household yearly income. If your family has no income at this time, please check the box below. **This must be completed.**

Household Size 1 - 2	Household Size 3	Household Size 4	Household Size 5	Household Size 6	Household Size 7	Household Size 8 and more

☐ Check this box if your family has no income at this time.

☐ Check this box if your family is homeless at this time.

Please indicate whether your child is covered under private health insurance or public health insurance. ☐ Public ☐ Private

Please attach only one of the following verifications of income to this application:
Instead, you may send it via email or fax. See above instructions.

- Income Tax Return (1st page only)
- Consecutive pay stubs (4 weeks)
- Signed letter from your employer stating hours and pay rate
- Verification of State or Federal income (TANF, Social Security, Unemployment)

The information provided in this application is true to the best of my knowledge.

Parent/Legal Guardian's Signature: ________________________________ **Date:** _____________