



# APPLICATION FOR THE 2021-2022 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: Shelley McCone, 30 Park Street, Vernon, CT 06066.

**Vernon Preschool Program** is a high-quality preschool program serving Vernon 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 December 31, 2021)

4-year-old half day (must be 4 by December 31, 2021)

### 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 (1<sup>st</sup> 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:** \_\_\_\_\_