

**Student Application**  
**Central DeWitt Community School District**  
**4-Year-Old Preschool**  
**2018-2019**

Received: _____
Preschool: _____

*This program provides access and funding to a quality preschool program. This program does not cover charges for any additional services, such as daycare services outside of preschool times.*

*Please complete this application if you would like your child to be enrolled and to participate.*

*You will be notified of your child's participation and Preschool location when final placement decisions have been made.*

**Child must be 4 years old on or before September 15, 2018 to qualify.**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Ethnicity (choose one):  No, not Hispanic/Latino  Yes, Hispanic/Latino

Race (choose all that apply even if you checked yes above):

- American Indian or Alaska Native     
  Asian     
  Black or African American  
 Native Hawaiian or Other Pacific Islander     
  White

Mother's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Home Language Survey**

What language do family members use when speaking to the child in the home? (please circle one)

1. only English	2. mostly English but sometimes home language	3. both equally	4. mostly home language but some English	5. only home language (not English)	What is your home language?
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What language does the child use when speaking to family members in the home? (please circle one)

Not applicable	1. Only English	2. mostly English but sometimes home language	3. both equally	4. mostly home language but some English	5. only home language (not English)
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What language does the child use when speaking to other children in the classroom? (please circle one)

Not applicable	1. Only English	2. mostly English but sometimes home language	3. both equally	4. mostly home language but some English	5. only home language (not English)
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What language does the child use when speaking to teachers? (please circle one)

Not applicable	1. Only English	2. mostly English but sometimes home language	3. both equally	4. mostly home language but some English	5. only home language (not English)
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**Preschool Site Choice: (please number in order of preference: 1, 2, 3, etc.)**

**AM Sessions: 8:15 – 11:15 M-F**

**PM Sessions: 12:00 – 3:00 M-F**

\_\_\_\_\_ Ekstrand Preschool

\_\_\_\_\_ Ekstrand Preschool

\_\_\_\_\_ Grace Lutheran Preschool

\_\_\_\_\_ Grace Lutheran Preschool

\_\_\_\_\_ St. Joseph Preschool

\_\_\_\_\_ St. Joseph Preschool

\_\_\_\_\_ Kids' Business

\_\_\_\_\_ Creative Learning Center

(will only be opened once morning session is filled)

\_\_\_\_\_ Creative Learning Center

Please note, while it is our intent to place students in the preschool of choice, this application DOES NOT guarantee a spot at a preferred preschool due to transportation requests, classroom limits, etc.

**Transportation**

*The Central DeWitt Community School District reserves the right to make final preschool assignments based on the distance the child will need to be bused and availability of bus routes. Parents always have the option of providing their own transportation to and from their preschool of choice if there are openings.*

*AM Preschool in-town pick-up is at the nearest bus stop and drop-off is at the door.*

*PM Preschool in-town pick-up is at the door and drop-off is at the nearest bus stop.*

Will your child need transportation to the preschool site?

Yes  No

If yes, print name, address and phone number for where your child will be located below.

\_\_\_\_\_  
Name Address Phone

Will your child need transportation from the preschool site?

Yes  No

If yes, print name, address and phone number for where your child should be dropped off below.

\_\_\_\_\_  
Name Address Phone

Additional Notes: \_\_\_\_\_

Return completed Student Application to the Central DeWitt Administration Center at the following address:  
Central DeWitt Community School District, Attn: Sarah Johnston, 331 E 8<sup>th</sup> Street, DeWitt, IA 52742

For more information, contact Central DeWitt Superintendent Dan Peterson  
Email: [dan.peterson@cd-csd.org](mailto:dan.peterson@cd-csd.org) or Phone: (563)659-4705