

Student Application

Central DeWitt Community School District 4-Year-Old Preschool 2019-2020

Received: _____
DATE TIME

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, 2019 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

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 8th Street, DeWitt, IA 52742
 Fax: 563-659-0707 or email: sarah.johnston@cd-csd.org

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