

833 S 2ND AVE. YUMA, AZ 85364 **(928) 919-7998** www.arcoiriscenter.com

Preschool Application Form

Prescuooi Application Form	Office Use Only	
Child's Information		
Full Name:	Forms to include in Enrollment Packet:	
Date of Birth:	[] DES Application	
Home Address:	[] Allergy Action Plan	
Primary Language Spoken at Home:		
Parent/Guardian Information		
1. Primary Parent/Guardian Name:		
o Phone Number:		
o Email Address:		
2. Secondary Parent/Guardian Name (if applicable):		
o Phone Number:		
o Email Address:		
Health Information		
Does your child have any allergies or medical conditions?		
☐ Yes ☐ No		
If yes, please specify:		
Current Medications (if any):		
Program Questions		
Preferred Start Date:		
Preferred Schedule: □ Full-Time □ Part-Time		
 Preferred Hours: 		

•	articipated in any early cl	hildhood programs?	
☐ Yes ☐ No			
If yes, please prov	ide details:		
		nycare:	
Dates of	of Attendance:		_
Reason	n for Leaving:		
Department of E	conomic Security (DES)	Child Care Assistance Information	:
Please indicate if y	you are eligible or receivin	g the DES Child Care Assistance.	
For Parents Receiv	ving DES Child Care Assis	stance:	
Are you currently Security (DES)? ☐ Yes ☐ No	y receiving Child Care As	ssistance from the Department of E	Economic
□ res □ No			
For Parents Who A	Are Not Receiving DES Ch	hild Care Assistance	
Are you aware th Economic Securion ☐ Yes ☐ No	• •	r Child Care Assistance from the D	Department of
		nat the information provided is accura of this form does not guarantee enro	
Parent/Guardian	Signature:	Date:	