



Preschool Interest Application

Thank you for your interest in the Davenport Community Schools' Early Learning Program. Please fill out and return this interest application. The Davenport Community Schools: preschool rooms will serve children 6 weeks to 5 years of age and their families.

Child's First and Last Name		Child's Birth Date		Current Age <i>**If child is under 2 years of age, please complete both pages.</i>	
Ethnic: (If choosing biracial you must also indicate one of the other ethnicities for state reporting. Iowa does not recognize "Biracial" as an ethnicity. White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Biracial <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Is either parent an employee of the Davenport Community Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this child have a sibling attending one of the Davenport Schools <u>Children's Villages</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so which site? <input type="checkbox"/> West <input type="checkbox"/> Buchanan <input type="checkbox"/> Hoover <input type="checkbox"/> Hayes <input type="checkbox"/> Monroe		Age of sibling attending a Children's Village.	
Check what attendance options you are interested in for your child:					
Programming Options: <input type="checkbox"/> Core day services (8:00 a.m. to 2:00 p.m.) <input type="checkbox"/> Wrap-around services before the core day (7:00 to 8:00 a.m.) <input type="checkbox"/> PEP services after the core day (2:00 p.m. to 5:30 p.m.)			Please indicate your preference. Please note that you may be offered any of the sites below. If your interest is in more than site please list them in order of preference. <input type="checkbox"/> Children's Village Buchanan: 4515 N. Fairmount St. • ages 3 - 5 <input type="checkbox"/> Children's Village Hayes 622 Concord St. • ages 3 - 5 <input type="checkbox"/> Children's Village Hoover: 1002 Spring St. • ages 6 wks to age 5 <input type="checkbox"/> Children's Village Monroe 1926 W 4 th St. • ages 3 - 5 <input type="checkbox"/> Children's Village West: 2826 W. Locust St. • ages 6 wks to age 5		
Family Last Name			Number in Family		Number in Household
Parent/Guardian Name(s) with whom the student lives					
Street Address:			City		Zip Code
Home Phone		Work Phone		Cell Phone	Other Phone

Eligibility Information and Verification for families not paying tuition.

What is the total income for your household? _____/week, or _____/twice a month, or _____/Monthly.

***This should be gross income. You will be asked at a later date to provide verification of income.*

I certify that the information is true. I understand that the information in this application will be held in strict confidence.

Parent / Guardian Signature: _____ Date: _____

Preschool Interest Application
Questionnaire for Infant/Toddler Room

For office use only: Date received, including documentation _____ Documentation received: _____
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Student's name _____ Birthdate _____

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No.	Statement	Yes	No
1.	My child's primary language is <u>not</u> English.		
2.	My child's birth weight was under 3 pounds.		
3.	My child has a diagnosed medical disorder such as Spina Bifida or Down's syndrome.		
4.	My child was born to a parent under the age of 18.		
5.	My child resides in a household where one or more of the parents or guardian has not completed high school.		
6.	My child resides in a household where one or more of the parents or guardian has been identified as a substance abuser.		
7.	My child resides in a household where one or more of the parents or guardian is illiterate.		
8.	My child resides in a household where one or more of the parents or guardian is incarcerated.		
9.	My child resides in a household where one or more of the parents or guardian is a child or spouse abuser.		
10.	My child has other special circumstances such as foster care or being homeless.		

Comments:

Parent's Signature _____
Date _____