

Interest Application Statewide Voluntary Preschool Program Four-Year-Old Children

Thank you for your interest in the Statewide Voluntary Preschool Program. Please fill out and return this interest application to the site you have indicated interest in attending. This program serves children who are 4 years old by or on September 15th.

Child's Last Name:	Child's First Name:	Child's Current Age:
Ethnic Origin: (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 Male <input type="checkbox"/> Female <input type="checkbox"/>	Child's Birth Date

PROGRAM INTEREST INFORMATION

NOTE: Please check the site you are most interested in attending and return this application to that site. If you have selected one of the Children's Villages return all forms no matter the site to the Children's Village West Location.

All Saints <input type="checkbox"/>	Head Start <input type="checkbox"/>	St Paul the Apostle School <input type="checkbox"/>
Calvary Preschool <input type="checkbox"/>	JFK Guardian Angel Preschool <input type="checkbox"/>	Toddler's Morning Out <input type="checkbox"/>
Child's Play Learning Center <input type="checkbox"/>	Marquette Academy <input type="checkbox"/>	Trinity Lutheran Preschool <input type="checkbox"/>
Children's Village Buchanan <input type="checkbox"/>	Noah's Ark <input type="checkbox"/>	YMCA @ Palmer <input type="checkbox"/>
Children's Village Hoover <input type="checkbox"/>	Positive Parenting @ Trinity <input type="checkbox"/>	
Children's Village West <input type="checkbox"/>	QC Child Development Center <input type="checkbox"/>	
Friendly House Preschool <input type="checkbox"/>	St. Alphonsus Early Childhood <input type="checkbox"/>	
Growing Tree Preschool <input type="checkbox"/>	St Ambrose Children's Campus <input type="checkbox"/>	

PARENT/GUARDIAN NAME(S) WITH WHOM THE STUDENT LIVES:

Last Name:		First Name		
Last Name:		First Name		
Street Address:		City	State	Zip
Home Phone:	Cell Phone:	Work Phone:	Number in Household:	

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

Parent/Guardian Signature: _____ Date: _____