



Application For Preschool Enrollment

Ages 3-4



82 21st Avenue, Suite B
Longmont, CO 80501
303-776-8523

To qualify for preschool your child must be age and income eligible:

With the application you must bring the following:

1. Copy of Child's Birth Certificate (for verification of age)

Children must be 3 or 4 years old by October 1st of the school year that you are applying for.

2. Proof of all sources of Income (for qualification purposes)

- Proof of earned income (need one of these)
 - Copy of last year's income tax forms (Form 1040 or W-2s)
 - 2 most current check stubs
 - Employer Verification Form (if you are paid in cash, ask for the form at our office)
- Proof of Public Assistance (bring in all that apply)
 - Letter from Social Services indicating the amount of monthly cash assistance
 - Social Security/SSI monthly statement
 - Unemployment Award Letter
- Proof of Child Support payments if received
- Proof of Foster Care Status if applicable (no other income verification required)

Head Start Federal Guidelines require us to verify household annual income.

Children with special needs may qualify even if family income is above federal poverty level.

If you have any questions please call our office or come in and see us.

If you are pregnant or if you have children under the age of three ask about our Early Head Start program option.

Your application will not be considered for enrollment unless these two documents are included with the application and the application is completely filled out!!!!

We make every effort to process applications within 2 weeks, but please allow up to 1 month before contacting us regarding the status of your child's application.

Office Use Only	
_____	Program Year
_____	Age
_____	Program Specialist
_____	Accepted Date
_____	Enrollment Date
_____	Site Assignment

Date Received: _____ By: _____

Wild Plum Center for Young Children & Families
82 21st Ave., Suite B Longmont, CO 80501
Phone (303) 776-8523 Fax (303) 485-9682

Enrollment Application for 3-4 year olds

Child's Full Name: _____ Child goes by: _____

Male _____ Female _____ Date of Birth _____ Telephone Number _____

Child's primary language: _____ secondary _____

Race Ethnicity:
 American Indian/Alaskan Native Asian Biracial/Multi-Cultural African American
 Hispanic/Latino Caucasian Other _____

Who has legal custody of the child? _____
(please provide copies of legal documents if someone other than parents have custody)

Home Address: _____

Mailing Address: _____

Parent/Guardian 1	
Name: _____	
Date of Birth: _____	
Relationship to the Child: <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent	
Phone Number: _____ <input type="checkbox"/> cell <input type="checkbox"/> home	
Lives with child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently Working? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full Time (34.5 or more hours per week) <input type="checkbox"/> Part Time (Less than 34.5 hours each week)	
Name of Employer: _____	
Currently in School? <input type="checkbox"/> No <input type="checkbox"/> Yes, Where? _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Last grade of school completed _____	

Parent/Guardian 2	
Name: _____	
Date of Birth: _____	
Relationship to the Child: <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent	
Phone Number: _____ <input type="checkbox"/> cell <input type="checkbox"/> home	
Lives with child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently Working? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full Time (34.5 or more hours per week) <input type="checkbox"/> Part Time (Less than 34.5 hours each week)	
Name of Employer: _____	
Currently in School? <input type="checkbox"/> No <input type="checkbox"/> Yes, Where? _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Last grade of school completed _____	

Is mom currently pregnant? No Yes if yes, what is the due date _____

Marital Status: _____ Married _____ Divorced _____ Separated _____ Single _____ Living Together

Is there Parent's history of (check all that apply):
 _____ Drug or alcohol abuse _____ Domestic violence _____ Depression or emotional issues _____ Incarceration

Number of people in your family living in the home and are being supported by the parent/guardian's income:
 Number of children _____ number of adults _____ total number living in the house _____

Do you have children under the age of 3? No Yes, there ages are _____

How did you hear about the Wild Plum Center: _____

Living Arrangements

Child's Name _____ Date of Birth _____

Parent's name _____ Phone _____

Do you have any concerns about your child's health, development or behavior? Yes No

Please list concerns _____

Is child living under any of the following circumstances (check all that apply) ?:

- Homeless, if yes how long _____.
- Living in a motel, campground or shelter due to lack of other housing
- Sharing housing of other people due to loss of your own housing or economic hardship.
- Living in Emergency or transitional shelters or
- Lack of an adequate nighttime residence.

Transportation Information

We ask that all families provide transportation for their child to and from school. Transporting your child helps you to communicate with your teacher and be involved in your child's education.

Please check if you need or don't need transportation.

I don't need transportation, I can take my child to school and pick him/her up.

I need transportation, I cannot take my child to school or pick him/her up.

We cannot guarantee transportation to everyone. If you do need transportation we make every effort to try to provide it.

Site Locations

We have 4 different sites with times that vary, 8:00am-12:00pm, 9:00am-1:00pm, 8:00am-11:30am, 12:00pm-3:30 and 12:30-4:00pm. The site where your child will attend will depend on availability and transportation.

Powell Building 82 21 st Avenue Suite B	First United Methodist Church 350 11 th Avenue	Meeker Neighborhood Center 839 Meeker St.	Casa de la Esperanza 1520 S. Emery St.
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Child Care Information:

Does someone other than parent/guardian care for child during the day? Yes No

child care center relative non-relative

If yes, please specify name of provider, address, and times the child attends:

How likely is this information subject to change in the next 6 months?

very likely somewhat likely not likely

I, the applicant, hereby certify that the information provided (including source of income) is true and correct to the best of my knowledge. I understand that if my child is accepted into the program based on false or incomplete income information, my child may be dis-enrolled from the program.

Parent/Guardian Signature

Date