

# Johnson County Central Public Schools 2019 - 2020 Preschool Application



## **Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_ Gender: M\_\_ F\_\_ DOB \_\_/\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Race: Asian \_\_\_ Black \_\_\_ Pacific Islander \_\_\_ White \_\_\_ American Indian \_\_\_ Bi-racial \_\_\_ Other \_\_\_

Ethnicity: Hispanic or Latino Yes \_\_\_ No \_\_\_

Primary Language: English \_\_\_ Spanish \_\_\_ Vietnamese \_\_\_ Sudanese \_\_\_ Chinese \_\_\_ Sign Language \_\_\_ Other \_\_\_

Secondary Language: \_\_\_\_\_

## **Primary Parent/Guardian Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_ Gender: M\_\_ F\_\_ DOB \_\_/\_\_/\_\_\_\_

Last Grade Completed (ex. 6th, 9th, HS, GED, AA, BA, MA) \_\_\_\_\_ How related to applicant \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Is Primary Adult: Natural Parent \_\_\_ Step Parent \_\_\_ Grandparent \_\_\_ Foster Parent (not relatives) \_\_\_  
Relative (not grandparent) \_\_\_ Other \_\_\_

Step Parent Name \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent's Primary Language:  
English \_\_\_ Spanish \_\_\_ Vietnamese \_\_\_ Sudanese \_\_\_ Chinese \_\_\_ Sign Language \_\_\_ Other \_\_\_

Employer Name \_\_\_\_\_ Employer Phone # \_\_\_\_\_

## **Secondary Parent/Guardian Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_ Gender M\_\_ F\_\_ DOB \_\_/\_\_/\_\_\_\_

Last Grade Completed (ex. 6th, 9th, HS, GED, AA, BA, MA) \_\_\_\_\_ How related to applicant \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Is Secondary Adult: Natural Parent \_\_\_ Step Parent \_\_\_ Grandparent \_\_\_ Foster Parent (not relatives) \_\_\_  
Relative (not grandparent) \_\_\_ Other \_\_\_

Step Parent Name \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent's Primary Language:  
English \_\_\_ Spanish \_\_\_ Vietnamese \_\_\_ Sudanese \_\_\_ Chinese \_\_\_ Sign Language \_\_\_ Other \_\_\_

Employer Name \_\_\_\_\_ Employer Phone # \_\_\_\_\_

## **Emergency Contact**

Name \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

List Siblings					
Last Name	First Name	MI	Lives with family?	DOB	Gender
_____	_____	____	Y ___ N ___	__/__/____	M ___ F ___
_____	_____	____	Y ___ N ___	__/__/____	M ___ F ___
_____	_____	____	Y ___ N ___	__/__/____	M ___ F ___
_____	_____	____	Y ___ N ___	__/__/____	M ___ F ___

**Family Information**

Which of the following descriptions best fits the child's family: (please check all that apply)  
 Two Parent     Single Parent     Foster     Teen Parent     Single W/significant other     Other

Does anybody in the family have a disability? Yes  No  If yes, please specify: Parent  or Child

Does this child receive special education services or currently have an IEP/IFSP? Yes  No

Has this child attended another preschool? Yes  No  If yes, name of preschool \_\_\_\_\_

Was the CHILD REGISTERING for preschool born premature (37 weeks or less)? Yes  No   
 If yes, was your child's birth weight below 5 lbs 8 oz? Yes  No

Does the child have any health concerns? (ie. Severe allergy, asthma, diabetes,...) Yes  No

Health concern/Allergies \_\_\_\_\_

List child's medications \_\_\_\_\_

Is your family currently experiencing, or has your family ever experienced any of the following:  
 Homelessness  Teen pregnancy  Family Crisis

Explain: \_\_\_\_\_

**Transportation**

Transportation is provided to and from **Licensed Child Care Facilities** within close geographic proximity of the site attending. Please designate the child care facility you use if transportation services are needed.

Name of Licensed Child Care Facility \_\_\_\_\_

Address of facility \_\_\_\_\_

Phone Number of Licensed Child Care Facility \_\_\_\_\_

Please check which transportation is needed  
 Transportation from the child care facility to preschool  
 Transportation from preschool to the child care facility

**Certification**

I certify that this information is true.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The following paperwork is needed by August when an orientation meeting will be held:

- \* Immunization Records
- \* State-Issued Birth Certification

Return Preschool Application to:  
 Johnson County Central Schools  
 Susie Lacey, Elementary Office  
 358 North 6th Street  
 Tecumseh, NE 68450

**For Office use only**  
 Date Received \_\_\_\_\_ Initials \_\_\_\_\_