



Children must be three years of age before August 31, 2023, but cannot have reached their fourth birthday and must meet at least **one of the criteria** listed below and **live** within USD 250 school district boundaries.

- Income qualifies for participation in the federal free or reduced lunch plan
- Custodial parent is single (unmarried) at time of enrollment
- Child in foster care, custodial grandparents/kinship care, or out –of-home placement
- Referral from DCF (Dept. of Children and Families)
- Have a parent that was a teen at the time of the child's birth
- Have a parent lacking a high school diploma or GED
- Developmentally or academically delayed based on assessments
- Child qualifies for migrant status
- Child experiencing homelessness
- Child lacking health insurance
- Preferably potty trained

Due to eligibility requirements, changes to the above information may affect your child's placement in the program. If any changes occur before the 1st day of school, please contact The Center as soon as possible.

If you have any questions about our Pre-K programs or eligibility please contact

Tasha at The Center 235-3150.

Please complete the application on the back and return it to:

The Center

1600 N. Walnut

Pittsburg, Kansas 66762

Application for Attendance 3 year old Pre-K Program 2023- 2024 School Year

Parents:

	4	2023- 2024 3011001 11	adi.	Please select 1 st and 2 nd preference:
Child's Name	Social Sec	urity #	AM 8:00-11:00	
Child's Date of Birth	Gender:	Gender: Male Female		PM 12:00-3:00
Child lives with: Both parents	Father Mother	Foster Parent(s) Other		**Your 1st selection is NOT a guarantee.
Marital Status: Married Div	orced Separated Wi	idowed Single		1101 a guarantee.
Mother's Name Highest Education Level	Mother's D (please circ	ate of Birth cle) High School Graduate	GED Email address:	
Father's Name Highest Education Level	Father's Da	ate of Birth_ cle) High School Graduat	e GED Email address:	
Street Address		City		
Home/Message Phone	Parent's V	Vork Phone		
Because children must meet cert If child has a case number for Food If child has one of above numbers,	Stamps, TAF or FDPIR, pl	lease list here		
PART 1 □Check box if this application is for foster child has no personal use inc	a child who is the legal res	ponsibility of a welfare age Skip Part 2.	ncy or court. List his/her monthly	y personal use income. If the
PART 2			Monthly Pension Payments,	Monthly Temporary Income:
	Monthly Earnings from work (before deduction)	Monthly Welfare, Child Support, Alimony	Retirement, Social Security, Other Income	Strike Benefits, Unemployment Workman's Comp
Is your child receiving any special s	ervices (i.e. speech therapy	 y, learning disabilities, men	tally handicapped, Discovery or	any other services)?
YES NO				
Do they have an IEP (Individual Edu			· .	
Is your child potty trained?	ES NO			
What language is spoken in your ho	me? English	Other (Specify)		
Does your child have health insuran				
Are you experiencing homelessness	? YES NO			
Part A: Is this student Hispanic/L No, not Hispanic/Latino		RACE & ETHNICITY & Part B of the question m	oust be answered.)	
2	person of Cuban, Mexican	, Puerto Rican, South or Co	entral American, or other Spanis	h culture or origin, regardless
	ska Native (A person having o		eoples of North or South American	(including
Asian (A person having or subcontinent including for		eoples or the Far East, Souther	ist, Asia, or the Indian a, Pakistan, the Philippine Islands,	Thailand,
and Vietnam.) Black or African Americ	an (A person having origins i	n any of the black racial group	os of Africa.)	
	er Pacific Islander (A person		riginal peoples of Hawaii, Guam,	
White (A person having o Middle East, or North Afi	rigins in any of the original porica.)	eoples of Europe, the		
Signature of Parent/Guardian	Da	ate		

Signature of Parent/Guardian