



The Family Resource Center



Children must be three years of age before August 31, 2024, 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
2024- 2025 School Year**

Parents:
Please select 1st and 2nd preference:
____AM 8:00-11:00
____PM 12:00-3:00
****Your 1st selection is NOT a guarantee.**

Child's Name _____ Social Security # _____
Child's Date of Birth _____ Gender: Male Female
Child lives with: Both parents Father Mother Foster Parent(s) Other _____
Marital Status: Married Divorced Separated Widowed Single

Mother's Name _____ Mother's Date of Birth _____
Highest Education Level _____ (please circle) High School Graduate GED Email address: _____

Father's Name _____ Father's Date of Birth _____
Highest Education Level _____ (please circle) High School Graduate GED Email address: _____

Street Address _____ City _____

Home/Message Phone _____ Parent's Work Phone _____

Because children must meet certain eligibility criteria, the following information is needed

If child has a case number for Food Stamps, TAF or FDPIR, please list here _____
If child has one of above numbers, skip the following income information.

PART 1

Check box if this application is for a child who is the legal responsibility of a welfare agency or court. List his/her monthly personal use income. If the foster child has no personal use income, write "0". \$ _____ Skip Part 2.

PART 2	Monthly Earnings from work (before deduction)	Monthly Welfare, Child Support, Alimony	Monthly Pension Payments, Retirement, Social Security, Other Income	Monthly Temporary Income: Strike Benefits, Unemployment, Workman's Comp
List the names of ALL Household Members				

Is your child receiving any special services (i.e. speech therapy, learning disabilities, mentally handicapped, Discovery or any other services)?

YES NO If you circled YES please list _____

Do they have an IEP (Individual Education Plan)? YES NO

Is your child potty trained? YES NO

What language is spoken in your home? English Other (Specify) _____

Does your child have health insurance? YES NO

Are you experiencing homelessness? YES NO

RACE & ETHNICITY

(Note: Both Part A & Part B of the question must be answered.)

Part A: Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B: What is the student's race? (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South American (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Signature of Parent/Guardian _____

Date _____