

# Elkin Elementary Preschool Screening Application Form

Elkin Elementary Preschool serves preschool children who qualify for specific programs.

## **To Attend Elkin Elementary Preschool:**

- Your child must be a resident of Elkin City Schools district, to qualify for certain programs.
- Your child must be four years old on or before August 31<sup>st</sup>, and must not be eligible for kindergarten.
- Three year olds may attend if they qualify for specific programs.
- You will be contacted for a screening appointment at the school.

## **Child Information**

Child's Name \_\_\_\_\_  
First Middle Last Nickname

Address \_\_\_\_\_  
Street (complete mailing address)

\_\_\_\_\_ Male  Female   
City State Zip code Birthdate Age

Ethnicity: African-American  Asian  Caucasian  Native Hawaiian/Pacific  Native American

Do you identify as Hispanic/Latino? Yes  No

Previous Daycare(s)/Preschool(s) attended \_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_

## **Parent/Guardian Information**

Mother \_\_\_\_\_ Father \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Cell Number Mother \_\_\_\_\_ Father \_\_\_\_\_

Work Number Mother \_\_\_\_\_ Father \_\_\_\_\_

Email(s) \_\_\_\_\_

**Concerns you have for your child:** \_\_\_\_\_  
\_\_\_\_\_

## **Household Information**

Number in household Parents \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

Primary Home Language English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Total household income (Information is needed to determine eligibility in NC-PreK and Title I programs)  
Choose weekly **OR** monthly **OR** yearly gross from your tax return or pay stubs.

\$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yearly

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

**Return form to Angela Land, 202 W. Spring Street, Elkin, NC 28621 (336) 835-3135 Ext. 239**