

Buckingham Preschool
Application For Enrollment 2019-2020



PLEASE PRINT

Child's Name: _____
Last First Middle

Race: _____ Sex: _____ Age: _____ Date of Birth: _____

Physical Address: _____

Mailing Address: _____

Give directions to your home. Please include road names/numbers and helpful landmarks. _____

Parent/Guardian: __Mother __Father __Other (explain)_____

Name: _____ Age: _____ Lives with child __yes__no

Occupation: _____ Employer: _____

Work No: _____

Home Phone No: _____ Cell Phone No: _____

Parent/Guardian: __Mother __Father __Other (explain)_____

Name: _____ Age: _____ Lives with child __yes__no

Occupation: _____ Employer: _____

Work No: _____

Home Phone No: _____ Cell Phone No: _____

Others in Household:

Name	Relationship to Child	Age	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's name: _____

Health Information

Physician's Name: _____ Phone no: _____

Are child's immunizations up to date? __Yes __No

Please describe any medical problems or allergies: _____

Medical alert and/or medication and dosage: _____

Parent(s) Educational Background

Mother __High School Graduate __Some College __College Graduate

Father __High School Graduate __Some College __College Graduate

Family Income

Proof of Income is required. Please submit W2s or IRS Form 1040.

Emergency Contact Information

Name	Relationship to Child	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Additional comments: (Include anyone restricted from picking up your child)

Child's name: _____

The Buckingham Preschool provides education to at-risk four-year-olds. Acceptance into the program is based on risk factors. Please check all the following that apply to your family. This information will be used in ranking applicants for eligibility.

Check all that apply to your child. This section must be completed.

___ **Diagnosed** as developmentally delayed.

___ Motor ___ Emotional ___ Language ___ Social

___ Premature Birth

___ Health Problems

___ Single Parent

___ Incarcerated Parent

___ No previous pre-school experience

___ Self-esteem issues

___ Qualifies for TANF (Temporary Assistance for Needy Families)

___ Qualifies for Food Stamps

___ Child abuse or neglect *reported* in family

___ Alcohol or drug abuse *reported* in family

___ Referral from another agency

___ Parent/Guardian will be completing school or improving literacy skills

___ Living in a disadvantaged environment with high stress

___ Homeless or living with extended family

___ Parent/Guardian chronically ill

___ Primary Language other than English _____

___ Number of children in family living in home _____

Extenuating Circumstance that you feel will be helpful in determining your child's eligibility.

****By signing this, I am confirming that all information is true and accurate.**

Parent/Guardian Completing Form

Date

ALL INFORMATION WILL BE MAINTAINED IN STRICT CONFIDENCE BY OUR STAFF.