

Date Application Received: _____

PREK COUNTS REGISTRATION FORM FOR 2010-2011 SCHOOL YEAR

Child's Name: _____ DOB: _____

Address: _____ County: _____

_____ Social Sec # _____

School District: _____ Phone No. _____

Primary Language: English Spanish Other _____
(please specify)

Family Type: One Parent Two Parent
 Foster Relative Other

Child Eligibility Criterion (Check all that apply):

- Family Income is at or below 300% of federal poverty level
Attach a copy of 1040 page 1 or current pay stub for
verification of income for eligibility
- Family Income is at or below 100% of federal poverty level and
Head Start eligible (make referral to Head Start _____)
- Disability or developmental delay and participation in one of the
Early Intervention programs
Specify which one: _____
- English Language Learner

Parent/Guardian Signature: _____ Date: _____

- PreK Counts Only Summer Care needed
- Wraparound Care needed Title XX funding

Date Application Received: _____

Parent/Guardian Name: _____

- PreK Counts Only
- Wraparound Care needed

- Summer Care needed
- Title XX funding