



Bright Stars Preschool Application

Agnor-Hurt

Cale

Greer

Scottsville

Stone-Robinson

Woodbrook

Child's Name: _____ Birth Date: _____
Last First Middle

Child's Address: _____ Zip: _____

Social Security #: _____ Race: _____ (optional, for statistical purposes only) Sex: M / F

With whom does the child live? Name: _____ Relation to child: _____

I. Parent Information

Mother's Name: _____ Father's Name: _____

Birth Date: _____ Birth Date: _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Employer: _____ Employer: _____

Hours: _____ Work phone: _____ Hours: _____ Work Phone: _____

Last grade completed/GED: _____ Last grade completed/GED: _____

Gross income: ____/hour; ____/week; or ____/month Gross income: ____/hour; ____/week; or ____/mo.

If someone other than the parent has custody, please complete the following section:

Person having legal custody: _____ Birth Date: _____

Relationship to child: _____ Grade completed: _____

Gross income: ____/ hour; ____/ week; or ____/month

II. Please check the services you or your child receive:

____ TANF ____ Food Stamps ____ Medicaid/FAMIS **Eligibility Worker:** _____

____ WIC ____ Child/Health Partnership (CHP) ____ Region Ten ____ Family Partners/Healthy Families

III. Family Members:

Brothers/Sisters	Birth Date	Lives with child	Current Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Others living in the home:	Age	Relationship	Grade Completed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Directions to home from school:

IV. Child History:

1. Does your child receive continuing medical care for a special condition? _____ Yes _____ No
If yes, explain _____
2. Does your child see a doctor regularly for this condition? _____ Yes _____ No If yes, doctor's name: _____
3. Does your child take medication regularly? _____ Yes _____ No If yes, list: _____
4. Has your child ever been hospitalized? _____ Yes _____ No If yes, for what & when: _____
5. Does your child use any medical device (i.e. wheelchair, hearing aid): _____ Yes _____ No If yes, list: _____
6. Have you been told by a teacher, doctor, or nurse that your child has any problems listed below:
- | | | | | | |
|-----------|-----------|----------|-------------------|-----------|----------|
| Hearing | _____ Yes | _____ No | Physical Handicap | _____ Yes | _____ No |
| Vision | _____ Yes | _____ No | Behavior Problems | _____ Yes | _____ No |
| Speech | _____ Yes | _____ No | Nutrition/eating | _____ Yes | _____ No |
| Dental | _____ Yes | _____ No | Developmental | _____ Yes | _____ No |
| Emotional | _____ Yes | _____ No | Other | _____ Yes | _____ No |
7. Has your child been in a preschool or daycare? _____ Yes _____ No If yes, when & where: _____
8. Does your child speak in sentences? _____ Yes _____ No
9. Can others understand what your child says? _____ Yes _____ No
10. Are there any problems with your child's speech? _____ Yes _____ No If yes, explain: _____
11. How often does your child play with other children her/his age? _____
12. Does your child play well with other children? _____ Yes _____ No
If no, explain: _____
13. Is your child toilet trained? _____ Yes _____ No
14. Does your child have temper tantrums or otherwise lose control? _____ Yes _____ No
If yes, explain when this happens: _____
15. List any concerns you have about your child's behavior: _____

V. Family History Please circle the correct answer:

1. Does either parent (or guardian) have difficulty reading or did either have learning problems in school? YES NO
2. Have you or a family member been a victim of violence? YES NO
3. Have you or a family member ever received treatment for substance abuse? YES NO
4. Is there anyone in your household with a physical condition that requires medical treatment or medication? YES NO
5. Is there anyone in your household who has participated in counseling or mental health services? YES NO
6. Is there anyone in the family in jail or on probation (current or past)? YES NO
7. Are there any other programs or community providers that you or your family are involved with? YES NO
If yes, please list: _____
8. What is the language usually spoken at home by parents: _____ by child: _____
9. Please list any other family concerns that you think we should know about:

Additional comments:

I understand that this information will only be used to help determine my child's eligibility for the Bright Stars Preschool Program and will not be released to anyone other than necessary personnel. (If you are being referred by a social worker or nurse, you may want to have her/him write a letter to us on your behalf.)

Please include proof of income with this application to include a W-2 or tax return, or pay stubs for 1 month.

I certify that the information on this application is true and correct:

Parent/Guardian Signature

Date