



Universal Pre-Kindergarten Child+ Application



Parent / Caregiver: Please complete the Child and Primary Caregiver sections of this form in full. Information for a Secondary Caregiver (if applicable) is helpful but is optional. If filling out this form on a computer, be sure that when you are finished, you save the form using a new file name. To do this, use "Save As" and rename the file.

CHILD'S INFORMATION

Application Date:

Child's Name: First Middle Last

Birth Date: Gender: Language

Race Hispanic/Latino: Yes No

Disability (Describe if applicable)

Any Plan Applicable

PRIMARY CAREGIVER INFORMATION:

First Name: Middle Initial: Last:

Birth Date: Gender: Language:

Race: Hispanic: Yes No Relationship to Child:

Parental Status: 1 Parent Family 2 Parent Family Homeless Family: Yes No

Number in Family: Number in Household: Family Income: *Annually*
Required for Families receiving scholarship(s)

Education Highest Level: Employment Status:

Address:

City: State: Zip Code:

Home Phone Number: Cell Phone Number:

Email Address:

SECONDARY CAREGIVER INFORMATION:

If applicable, please complete this section with information about a Secondary Caregiver. While it is helpful to us, providing this information is optional.

First Name: First Initial: Last Name:

Birth Date: Gender: Language:

Race: Hispanic/Latino: Yes No: Relationship to Child:

Education Highest Level: Employment status:

Address:

City: State: Zip Code:

Home Phone Number: Cell Phone Number:

Email Address: