

Postville Childcare Services, Incorporated

Preschool Application

Please fill out the following information regarding your needs for preschool for the 2015-2016 school year.

Child's Name: _____

Date of Birth: _____ Age as of 9/15/15: _____

Mother's Name: _____

Father's Name: _____

Mailing Address where enrollment paperwork should be sent:

Home Phone: _____

Cell Phone: _____

Primary language spoken at home : _____ English _____ Spanish

Registration information should be mailed in: _____ English _____ Spanish

I would like to enroll my child:

(please note we follow the same guidelines as the school, your child must be the age by 9/15 to enroll in the appropriate program)

_____ **3 Year Old Preschool**

_____ **4 Year old Preschool**

Have you applied for Head Start? _____ Yes _____ No

Have you applied to another preschool program? _____ Yes _____ No

Does your child have any special needs or an IEP? _____ Yes _____ No

If Yes, please explain: _____

Has your child attended a childcare center or preschool program before? _____ Yes _____ No

Will you need wrap care for your child outside of preschool hours? _____ Yes _____ No