



Today's Date _____

Name _____ SS# (last 4 digits) _____

Last, First, Middle Initial

Address _____

Street/Apt #, City, Zip Code

Land Line _____ Cell _____

E-Mail _____ Yes, Sign me up for text alerts!

DOB (xx/xx/xxxx) _____ Race: White ____ Afr Amer ____ Hispanic ____ Other ____

Are you employed? (circle) Yes / No. Household Annual Income \$ _____

High School diploma (circle) Yes / No If no, last year attended _____

Total No of Children _____ List all children age 5 and under (Please print)

WIC Eligibility	
YES	NO
(please circle)	

STAFF USE ONLY					
				P-K Program	On-site (date)
Last Name	First Name	DOB	Boy/Girl		

Do you have health Insurance: Yes / No. If yes what kind: _____

Do you have a family physician? (circle) Yes / No

Do you know what kindergarten readiness assessment is? (circle) Yes / No

Do you know how to enroll your child into a pre-k program, for example, head start? (circle) Yes / No

Primary form of transportation: (circle) walk personal vehicle City Transit Friend/Family member

How did you learn about us? _____

Authorization to Release Information

I hereby give the Parent Resource Center & Butler County Educational Services Center permission to discuss and share information relating to my child's enrollment. The information shared will be exclusive and for the sole purpose of preschool enrollment. No financial information will be shared other than eligibility. The agencies will share information such as child's DOB, address, enrollment status: enrolled/pending/wait list/not eligible due to service area or income guideline.

Parent/Guardian Signature

STAFF USE ONLY

Date	Referrals/Notes

Pantry Visits

Regular	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Meeting	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec