

# Buckingham Preschool

## Application For Enrollment 2020-2021



**PLEASE PRINT:**

Child's Name:

\_\_\_\_\_

Last	First	Middle
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Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address:

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Give directions to your home. Please include road names/numbers and helpful landmarks.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Lives With:**

Mother     Father     Stepparent     Other (explain) \_\_\_\_\_

**Others in Household:**

Name	Relationship to Child	Age	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Health Information**

Physician's Name: \_\_\_\_\_

Phone no: \_\_\_\_\_

Are child's immunizations up to date? \_\_\_Yes \_\_\_No

Please describe any medical problems or allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical alert and/or medication and dosage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Income**

**Proof of Income is required. Please submit W2s or IRS Form 1040.**

**Parent/Guardian:**

Mother    Father    Stepparent    Other (explain) \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Lives with child:  yes  no

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work No: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

**Parent/Guardian:**

Mother    Father    Stepparent    Other (explain) \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Lives with child:  yes  no

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work No: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

**Parent(s) Educational Background**

\*Mother's Highest Education Level **Completed (choose one)-**

\_\_\_ K-5      \_\_\_ 6-8      \_\_\_ High School Grad/GED

\_\_\_ Some College    \_\_\_ College Graduate

\*Father's Highest Education Level **Completed (choose one)-**

\_\_\_ K-5      \_\_\_ 6-8      \_\_\_ High School Grad/GED

\_\_\_ Some College    \_\_\_ College Graduate

**Emergency Contact Information**

Name	Relationship to Child	Telephone Number
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1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Additional comments: (Include anyone restricted from picking up your child)

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The Buckingham Preschool provides education to at-risk four-year-olds. Acceptance into the program is based on risk factors. Please check all the following that apply to your family. This information will be used in ranking applicants for eligibility.

Check ALL that apply to your child. This section must be completed.

**Diagnosed** as developmentally delayed.

Motor     Emotional  Language  Social

Premature Birth

Single Parent

Incarcerated Parent

No previous pre-school experience

Military Deployment

Self-esteem issues

Qualifies for TANF or Food Stamps

Child abuse or neglect reported in family

Alcohol or drug abuse reported in family

Referral from another agency

Parent/Guardian will be completing school or improving literacy skills

Foster Parent

NOT Foster but raised by someone other than parent

Homeless or living with extended family

Parent/Guardian chronically ill

Primary Language other than English \_\_\_\_\_

Number of children in family living in home \_\_\_\_\_

Extenuating Circumstance that you feel will be helpful in determining your child's eligibility.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*By signing this, I am confirming that all information is true and accurate.**

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Completing Form Date

**ALL INFORMATION WILL BE MAINTAINED IN STRICT CONFIDENCE BY OUR STAFF.**

\_\_\_\_\_/\_\_\_\_\_  
Staff Signature Date