Buckingham Preschool
Application For Enrollment 2020-2021

PLEASE PRINT:

Child's Name:

Last                  First                  Middle

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:

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<th>Name</th>
<th>Relationship to Child</th>
<th>Age</th>
<th>School</th>
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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

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<th>Name</th>
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Additional comments: (Include anyone restricted from picking up your child)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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