Spencer Community Preschool Program Application

Johnson School, 724 W. 9th Street, Spencer, IA 51301 Phone: 262-2710

Please check the program you are interested in enrolling your preschooler in:

_____ **The Statewide Voluntary Preschool Program** serves children who are four by September 15 and no older than five by September 15. There are AM (8:15-11:15) and PM (12:15-3:15) sessions for this program. This is not a full day program. Transportation is provided between Sacred Heart, the YMCA, Trinity and Johnson. The SWVPP is currently fully funded by the Department of Education; however, we are unsure of funding for next year. This could be a free preschool once again or it might be a tuition charged preschool, based on future legislative decisions.

_____ **A Child's Garden** serves children who are three by September 15 and no older than four by September 15. This program is funded through the Shared Visions Grant and is available, free of charge to income eligible families that live in the Spencer Community School District. This is a full day program with breakfast and lunch served during the school day. Door to door transportation is provided.

Child's Information:

Child's Legal Name: _____ _____ ( ) Male ( ) Female
First Middle Last

Address: _____
Number and Street City State Zip

Mailing Address, if different: _____

Birth date (month/date/year): _____ Age: _____

Does the preschooler reside in the Spencer School District? Yes No

Language spoken in the home: (circle one) English Spanish Other: _____

Income Information:

Gross Income-As listed on the most recent tax information: _____

Tax Return or Proof of Income attached: Yes No

Total Number living in Household: _____ (please list other family information below)

Adult #1-living in household

Name: _____ Male ( ) Female ( )
First Last

Address (if different from preschooler): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Adult #2-living in household

Name: _____ Male ( ) Female ( )
First Last

Address (if different from preschooler): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Other Children in the Household:

Name-First and Last	Birth date	Sex	School Attending
		M F	
		M F	
		M F	
		M F	
		M F	

_____Please only consider this application if the Statewide Voluntary Preschool Program for 4 year olds is offered for free again during the 2012-2013 school year.

Please designate if you would prefer AM or PM session for the Statewide Voluntary Preschool Program:

_____AM session (8:15-11:15)

_____PM session (12:15-3:15)

Applicant's Signature: _____ Date: _____