



APPLICATION

Positive Bright Start

EDGEWOOD: 1600 Haskell Ave, Units 159 & 160, Lawrence, KS 66044
Sunflowers, Unit 159: (785)764-4023 Meadowlarks, Unit 160: (785)760-7745
ADMINISTRATIVE OFFICE: 1900 Delaware, Lawrence, KS 66046
Admin Office Ph: (785)842-9679 Fax: (785)842-1412

PLEASE REMIT A \$20 APPLICATION FEE TO BE PLACED ON THE WAITING LIST, PRIOR TO ENROLLMENT A \$100 TOTAL DEPOSIT NEEDS REMITTED.

CHILD'S NAME: _____
(First) (Middle) (Last) (Nickname)

ADDRESS: _____
(Street) (City) (Zip Code) (Home)

DATE OF BIRTH: _____ MALE FEMALE IDENTIFY AS: _____

PARENT/LEGAL GUARDIAN(1) NAME: _____
(First) (Last)

ADDRESS (if different than child's): _____
(Street) (City) (Zip Code)

PHONE NUMBER: _____ EMAIL: _____

RELATIONSHIP TO CHILD: _____ BEST WAY TO CONTACT: _____

PARENT/LEGAL GUARDIAN(2) NAME: _____
(First) (Last)

ADDRESS (if different than child's): _____
(Street) (City) (Zip Code)

PHONE NUMBER: _____ EMAIL: _____

RELATIONSHIP TO CHILD: _____ BEST WAY TO CONTACT: _____

CHILD'S PRIMARY RESIDENCE IS WITH:

Both Parents Mother Father Stepparent Guardian Foster Other: _____

IF CHILD IS IN FOSTER CARE, PLEASE PROVIDE:

CASEWORKER'S NAME: _____ EMAIL: _____ PHONE: _____

PREFERRED START DATE (NOT GUARANTEED): _____

DO YOU CURRENTLY RECEIVE SECTION 8 OR PUBLIC HOUSING ASSISTANCE FROM THE LAWRENCE DOUGLAS COUNTY HOUSING AUTHORITY? YES NO **IF YES, WHICH ONE:** _____ SECTION 8 _____ PUBLIC ASSISTANCE

DO YOU RECEIVE DCF, SCHOLARSHIPS, OR OTHER THIRD-PARTY CHILD-CARE ASSISTANCE? YES NO
IF YES, INDICATE SOURCE AND AMOUNT: _____ \$ _____ PER MONTH

HAS YOUR CHILD ATTENDED CHILD CARE PREVIOUSLY? YES NO

NAME OF CHILD CARE CURRENTLY ATTENDING: _____ HOW LONG? _____

ARE YOU ENROLLING YOUR CHILD AS A : Peer Model Specialized Slot

Children enrolled as a **peer model** will provide positive peer interactions, demonstrate play skills, and model appropriate language and behavior for children with special needs while in the typical preschool classroom setting. The **specialized slots** are held for children who are identified as having a special need such as a developmental disability, a mental health diagnosis, qualify for special education services or challenging behaviors.

PLEASE READ EACH QUESTION AND MARK THE BOX THAT BEST DESCRIBES YOUR CHILD:	<u>YES</u>	<u>SOMETIMES</u>	<u>NO</u>
<i>My child speaks English fluently.</i>			
<i>My child has received Special Education Services (through USD 497, tiny-k, etc).</i>			
<i>My child currently has an IEP, IFSP, or special medical, cognitive, or mental health diagnosis (PLEASE PROVIDE ANY DOCUMENTS TO ELABORATE SO WE CAN BEST MEET YOUR CHILD'S NEEDS).</i>			
<i>My child currently receives therapy services (speech, OT, mental health, etc).</i>			
<i>I am currently concerned about my child's development (speech, hearing, vision, behavior, mental health, and/or difficulty learning).</i>			

Has your child ever been asked to leave a previous daycare/preschool? If yes, please explain:
Describe your child's social skills and ability to follow a routine and 1 to 2-step directions:
Why do you think your child would be a good peer model?
Describe the mealtime and sleep routines of your child?
In what ways has your child been exposed to other children?
What do you wish we knew about your family?

Signature of Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian