



# 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

LAKE VIEW: 3015 W. 31<sup>st</sup> St, Lawrence, KS 66049 (785)312-8258

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 OR A \$100 DEPOSIT TO SECURE A SLOT.**

**CHILD'S NAME:** \_\_\_\_\_  
(First) (Middle) (Last) (Nickname)

**ADDRESS:** \_\_\_\_\_  
(Street) (City) (Zip Code) (Home Phone)

**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:** \_\_\_\_\_

**DO YOU HAVE A PREFERENCE OF LOCATION (check one)?**  PBS at EDGEWOOD  PBS at LAKE VIEW

**WHEN WOULD YOU LIKE TO START CARE?** \_\_\_\_\_

**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

**ARE YOU A LAKE VIEW FIRST STEP CLIENT?** YES NO  
**IF YES, ARE YOU INTERESTED IN TRANSITIONING TO A COMMUNITY SLOT?** YES NO

**ARE YOU ENROLLING YOUR CHILD AS A (AGES 12 MONTHS+ ONLY):** \_\_\_\_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, or qualify for special education services. These slots typically apply to ages 12 months and up only.*

**NAME OF CHILD CARE CURRENTLY ATTENDING:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

<b>PLEASE READ EACH QUESTION AND MARK THE BOX THAT BEST DESCRIBES YOUR CHILD:</b>	<b>YES</b>	<b>SOMETIMES</b>	<b>NO</b>
<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>			
<i>I am interested in receiving information on community resources (food banks, health care, work programs, clothing, strengthening families).</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 routine and directions:
Why do you think your child would be a good peer model?
Are there any circumstances that we should be aware of in considering your application?

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Parent/Legal Guardian**