



2024-2025 Application

Positive Bright Start Early Education Classrooms

EDGEWOOD: 1600 Haskell Ave, Units 159 & 160, Lawrence, KS 66044
ADMINISTRATIVE OFFICE: 1900 Delaware, Lawrence, KS 66046 Admin Office Ph: (785)842-9679

Children are assigned waitlist spots and enrolled based on whether they are **peer models** (who will provide positive peer interactions, demonstrate play skills, and model developmentally appropriate language and behavior) or **specialized slots** (which are held for children who have identified a need for more individualized support). Our classrooms aim to maintain a ratio of **3 peer models to 1 specialized slot** to ensure ample time to implement positive, supportive care for all children in our program.

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

DATE OF BIRTH: _____ MALE FEMALE and/or IDENTIFY AS: _____

CHILD'S PRIMARY RESIDENCE IS WITH:

Both Parents Mother Father Stepparent Guardian Foster Other: _____

PARENT/LEGALGUARDIAN(1)NAME: _____
(First Name) (Last Name)

ADDRESS : _____
(Street)

(City) (State) (Zip code)

PHONE NUMBER: _____ EMAIL: _____

RELATIONSHIP TO CHILD: _____ BEST WAY TO CONTACT: _____

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

ADDRESS : _____
(Street)

(City) (State) (Zip code)

PHONE NUMBER: _____ EMAIL: _____

RELATIONSHIP TO CHILD: _____ BEST WAY TO CONTACT: _____

Enrollment Interest :

- Regular Hours, 7:30 am to 4:00 pm, \$730.00/Monthly
 Extended Aftercare, 4:00 pm to 5:30 pm , Additional \$100.00/Monthly

IF CHILD IS IN FOSTER CARE, PLEASE PROVIDE: CASEWORKER'S NAME: _____ EMAIL: _____

DO YOU CURRENTLY RECEIVE SECTION 8 OR PUBLIC HOUSING ASSISTANCE FROM THE LDCHA?

YES NO

IF YES, WHICH ONE: SECTION 8 PUBLIC HOUSING 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: _____ HOW LONG? _____

PLEASE READ EACH QUESTION AND MARK THE BOX THAT BEST DESCRIBES YOUR CHILD:

- | | Yes | No |
|---|--------------------------|--------------------------|
| My child has received Special Education Services (through USD 497, tiny-k, etc). | <input type="checkbox"/> | <input type="checkbox"/> |
| My child currently has an IEP, IFSP, or special medical, cognitive, or mental health diagnosis.
(IF YES, PROVIDE DOCUMENTS WITH APPLICATION) | <input type="checkbox"/> | <input type="checkbox"/> |
| My child currently receives therapy services (speech, OT, mental health, etc). | <input type="checkbox"/> | <input type="checkbox"/> |
| My child has had screening and evaluations completed, such as the ESI | <input type="checkbox"/> | <input type="checkbox"/> |
| I am currently concerned about my child's development
(speech, hearing, vision, behavior, mental health, and/or difficulty learning). | <input type="checkbox"/> | <input type="checkbox"/> |

What is your family's primary language?

Does your child have any medical conditions or allergies? Please describe.

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:

Describe your child's mealtime and sleep routines

In what ways has your child been exposed to other children?

What do you wish we knew about your family?

I certify that all the information on this application is correct to the best of my knowledge.

Parent/Legal Guardian Signature: _____

Date: _____