

Return to:

RE-1 Early Years Dept. @
Hagen Early Education Center
301 Hagen Street, Sterling, CO 80751
Phone 970-522-0432 FAX 970-522-5439

Date _____

Enrollment for the 20__-20__ school year

This child has _____ years before kindergarten.

Please consider my child:

_____ First _____ Middle _____ Last

Child's gender: Female Male Date of Birth _____

For enrollment at:

- HAGEN EARLY EDUCATION CENTER** Tuesday-Friday
- MORNING SESSION - 8:00-11:00 AFTERNOON SESSION 12:00-3:00 *(THIS IS A PREFERENCE, NOT A GUARANTEE)*
- Extended Day Program

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- CALICHE LITTLE BUFFS PRESCHOOL** Tuesday-Friday
 - MORNING SESSION - 8:00-11:00
 - Extended Day Program

IT IS MY HOPE THAT MY CHILD'S TUITION WILL BE FUNDED THROUGH:

- Colorado **Preschool Program** - selection is based upon risk factors (page 3) - priority given to 1 year before kindergarten
Complete pages 1, 2, 3, 4
- Special **Education Funds** (child has or is being assessed for IEP)
Complete pages 1, 2, 3, 4
- Family Private Pay**
Complete pages 1, 2, 3, 4

Date: _____

Enrollment for the 20__-20__ school year

Child's FULL Name:

_____ Date of Birth: _____
First Middle Last

Address _____ City _____ State _____ Zip Code _____

Child lives with: Both Parents Mother only Father only Shared custody
Court Guardian Other _____

Parent/Guardian name _____ Relationship to child _____

Home Phone (____) _____ - _____ Cell phone (____) _____ - _____

Email address _____

Address _____ City _____ State _____ Zip Code _____

Work _____ Work # (____) _____ - _____

Business Name

May we contact you at work? Yes No

Parent/Guardian name _____ Relationship to child _____

Home Phone (____) _____ - _____ Cell phone (____) _____ - _____

Email address _____

Address _____ City _____ State _____ Zip Code _____

Work _____ Work # (____) _____ - _____

Business Name

May we contact you at work? Yes No

Child's Primary Language _____ Primary Language in Home _____

How did you hear of RE-1's Early Education Program? _____

How did you hear about the Colorado Preschool Funding? _____

Was this child previously enrolled in preschool? No Yes Where? _____ When? _____

Does this child use a daycare home or center? No Yes Where? _____

Has this child participated in a Child Find Screen? No Yes Where? _____ When? _____

Classrooms sizes are limited. All requests will be considered. Children one year before kindergarten will receive priority. Remaining space will be offered to children two years before kindergarten.

TRANSPORTATION IS NOT PROVIDED

This child has _____ years before kindergarten

RE-1 COLORADO PRESCHOOL PROGRAM

Selection is based upon **risk factors** and the impact they may have on later school success. Children one year before kindergarten will receive priority, children two years before kindergarten with identified factors will be offered remaining funding.

Has this child attended preschool before? Yes No

CHECK ANY FACTOR THAT MAY DESCRIBE YOUR HOUSEHOLD, FAMILY MEMBERS OR CURRENT LIVING SITUATION

1. Mother or Father did not complete high school or its equivalent
2. Mother or Father were 18 or younger when child was born
3. There is more than one family residing in the current household (McKinney-Vento Homeless Assistance Act)
4. Drug abuse or alcoholism in the family
5. There is or was an abusive figure in the home (domestic violence)
6. Marital problems or recently separated or divorced
7. A family member has been or is incarcerated
8. Family has frequent relocation (2 or more in one year)
9. Child has limited English skills
10. Child is in need of language development (is learning English or needs additional language skills to participate in shared conversation with others)
11. Child has developmental concerns (late sitting up, walking, toilet training, feeding self, immature etc.)
12. Child needs improvement of social skills (interacting with other children, fearful in a group situation etc.)
13. Child has behavioral or discipline concerns
14. Child has health concerns
15. Child/Family is receiving service from the Department of Human Services (child has a case worker)
16. There were concerns at time of child's birth (premature, low birth weight, i.e. less than 5.5lbs)
17. Child is being referred by another agency (child's doctor, social worker, health department, etc.)
18. Child Family history of learning difficulties (was retained, received special services or had problems in school)

19. Your family is currently using one/any of the following programs...

AFDC Food Stamps SSI Medicaid TANIF

20. If you were to apply for child care assistance, using the following guidelines, your family be eligible for this child care assistance program.

Locate number living in your home; look below at income amount, would your household income be this or less?

CCAP (CHILD CARE ASSISTANCE)

Family size	2	3	4	5	6	7	8
Monthly	\$ 2,571	\$ 3,233	\$ 3,895	\$ 4,557	\$ 5,219	\$ 5,881	\$ 6,542

21. Your child would be eligible for reduced cost lunch if he/she were entering school. If you are unsure, a form will be available at registration.

Please provide any information that would help the committee as they consider your application. (Example: Additional details regarding why your family is in need of preschool funding assistance?)

Parent/Guardian Signature _____ Date _____

**A reply to your funding request will be sent following committee review.
LATE applications will be reviewed and a response will be mailed before school opening in September.**