



# Faubion Early Learning Academy (3-4 year olds)

Please fill out this form and return it to us using one of these methods:

Send applications to Faubion @Tubman, 2231 N. Flint Street, Portland OR 97227

Deliver to the address above during summer office hours: Tuesday, Wednesday, Thursday, 8:00 am – 1:00 pm starting July 5, 2016

Email questions or your application to: scanady@pps.net

<b>OFFICE USE</b>			
Date Received _____	Staff Initials _____	Ranking # _____	MECP? _____

*This application does not ensure enrollment. You will be notified regarding the status of your application as soon as possible.*

Child's Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Child's Gender: Male  Female  Child's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ **Children must be 3 or 4 years old by 9/1/16**

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Neighborhood elementary school \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work/Other \_\_\_\_\_

Child's Ethnicity: Hispanic?  Yes  No Child's Race: Black Native American White Asian Pacific Islander

Family Home Language: 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Does this child have a documented disability or health impairment? Yes  No  If yes, what type? \_\_\_\_\_

Is this child receiving any special education services? Yes  No  Provider? \_\_\_\_\_

Child's Family Please list parents/guardians:

Name	Relationship	Birth Date	Primary Language/ Interpreter Needed?	Address (If different from above)

Check one:  Single Parent Family  Two Parent Family  Foster Family  Grandparents  Other

Please answer the following questions as completely as possible.

Has this child been enrolled in:  Head Start  Early Head Start When/where? \_\_\_\_\_

Has a sibling been enrolled in Head Start or Faubion?  Yes  No If yes, Name: \_\_\_\_\_ When \_\_\_\_\_

Is your family receiving food stamps (SNAP)?  Yes  No

Are you receiving WIC for this child?  Yes  No

- Is your family currently receiving a cash grant or other TANF benefits (ERDC)?  Yes  No
- Are you or anyone in your family currently receiving Supplemental Security Income (SSI)?  Yes  No
- Is this child a foster child placed with you through DHS?  Yes  No
- Do you have permanent housing?  Yes  No
- Number in household: \_\_\_\_\_
- Current monthly gross income: \_\_\_\_\_ **Proof of income will need to be provided.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be eligible for Preschool Promise, families must reside within the Portland Public School boundaries. If your child is accepted into the preschool, he or she returns to the neighborhood school for kindergarten unless Faubion is the neighborhood school.**