Summer Early Kindergarten Transition (EKT) Program Monday through Friday 8:45-11:30 AM July 17 – August 4, 2017

APPLICATION FORM: Complete this form and drop it off at your school. You will be notified by May 15th if your child is enrolled or wait listed.

Child's Legal Name: Last	First			MI
Child is: (circle one) Male Female Child's Date of Birth				
My child will be attending kindergarten in September at: (sch	ool nan	ne)		
I have registered my child for kindergarten? Yes No I need	help reg	istering	g my child for	kindergarten? Yes No
Parent/Guardian Name/s				
Child lives with (Circle all that apply): Mother Father	Foster	•	Legal Guardia	n
Home Address	C	City		Zip
EmailHome Phone(circle the best way to contact you during the day)	Ce	ell		Other
Family's Primary Language	Translator needed?			Yes No
IN THE PAST YEAR, was your child involved in these programs?	Yes	No	Don't Know	
My child attended Head Start. If yes, what was the name of the Head Start?				
My child attended preschool. If yes, what was the name of the preschool?				
My child is receiving special education services.				
My child has health concerns: If yes, please attach another piece of paper to share info or write below:				
Is there anything else we should know about your child to ensure your child has a great EKT experience?				
I receive TANF or SNAP (FOOD STAMPS).				
I receive housing assistance.				
Parent/caregiver group time is an important part of EKT. Me Group time is a fun way to meet other parents/caregivers, and ta Receive tips to support your child's learning at home and Meet the school secretary, principal, and teachers and lea Receive free books and school supplies. Child care is provided for siblings during group time: I will need child care during parent meetings:YesNo. If yes, plea	ılk about 1 do hand arn about	having ds-on ac your so	a great start to s ctivities. chool and suppo	orts.
Name:, Name:	A	Age:	, Name	Age: