

## **PPS Pre-Kindergarten Application**

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	Child's Birth date//
Child Gender: 🧾 Male 📃 Female 📃 Non-binary	Child	l Ethnicity: Hispanic? 📃 Yes 📃 No
Child Race (select all that apply): 🦳 Asian 🦳 Black 🧾	Multi-Racial 🦳 Native	American 📃 Pacific Islander 📃 White
If you selected Native American, what is your child's tri	bal affiliation?	
Child Language: 1st	2nd	
Home Address:	City	Zip
Check one: Single Parent Family Two Parent Fa	amily 📃 Foster Family	Grandparents Other
Primary Adult Name: Last	_ First	Birth date//
Primary Adult Gender: 🦲 Male 🦳 Female 📃 Non-	binary Primary A	dult Ethnicity: Hispanic? 🦳 Yes 📃 No
Primary Adult Race: 🦲 Asian 🦳 Black 🧾 Multi-Racia	l 📃 Native American 🗌	Pacific Islander 🔛 White
Primary Adult Language: 1st	2nd	
Primary Adult Address (if different:)	Citv	/Zip
Primary Adult Phone: Cel	I Yes No	Email:
Secondary Adult Name: Last	First	Birth date//
Secondary Adult Gender: 🦳 Male 📃 Female 📃 No	on-binary Secondary	Adult Ethnicity: Hispanic? 📃 Yes 📃 No
Secondary Adult Race: 🦳 Asian 🦳 Black 🦳 Multi-Ra	cial 📃 Native American	Pacific Islander White
Secondary Adult Language: 1st	2nd_	
Secondary Adult Address (if different):	Cit	/Zip
Secondary Adult Phone:	Cell 🦳 Yes 🦳 No	Email:

## **Child's Family** Please list parents/guardians and siblings:

Name	Relationship	Birth Date	Primary Language/ Interpreter Needed?

Answer the following questions as completely as possible. It will help us determine the urgency of your family's needs.

Current annual gross income:	
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\_\_\_\_ Current monthly gross income:\_\_\_\_\_ Number in household:\_\_\_\_\_

Yes	No		
Yes	No		

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Does the child have a military parent/guardian?			Are you a migrant or refugee family?		
Were or are you a teen parent?					
Is a family member currently incarcerated?			If yes, relationship to child?		
Does the child have a documented disability or health impairment?			If yes, what type?		
Is this child receiving special education services?			If yes, what Provider?		
Is your family served by another agency?			If yes, who?		
Has child been enrolled in another preschool?			If yes, when/where?		
Has a sibling been enrolled in PreK?			If yes, name: When		
Child Abuse/Neglect Illness or Death in the Divorce Serious child health problem Child's Medical Provider: Child's Medical # or Health Insurance Coverage		D	ental Provider:		
Parent/Guardian Signature					
PPS Site Locations. Please indicate your site pre			Date		

Whitman	7326 SE Flavel St

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