

Education Background

Has your child attended preschool at another location? _____ If so, where? _____

Has your child received any of the following (please circle)

Speech Language Therapy Occupational Therapy Physical Therapy Vision Therapy

Early Intervention/Help Me Grow Services Play Therapy Other: _____

Priority Considerations

Do the child’s parents or grandparents work for Simon Kenton or Hardin County Bd of DD?

- Yes
- No
- Parent or Grandparent name: _____

Did the child participate in Early Intervention? ____ YES ____ NO

Have siblings attended Simon Kenton? ____ YES ____ NO

- Sibling’s name: _____

Consent

By signing below, you are requesting that your child be considered for enrollment into the Preschool Program at Simon Kenton School.

Signature

Date

For Office Use Only

Date/Time Application Received: _____

Reviewed By: _____

Documents Returned:

- Child Information Page
- ASQ3
- Enrollment Policy
- Add to Spreadsheet