



Colorado Preschool Program (CPP) Application for 2010-2011

Date of Application: _____

How did you hear about the program? _____

Neighborhood School: (closest Elementary School) _____

Child's Name: (As written on birth certificate)

First: _____ Middle: _____

Last: _____

DOB: _____ Age: _____ Gender: ___M___F

Parent(s)/Guardian(s) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Dad's Work Phone: _____ Mom's Work Phone: _____

Household Members: (Please list all who live in the home)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preschool Choices: (May Change)

Please put a 1, 2, or 3 by your first, second, and third choice for preschool.

- | | | |
|---|--|--|
| <input type="checkbox"/> Alpine Elementary | <input type="checkbox"/> Fall River Elementary | <input type="checkbox"/> Niwot Elementary |
| <input type="checkbox"/> Black Rock Elementary | <input type="checkbox"/> Frederick Elementary | <input type="checkbox"/> Northridge Elementary* |
| <input type="checkbox"/> Blue Mountain Elementary | <input type="checkbox"/> Hygiene Elementary | <input type="checkbox"/> Prairie Ridge Elementary |
| <input type="checkbox"/> Burlington Elementary | <input type="checkbox"/> Indian Peaks Elementary* | <input type="checkbox"/> Rocky Mountain Elementary * |
| <input type="checkbox"/> Carbon Valley Preschool | <input type="checkbox"/> Legacy Elementary | <input type="checkbox"/> Sanborn Elementary |
| <input type="checkbox"/> Centennial Elementary | <input type="checkbox"/> Loma Linda Elementary | <input type="checkbox"/> Spangler Elementary* |
| <input type="checkbox"/> Central Elementary | <input type="checkbox"/> Longmont Estates Elementary | <input type="checkbox"/> The Cottage – Hover Rd.* |
| <input type="checkbox"/> Columbine Elementary* | <input type="checkbox"/> Mountain View Elementary* | <input type="checkbox"/> The Cottage – Terry St.* |
| <input type="checkbox"/> Eagle Crest Elementary | <input type="checkbox"/> Mead Elementary | <input type="checkbox"/> Tiny Tim Center* |
| <input type="checkbox"/> Erie Elementary | <input type="checkbox"/> Meeker Neighborhood*# | <input type="checkbox"/> YMCA Preschool |

* **Spanish support** # **Must meet Head Start eligibility**

IMPORTANT: Transportation is NOT provided. Parents and guardians are required to accompany the preschooler to and from school.

___ I will need to walk to my child's preschool from home.

Would you be interested in serving on the CPP Council? (meets monthly 9-11am) ___yes ___no

What would you need to be able to participate? ___transportation ___child care

Ethnic Group:

___American Indian or Alaskan Native ___Asian ___Black or African American

___Native Hawaiian or Pacific Islander ___White ___Other

___Hispanic or Latino: Country or origin: _____

Primary Language Spoken at Home: ___English ___Spanish ___Both

Other: _____

Primary Language Spoken by Child: ___English ___Spanish ___Both

Other: _____

Child's Risk Factors (Circle YES or NO in response to each question)

1. YES NO The family is eligible for Free and Reduced Lunch*/Food Stamps
2. YES NO The family is homeless or lives with another family
3. YES NO An abusive adult lives in the home
4. YES NO There is drug or alcohol abuse in the family
5. YES NO Either parent was less than eighteen and unmarried when the child was born
6. YES NO The parent or guardian did not finish high school or its equivalent
7. YES NO The family moves often
8. YES NO The child has poor social skills
9. YES NO The child has poor language skills or speaks limited English
10. YES NO Receives services from State Dept. of Social Services as neglected or dependent child

*The Free and Reduced Lunch form needs to be filled out and turned in with the application.

Additional Comments:

Agreement: *I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the program's receipt of State funds. Program officials may request verification of this information.*

Signature of Parent or Legal Guardian

Date

Return this application and the Free and Reduced lunch form to:

US Mail:
Colorado Preschool Program
395 S. Pratt Parkway
Longmont, CO 80501

Hand Delivery:
700 Ken Pratt Blvd.
Suite 115
Longmont, CO

Office Phone:
303.702.7815