



Colorado Preschool Program (CPP) Application for 2011-2012

Date of Application: _____

How did you hear about the program? _____

Elementary School your child will attend: _____

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"/> Erie Elementary # 26 | <input type="checkbox"/> Meeker Neighborhood Center*# |
| <input type="checkbox"/> Black Rock Elementary | <input type="checkbox"/> Fall River Elementary | <input type="checkbox"/> Niwot Elementary |
| <input type="checkbox"/> Blue Mountain Elementary | <input type="checkbox"/> Frederick Elementary | <input type="checkbox"/> Northridge Elementary* |
| <input type="checkbox"/> Burlington Elementary | <input type="checkbox"/> Hygiene Elementary | <input type="checkbox"/> Prairie Ridge Elementary |
| <input type="checkbox"/> Carbon Valley Preschool | <input type="checkbox"/> Indian Peaks Elementary* | <input type="checkbox"/> Rocky Mountain Elementary* |
| <input type="checkbox"/> Centennial Elementary | <input type="checkbox"/> Legacy Elementary | <input type="checkbox"/> Sanborn Elementary |
| <input type="checkbox"/> Central Elementary | <input type="checkbox"/> Loma Linda Elementary | <input type="checkbox"/> Spangler Elementary* |
| <input type="checkbox"/> Columbine Elementary* | <input type="checkbox"/> Longmont Estates Elementary | <input type="checkbox"/> The Cottage – Terry St.* |
| <input type="checkbox"/> Eagle Crest Elementary | <input type="checkbox"/> Mountain View Elementary* | <input type="checkbox"/> Tiny Tim Center* |
| <input type="checkbox"/> Erie Elementary | <input type="checkbox"/> Mead Elementary | <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, 3rd Thurs. 9-11am) ___yes ___no
To be able to participate on the council would you need _____transportation _____childcare?

Are you Hispanic/Latino? No Yes

Which of the following groups describe the child's race? **(You must select at least one race)**

American Indian Asian Black/African American Native Hawaiian/Pacific Islander White

Primary Language Spoken at Home: ___English ___ Spanish ___ Both
Other: _____

Primary Language Spoken by Child: ___English ___ Spanish ___ Both
Other: _____

Language preference for classroom instruction upon your child entering Kindergarten:
___English ___ Spanish

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

PLEASE NOTE THE FOLLOWING TO AVOID DELAYS IN PROCESSING THIS APPLICATION:

A completed CPP application and the St. Vrain Valley School District Tuition Assistance Form MUST be submitted to schedule a screening appointment for parent(s) and children.

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 St. Vrain Valley School District Tuition Assistance Form to:

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

Hand Delivery:
700 Ken Pratt Blvd.
Suite 111
Longmont, CO 80501

Office Hours and Phone:
Monday - Friday
7:30am - 4:30pm
303.702.7815