

The Poudre School District Early Childhood Education Program offers quality, comprehensive opportunities for education from birth through five years old and prenatal mothers. Through federal, state and district funds the program offers no-cost and tuition-based program options to eligible children.

STEP 1: Complete this application with the following documents. These are needed to determine eligibility and enrollment. Completely fill out this application legibly in blue or black ink. A completed application contains all documentation listed in items 1-8 (below).
STEP 2: Complete the Colorado Universal PreK application upk.colorado.gov, when the upk portal opens.

Documents to bring with you or attach to email:

1. Birth certificate
2. Proof of your family's current income for the past 12 months or preceding calendar year, examples:
 - a. Federal tax form (preferred) - most current
 - b. W-2 (preferred) - most current
 - c. SSI, TANF or SNAP proof of enrollment
 - d. Pay stubs reflecting current income for last three months
 - e. Student income (scholarship/grant/monthly stipends covering living expenses)
 - f. University benefits
 - g. Child support documentation
3. Utility bill or lease/mortgage for address verification (lease must be signed by landlord)
4. ASQ-3 and ASQ-SE screening (paper or www.asqonline.com/family/a80b32)
5. Enrollment packet (paper or www.bit.ly/PSDpreschool)
6. Custody paperwork (if applicable)
7. Current physical exam (Hard copy or screen shot from your Patient Portal is acceptable)
8. Immunizations

Early Head Start –Early Head Start serves prenatal mothers through child's age 36 months. Please check if you are applying for a child aged birth through 36 months.

I am interested in the home-based program (weekly EHS Family Specialist home visits) childcare center-based program (monthly EHS Family Specialist home visits)

If I am eligible and enrolled under Early Head Start Funds, I understand that my participation in home visits is part of the program. _____ Initials

Is mom currently pregnant and interested in applying for the Early Head Start prenatal program? Yes No

If yes, front office staff will provide a Prenatal Program Application, or an Enrollment Tech8c3 an Enrvidew up

SECTION 2: DEVELOPMENTAL FACTORS

SECTION 3: LIVING SITUATION

SECTION 4: ENVIRONMENTAL/FAMILY FACTORS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is currently homeless
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family was homeless in the last 12 months
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents were 18 years or younger at birth of applying child
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is a single parent family/relative guardian
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents have periodic or significant health concerns Explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents have history of alcohol or drug abuse
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child is an English Language Learner (child's home/ first language is not English)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child has recurring minor or significant health issues. Explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child is currently in Foster Care or foster care

SECTION 5: CURRENT EMPLOYMENT HISTORY

Name Parent/Guardian:

Name Parent/Guardian:

Please fill in the chart below indicating your current employment situation.

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Employer Name/Phone	Start Date	End Date	Employer Name/Phone	Start Date	End Date
1			1		
2			2		
3			3		

SECTION 6: OTHER SOURCES OF INCOME

<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support <i>If yes, please include proof of the amount of child support received in the last 12 months.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	School Grants or Scholarships that include living expenses - <i>If yes, please include proof of the amount of grants or scholarships received for living expenses in the last 12 months.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, Retirement, Veteran's, or Disability Benefits - <i>If yes, please include proof of the amount of the benefits received for the last 12 months.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Benefits <i>If yes, please include proof of the benefits received for the last 12 months. If worked any jobs in the last 12 months, please attach the last paystub for each job or W-2 indicating timeframe worked at each job.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or anyone in the household enrolled in Larimer County Works/TANF? <i>If yes, please list each family member's name that is enrolled and attach a copy of the</i>

SECTION 7: SIGN AND DATE APPLICATION