



Special Start For Exceptional Children

Initial Application for Preschool Enrollment (ages 0-5 years only)

All fields must be filled out completely in order to process registration.

Please fax completed application to Tami @395-1800

| CHILD'S INFORMATION | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------|------------|----------------------------------------------------------------------------|------------|
| CHILD'S FIRST NAME | LAST | MIDDLE | GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male | BIRTH DATE |
| Physical Address | | City | | Zip |
| Mailing Address (if different) | | City | | Zip |
| Primary Phone | | Cell Phone | E-mail Address | |
| Does child have a current IEP/IFSP from the school district? <input type="checkbox"/> Yes <input type="checkbox"/> No District _____ | | | | |

| FAMILY MEMBER INFORMATION | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------|
| PARENT/GUARDIAN NAMES | | | | |
| FIRST | LAST | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian | FIRST | LAST <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian |
| Address | | | Address | |
| Employer | | | Employer | |
| Employer Phone | | | Employer Phone | |
| Family Type <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents | | Do all Parents/Guardians above have Legal Custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please be specific: _____ | | |
| Primary Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Tagalog <input type="checkbox"/> Other _____ | | | | |

| OTHER CHILDREN LIVING IN THE HOME | BIRTH DATE | RELATIONSHIP |
|-----------------------------------|------------|---------------------------------------------------------------|
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

What expectations do you have for your child this year?

What are your child's greatest strengths and weaknesses?

Strengths:

Weaknesses:

Referring Agency _____ Contact Name _____ Phone _____