



Now Accepting Applications! Parsons Preschools



USD 503 Preschools
Lincoln Elementary School
1800 Dirr Street, Parsons KS

Pick up your application at any local elementary school or the USD 503 District Office, 2900 Southern Ave.

<p><u>USD 503 Preschools</u> MONTHLY FEE*</p> <ul style="list-style-type: none"> Must be at least 4 years old by 8-31. 5-year olds ACCEPTED! No income limit Tuition based on income Scholarships are available and determined case-by-case. <p>*Fee: \$80.00/month if lunch status is full price \$20.00/month if lunch status is reduced \$10.00/month if lunch status is free</p>	<p><u>4-Year Old Preschool</u> NO FEE</p> <ul style="list-style-type: none"> Must be 4 years old by 8-31 and meet one of the criteria below: <p><u>Eligibility Criteria:</u></p> <ul style="list-style-type: none"> Living in a single parent home Parent lacking a high school diploma or GED Parent who was a teen parent Low income (qualifies for free lunches) Developmentally or academically delayed Limited English proficiency DCF referral Migrant student 	<p><u>KIDS FIRST Preschool</u> NO FEE</p> <ul style="list-style-type: none"> Must be 3 or 4 years old by 8-31 and meet these criteria: <p><u>Special Needs Students:</u></p> <ul style="list-style-type: none"> Student requires an IEP No income limits Meets Federal eligibility and need requirements <p><u>Model Students:</u></p> <ul style="list-style-type: none"> No income limits Model correct preschool behavior Receive a passing score on the Denver Screening Assessment
<p><u>ALL USD 503 Preschools</u></p> <ul style="list-style-type: none"> Must reside in USD 503 boundaries or have a sibling enrolled in the district. <ul style="list-style-type: none"> Morning or Afternoon Sessions Available 		
<p><u>Daycare Option</u></p> <ul style="list-style-type: none"> Available to all four-year olds attending 503 Preschool, 4-year old preschool, and model students <ul style="list-style-type: none"> Times: Regular school hours Extended times available at an additional fee 		

For More Information Contact
Shelley Gardner, 421-3510
USD 503 District Office, 421-5950

Birth Certificate, Immunization Records and Health Assessment required for enrollment.

Application for USD 503 Preschools

Child's Name _____ Date of Birth _____ Gender: Male Female
 Street Address: _____ City: _____ Zip Code: _____
 Mailing Address: _____ City: _____ Zip Code: _____
 Home/Message Phone: _____ Cell Phone: _____ Work Phone: _____

Does your child have an IEP? Yes No Is your child receiving any special services? (i.e., speech therapy, learning disabilities, mentally handicapped, other) If yes, what services does your child receive? _____

What language is spoken in your home? English Spanish Other _____

Parent/Guardian Information	Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
	Mother's Name: _____ Mother's Date of Birth: _____ Highest Education Level: _____ Grade <input type="checkbox"/> HS <input type="checkbox"/> GED <input type="checkbox"/> Trade/Vo Tech <input type="checkbox"/> 2Yr College <input type="checkbox"/> 4Yr College Father's Name: _____ Father's Date of Birth: _____ Highest Education Level: _____ Grade <input type="checkbox"/> HS <input type="checkbox"/> GED <input type="checkbox"/> Trade/Vo Tech <input type="checkbox"/> 2Yr College <input type="checkbox"/> 4Yr College
Sibling Information	Please list all children in your home, their ages and school they attend:
	Name: _____ Age: _____ School: _____
	Name: _____ Age: _____ School: _____
	Name: _____ Age: _____ School: _____
	Name: _____ Age: _____ School: _____

If your child receives Food Assistance, TAF or FDPIR provide the case number _____

List Names of ALL Household Members	Date of Birth	Check if ZERO Income	Earnings From Work <small>before deductions (including overtime)</small>		Other Regular Income: <small>child support, alimony, retirement pensions, Social Security, Worker's Comp, unemployment, strike benefits, VA benefits, disability benefits, and ANY OTHER INCOME</small>		Check if a Foster Child
			Amount	How Often	Amount	How Often	
1.		<input type="checkbox"/>	\$		\$		<input type="checkbox"/>
2.		<input type="checkbox"/>	\$		\$		<input type="checkbox"/>
3.		<input type="checkbox"/>	\$		\$		<input type="checkbox"/>
4.		<input type="checkbox"/>	\$		\$		<input type="checkbox"/>
5.		<input type="checkbox"/>	\$		\$		<input type="checkbox"/>

Which session do you prefer? Morning Afternoon

***We are unable to guarantee a specific session. Requests will be honored on a first come basis.*

Would you be interested in paying childcare for the other half day? Yes No

Are you interested in your child being a model student for the Kids First Preschool? Yes No

***For information contact Kids First Preschool at 620-421-3510.*

Priority will be given to those students with siblings already attending Parsons Schools or to children who are the oldest in their family and entering public school for the first time.

Signature of Guardian _____ Date _____

Office Use Only	Date Received _____	Child's Age on or before August 31 _____
<input type="checkbox"/> Kids First <input type="checkbox"/> Kids First Model <input type="checkbox"/> 4 Yr Old Preschool – Qualified <input type="checkbox"/> 4 Yr Old Preschool <input type="checkbox"/> Assigned to: _____		