

LISBON SCHOOL READINESS Pre-registration

For Office Use Only:

Date Received: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M or F

Race/Ethnicity: Circle One: Amer Indian, Asian Black White Hispanic/Latino

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Siblings: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F

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Any previous preschool experience? If yes, provider name: \_\_\_\_\_

Are any of your children receiving Birth-to-Three Services? If yes, please list child and services:

\_\_\_\_\_

Mother: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Father: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

# LISBON SCHOOL READINESS

## Needs Survey

### **HEALTH**

- Is everyone in the family covered by medical insurance? Yes / No  
Type(s) of Insurance: \_\_\_\_ Medicaid \_\_\_\_ Private \_\_\_\_ HUSKY \_\_\_\_ Other
- Is everyone in the family covered by dental insurance? Yes / No  
Type(s) of Insurance: \_\_\_\_ Medicaid \_\_\_\_ Private \_\_\_\_ HUSKY \_\_\_\_ Other
- Are there any medical or dental concerns in the home? Yes / No
- Does anyone in the family have concerns about depression or nervousness? Yes / No
- Has alcohol or drugs affected your family in any way? Yes / No
- Does your family need assistance obtaining additional food? Yes / No
- Have all children received required immunizations? Yes / No
- Do any of the school-aged children have documented allergies, asthma, diabetes,  
or other medical concerns that may need to be addressed at school? Yes / No
- Are children aged three to five toilet trained? \*children must be toilet trained to attend school Yes / No

### **FAMILY RESOURCES**

- Does the family have a car or access to transportation? Yes / No  
Type of transportation: \_\_\_\_\_
- Does the family own or rent housing? \_\_\_\_\_
- Is rent based upon income? Yes / No
- Is housing a part of HUD Section 8 Housing? Yes / No
- Live with relatives? Yes / No
- Do you need or have fuel assistance? Yes / No
- Is any family member living outside the home? Yes / No
- Is any family member incarcerated? Yes / No
- Are adults registered to vote? Yes / No

### **EMPLOYMENT and JOB TRAINING**

- Does any adult family member want job training? Yes / No
- Does any adult family member want or need assistance learning English? Yes / No
- Is any adult family member seeking employment? Yes / No

### **CHILD CARE**

- Do you prefer your preschooler to attend am or pm preschool sessions? preferences are not guaranteed AM / PM
- Does the family receive Care4Kids subsidy? Yes / No
- Does the family need before school care (7:00 am to 8:00 am)? Days per week: Yes / No
- Does the family need after school care (3:00 pm to 6:00 pm)? Days per week: Yes / No
- Do preschoolers or kindergarteners need school day care (8:00 am to 3:00 pm)? Days per week: \_\_\_\_\_ Yes / No