# LISBON SCHOOL READINESS Pre-registration

For Office Use Only:

Date Received:

Date of Birth: Gender: M or F Race/Ethnicity: Circle One: Amer Indian, Asian Black White Hispanic/Latino Home Address: Mailing Address: Date of Birth: M or F 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: Email: Address if different from above: Occupation: Highest Level of Education: Email: Address if different from above: Gocupation: Email: Address: Highest Level of Education: Email: Address if different from above: Email: Address if different from above: Email: Address if different from above: Email: Email:	Child's Full Name:				
Home Address:					
Mailing Address: Siblings: Date of Birth: M or F Date of Birth: M or F Date of Birth: M or F 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: Hother: Home Telephone: Home Telephone: Home Telephone: Highest Level of Education: Highest Level of Education: Home Telephone: Highest Level of Education: Email: Email: Highest Level of Education: Email: Highest Level of Education: Home Telephone: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Highest Level of Education: Highest Level of Education: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Home Telephone: Highest Level of Education: Highest Level of Education: Home Telephone: Home Telephone: Highest Level of Education: Home Telephone: Home Telephone: Highest Level of Education: Highest Level of Education: Highest Level of Education: Highest Level of Education: Home Telephone: Home Telephone: Highest Level of Education: Highest Levelo		Circle One: Amer Indian, Asian	Black	White Hispar	nic/Latino
Siblings: Date of Birth: M or F Date of Birth: M or F Date of Birth: M or F Date of Birth: M or F 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: Email: Address if different from above: Decupation: Employer: Address: Highest Level of Education: Father: Home Telephone: Email: Address if different from above: Decupation: Employer: Address: Email: Enail: Address if different from above: Email: Address if different from above: Email: Address if different from above: Email: Address if different from above: Enail: Address if different from above: Employer: Address if different from above:					
Date of Birth:M or F         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:					
	Siblings:				
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:					
Are any of your children receiving Birth-to-Three Services? If yes, please list child and services:   Mother:				Date of Birth:	M or F
Mother:        Home Telephone:	Any previous presch	nool experience? If yes, provider nam	e:		
Work Telephone:	Are any of your chil	dren receiving Birth-to-Three Services?	If yes,	please list child and	d services:
Work Telephone:					
Email:	Mother:		_ 1	Home Telephone:	
Address if different from above:			v	Work Telephone:	
Occupation:		Email:			
Occupation:		Address if different from above:	-		
Employer:			-		
Address:		Occupation:			
Highest Level of Education:		Employer:			
Father: Home Telephone: Work Telephone: Work Telephone: Occupation: Occupation: Employer: Address: Address:		Address:			
Work Telephone:   Email:   Address if different from above:   Occupation:   Employer:   Address:		Highest Level of Education:			
Work Telephone:   Email:   Address if different from above:   Occupation:   Employer:   Address:	Father:			Home Telephone:	
Address if different from above:   Occupation:   Employer:   Address:					
Address if different from above:   Occupation:   Employer:   Address:		Email:			
Employer:     Address:			-		
Employer:     Address:		Occupation:	-		
Address:		Employon			
		Address:			

### LISBON SCHOOL READINESS

## Needs Survey

#### <u>HEALTH</u>

Is everyone in the family covered by medical insurance?				
Type(s) of Insurance:MedicaidPrivateHUSKYOther				
Is everyone in the family covered by dental insurance?				
Type(s) of Insurance:MedicaidPrivateHUSKYOther				
Are there any medical or dental concerns in the home?				
Does anyone in the family have concerns about depression or nervousness?				
Has alcohol or drugs affected your family in any way?				
Does your family need assistance obtaining additional food?				
Have all children received required immunizations?				
Do any of the school-aged children have documented allergies, asthma, diabetes,				
or other medical concerns that may need to be addressed at school?				
Are children aged three to five toilet trained? *children must be toilet trained to attend school				

#### 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 TRAININGDoes any adult family member want job training?Yes / NoDoes any adult family member want or need assistance learning English?Yes / NoIs 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 / P.	М	
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:		