

# COLORADO PRESCHOOL PROGRAM APPLICATION

## SCHOOL YEAR 2022/2023

This application is part of a selection process to determine those children eligible for the Colorado Preschool Program (CPP). The program is intended to serve children who may be at risk for educational hardships. CPP provides tuition towards preschool for those children who qualify. Children who qualify for this program must exhibit several risk factors, which can include health problems, single parent families, qualification for low-income assistance/social services, a language other than English spoken at home, etc. Children must be 3, 4 or 5 years old by September 1<sup>st</sup> and have risk factors present in their lives. If a child is served as a 4 or 5-year-old, the child must be eligible for kindergarten the next year and have 1 risk factor present in their lives. They may only participate in CPP for one year. If a child is served as a 3-year-old, the child must have 3 significant risk factors. All information in this questionnaire will be kept confidential, regardless of whether or not this child is selected for the program.

Date: \_\_\_\_\_ Person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### CHILD INFORMATION

Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Language Spoken by Child: \_\_\_\_\_

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

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

How long at this address? \_\_\_\_\_ # of moves in past 5 years: \_\_\_\_\_

Child's Ethnic Group (please choose one):

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ White – Not of Hispanic Origin

\_\_\_\_\_ African American – Not of Hispanic Origin

Has child attended school before? \_\_\_ Yes \_\_\_ No If so, how long & where? \_\_\_\_\_

Birth or health problems this child has experienced: \_\_\_\_\_

What opportunities has the child had to play with other children his/her age? \_\_\_\_\_

What child care experiences has the child had outside the home? \_\_\_\_\_

Explain how your child interacts with other children: \_\_\_\_\_

Explain how your child responds to redirection: \_\_\_\_\_

Explain concerns, if any, about your child attending preschool: \_\_\_\_\_

Do you have any specific concerns or questions about your child? \_\_\_\_\_

\_\_\_\_\_

### FAMILY INFORMATION

**MALE** head of household: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home/Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Education: *(Please check only one)*

- Less than high school
- High school diploma/GED
- Some college
- Completed an Associates or Technical Degree
- Completed a 4 yr. Bachelor's Degree
- Completed a graduate degree

Ethnic Group: *(Please check only one)*

- American Indian/Alaskan Native
- Asian or Pacific Islander
- African Amer. – Not of Hispanic origin
- Hispanic
- White – Not of Hispanic origin

**FEMALE** head of household: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home/Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Education: *(Please check only one)*

- Less than high school
- High school diploma/GED
- Some college
- Completed an Associates or Technical Degree
- Completed a 4 yr. Bachelor's Degree
- Completed a graduate degree

Ethnic Group: *(Please check only one)*

- American Indian/Alaskan Native
- Asian or Pacific Islander
- African Amer. – Not of Hispanic origin
- Hispanic
- White – Not of Hispanic origin

Parents are:  Married  Divorced  Single

Child lives with:  Both Parents  Mother Only  Father Only  Court Guardian  
 Grandparents  Other (please explain) \_\_\_\_\_

Please list the people living in the home:

Name	Age	Relation to Child

Household size: \_\_\_\_\_ Total # of Children: \_\_\_\_\_ Total # of Adults: \_\_\_\_\_

Total household income:  \$15,000 or less  \$15,000-\$20,000  \$20,000-\$30,000  
 \$30,000-\$40,000  \$40,000-\$50,000  \$50,000 and up

Family receives financial assistance: (TANF, SSI, Food Stamps)  Yes  No

Are there family situations that affect child?  Yes  No Please describe: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK ALL RATING FACTORS WHICH APPLY TO THIS CHILD (Please explain where indicated):**

- Family qualifies for low-income assistance or free/reduced lunch program.
- There have been recent changes in your lives. (Examples: jobs, financial, relationships, death, divorce, births, moves, etc.) Please explain: \_\_\_\_\_
- There is a family history of learning problems. Please explain: \_\_\_\_\_
- Significant/chronic health problems with another family member. (Asthma, Allergies, etc.) Please explain: \_\_\_\_\_
- Serious illness with another family member. (Diabetes, Heart Disease, Cancer, TB, etc.) Please explain: \_\_\_\_\_
- Family member living in the home as a disability? Please explain: \_\_\_\_\_
- Either parent of the child was less than 18 years of age and unmarried at the time of the birth of the child.
- A language other than English is spoken in the home.
- Child has some speech and language difficulties. Please explain: \_\_\_\_\_
- Family has moved frequently. Please explain: \_\_\_\_\_
- Someone in the home is currently involuntarily unemployed.
- Child has difficulty separating from parents. Please explain: \_\_\_\_\_
- Child has some behavior problems. Please explain: \_\_\_\_\_
- Child has limited social skills (sharing, turn taking, etc.) Please explain: \_\_\_\_\_
- There has been a divorce or separation in the family.
- Both parents work outside of the home.
- Minimal prenatal care. Please explain: \_\_\_\_\_
- History of substance abuse in the home. Please explain: \_\_\_\_\_
- Abusive adult in the home.
- No permanent housing. Please explain: \_\_\_\_\_
- No extended family in the area.
- Child has poor listening skills. Please explain: \_\_\_\_\_
- Child has chronic ear problems/infections.
- Other health problems. Please explain: \_\_\_\_\_

## COLORADO PRESCHOOL PROGRAM (CPP)

### PARENT INVOLMENT

Young children are integrally connected to their families. Programs can best meet the needs of children when they also recognize the importance of the child's family and develop strategies to work effectively with families. All communication between programs and families should be based on the concept that parents and families are the principal influence in their children's lives.

As the teacher and staff of your preschool child, we will ...

- Provide a learning environment that is always safe and secure for your child.
- Plan and present curriculum that is appropriate and important to your child's future success in school.
- Be aware of your child's individual needs.
- Meet with you three times a year, one interview/visit and two teacher conferences- to plan and review your child's progress.
- Be available to help answer questions or address your *concerns* whenever they may arise.
- Prepare your child for his/her transition into kindergarten through classroom tours, meeting the kindergarten teachers, and sharing educational information with your child's kindergarten teacher to aide in planning for a successful kindergarten experience.
- Initiate an individual learning plan for your child.

As the parent/guardian of a preschool child, I will ...

- Be responsible for my child's attendance, make sure my child arrives at school on time and is picked up on time.
- Let the program know if my child will be absent or if I plan to withdraw my children from the program.
- Set goals for my child's individual learning plan.
- Be supportive about the experiences my child is having with his/her preschool.
- Talk often with my child about what he/she is learning in preschool to help with the development of language skills.
- Read to my child daily and listen as my child "reads" to me.
- Attend family education opportunities.
- Always support my child's learning from preschool through high school graduation.

As a preschooler, I will ...

- Be successful because of our team effort.

I agree to comply with the above.

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Parent Signature

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Date