

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

_____ 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: _____

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: _____

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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