



## Pre-K Pre-Enrollment Form USD 262 Valley Center Schools



Please fill out this pre-enrollment form and return it, if you have a child that you would like to enroll in USD 262's Pre-K program for the 2019-2020 school year. We would appreciate your help in passing along this form to any friends, relatives, or neighbors that have a child that will be four years old on or before August 31, 2019.

**General Information:**

- **CHILD MUST BE FOUR (4) YEARS OF AGE ON OR BEFORE AUGUST 31, 2019**
- Student **MUST** reside in the Valley Center School District
- Home visits are a required part of this program

**Qualifications:**

- Because this program is funded by a grant from the state, students and/or their families must meet one of more of the following qualifications in order for their child to be enrolled in the preschool.

**Please place a checkmark next to each qualification that you meet:**

- Single parent home
- Low Income (child's family must qualify for free meals)
- Teen Parent (at least one parent must have been 19 or younger when **THIS** child was born)
- No High School or GED (at least one parent doesn't have either of these)
- Limited English Language
- Child qualifies for migrant status (must have copy of certificate)
- DCF Referral
- Developmental Delay (parent suspects that the child has a developmental delay; a delay can be determined by pretesting)

\*\* Children who have an IEP AND who meet at least one of the criteria must be considered as potential members of the Four-Year-Old At-Risk classroom and cannot be excluded from participation solely based on their having an IEP.

\*\* **Valley Center USD 262 does not discriminate on the basis of race, color, national origin, sex, religion, handicap/disability, or age. Person having inquiries may contact the school district's ADA and Section 504 Coordinator, 143 S Meridian, Valley Center, KS 67147. Phone: 316-755-7000.**

Student's Full Name: \_\_\_\_\_ M ( ) F ( ) Child's Birthday \_\_\_\_\_

Parent's Names: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

E-mail Address(es) \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Please state the address and name of the street on which you live. **Do not use PO Box #.**

Please return this form to  
Abilene Elementary, 522 N Abilene, Valley Center, KS 67147 Attn: Mary Carpenter  
After May 24, 2019 mail or take to the District Office, 143 S Meridian, Valley Center, KS 67147.  
After returning this form you will be contacted regarding the next step.  
If you have any questions, please call: 316-755-7020 (Abilene) or 316-755-7000 (District Office)