



Please note that spots are limited. Once the full application has been completed, along with both ASQ surveys, we will be in contact regarding your child's enrollment in our preschool programs.

# 2024-2025 El Dorado Public Schools Preschool Programs Initial Application and Criteria Checklist

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

### Potential Programs based on child's age (Please check the appropriate box below):

- NEW** Role Model: 3 years old on or before February 28 of the current year (Requires a Try Out)
- Returning** Role Model: Accepted for a second year upon completion of application
- 3 year old Preschool:** 3 years old on or before August 31 of the current year (Pre-Kindergarten program)
- 4 year old Preschool:** 4 years old on or before August 31 of the current year (Pre-Kindergarten program)

Parent/Guardian Name(s): \_\_\_\_\_

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

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

### Transportation Needs (Please check the appropriate box below)

- No, I will *not be* requesting transportation for my child if accepted into a preschool program
- Yes, I will be contacting the Bus Barn to request transportation for my child if accepted into a program

Pick up/Drop off Address: \_\_\_\_\_

### Please indicate your child's residence school\*:

### Please indicate a session preference:

\*Attendance location is determined by child's home address.

- Blackmore Elementary
- Grandview Elementary
- Skelly Elementary
- I do not know my child's residence school


- AM half day session (8-11:15 am)
- PM half day session (noon-3:15 pm)
- Either session (no preference)

**Please go to PAGE 2 and complete criteria the child meets (if any) for the USD 490 preschool programs.**

### Section below for district office use only:

<i>Date application was received:</i>	<i>Session Assigned (AM/PM):</i>	<i>Spot Accepted/Notes:</i>
<i>School Assigned (BE/GE/SE):</i>		

Please mark all criteria that may apply for your child or your family:

<p><b>Poverty</b></p> <p><input type="checkbox"/> Qualify for Free Lunches (<i>Must complete Free/Reduced Lunch Application</i>)</p> <p><input type="checkbox"/> Qualify for Reduced Fee Lunches (<i>Must complete Free/Reduced Lunch Application</i>)</p> <p><input type="checkbox"/> Receiving Public Assistance (Vision Cards, etc)</p> <p><input type="checkbox"/> Homeless/Transitional Housing</p> <p><input type="checkbox"/> Unemployment</p>	<p>Please complete an ASQ3 assessment AND an ASQ-SE 2 assessment <u>prior to submitting this application</u>. These assessments can be found at:</p> <p><a href="https://www.asqonline.com/family/3dfac2">https://www.asqonline.com/family/3dfac2</a></p> <p>Or by scanning the code below:</p> <div data-bbox="1182 529 1425 825" style="text-align: center;">  </div> <p>Please follow the directions below:</p> <ol style="list-style-type: none"> <li>1. Choose "I am completing both the ASQ-3 and ASQSE2 questionnaires" (first option)</li> <li>2. Enter your child's information, making sure all information is correct.</li> <li>3. Choose "Enter your results" and report how your student performs on the various tasks.</li> <li>4. When done, choose "Click here to complete your ASQ-SE2 screening now" and finish the second assessment.</li> <li>5. <b>Please note: both assessments (ASQ-3 and ASQ-SE2) must be complete before an application will be considered.</b></li> </ol>
<p><b>Single Parent Family</b></p> <p><input type="checkbox"/> Single Parent</p> <p><input type="checkbox"/> Absent Parent</p> <p><input type="checkbox"/> Military Deployment</p> <p><input type="checkbox"/> Recent Divorce (6 months or less)</p> <p><input type="checkbox"/> Custody Issues Between Parents</p> <p><input type="checkbox"/> Incarcerated Parent</p>	
<p><b>Department for Children and Families (DCF) Referral</b></p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Drug/Alcohol Dependency</p> <p><input type="checkbox"/> Child Abuse, Neglect (Open H&amp;W Case)</p>	
<p><b>Teen Parent while Child Was Born OR Either Parent Lacking a High School Diploma or GED</b></p> <p><input type="checkbox"/> Single Teen Parent</p> <p><input type="checkbox"/> Teen Parents (not single)</p> <p><input type="checkbox"/> Parent lacking High School Diploma or GED</p>	
<p><b>Child Qualifies as Migrant</b></p> <p><input type="checkbox"/> Refugee</p> <p><input type="checkbox"/> Deported Parent/Risk of Deportation</p>	
<p><b>Limited English Proficiency</b></p> <p><input type="checkbox"/> Language Barrier</p>	
<p><b>Concern of Lower than Expected Development Progress in areas of:</b></p> <p><input type="checkbox"/> Physical Development</p> <p><input type="checkbox"/> Social Emotional Development</p> <p><input type="checkbox"/> Communication/Literacy</p> <p><input type="checkbox"/> Adaptive Behavior/Self-Help Skills</p> <p><i>**ASQ-3 and ASQ-SE2 assessment data will be used to determine any qualifiers</i></p>	

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



Please return all completed applications to:  
 Jenifer Davis, Ex. Director of Instructional Support  
[jldavis@usd490.org](mailto:jldavis@usd490.org)  
 District Office  
 124 W. Central Ave, El Dorado KS  
 (316) 322- 4800

\* Acceptance into program is based on date of application, criteria checklist, boundary school, and available space.  
 \*\*After submitting this form, contact will be made (email, etc) regarding needed documentation or possible acceptance.