

# Polk County Iowa Early Childhood Preschool

## Application & Information

Consideration for income based tuition assistance scholarship

**REQUIREMENTS: \*Child must be 3 or 4 on or before September 15**

**\*Child must live in Polk County.**

Child's Legal Name: First		Last	Date of Birth	Male _____ Female _____	Ethnicity
Parent/Guardian Name 1		Parent/Guardian Name 2		Phone (Home/Message)	Phone (Work/Other)
Primary Language of family	Street Address and/or P.O. Box		City	Zip Code	

### Family Information-

	<i>Relationship to child</i>	<i>Work Status</i>	<i>Child's type of insurance</i>
Parent/Guardian 1		No Yes Where:	
Parent/Guardian 2		No Yes Where:	

**TOTAL MONTHLY INCOME OF HOUSEHOLD**  
*(wages, child support, alimony, welfare, retirement)*

\$ \_\_\_\_\_

**Number of people in household**

\_\_\_\_\_

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Is this child a FOSTER CHILD?  
Yes No

*\*If so, your total monthly income is not required.  
Provide a copy of placement information with this application.*

### Children in the household

<u>Name</u>	<u>Age</u>	<u>School/Daycare Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health and/or developmental concerns for applying child? \_\_\_\_\_

Signature of person completing application \_\_\_\_\_ Date \_\_\_\_\_

Please list the center/school which you would like your application considered for: \_\_\_\_\_

I am applying for placement: \_\_\_\_\_ as soon as possible **or** \_\_\_\_\_ next school year. Please check one: \_\_\_\_\_ 3 year old program \_\_\_\_\_ 4 year old program

**You must include a copy of last year's income tax form or two consecutive months' pay stubs from last six months.**

**If you are attending school, include a copy of your school schedule.**

When complete, please return to the school office.  
If any of your information changes please call 251-3400.