



MANHEIM CENTRAL SCHOOL DISTRICT

281 White Oak Road, Manheim PA 17545
Phone: (717) 664-8520 – Fax: (717) 664-8528
www.manheimcentral.org



2018-2019 PRE-KINDERGARTEN APPLICATION FORM

Part 1 – Family Information

Child's Name: _____

Child's Date of Birth: _____

Guardian's Name: _____

Telephone Number: _____

Address: _____

Number of Adults in Household: _____

Number of Children in Household: _____

Part 2 – Pre-School Experience

1) Is your child currently enrolled in any preschool programs (Head Start, Private Preschool, Daycare, etc.)?

a) No ____ Yes ____

b) If Yes, where is your child enrolled? _____

c) If No, please check all barriers that have prevented you from entering your child in a preschool program:

Financial Burden Lack of Available Programs Transportation Problems Other

Part 3 – Previous Evaluations / Support Services

1) Has your child had any of the following evaluations?

EVALUATION

RESULTS

a) Vision _____

b) Hearing _____

c) Speech / Language _____

d) Psychological _____

e) Physical / Occupational Therapy _____

f) Early Intervention Screenings _____

g) IEP _____

2) Does your child receive any services through the IU 13 or the Early Intervention Services? No Yes

a) If yes, what services are received? _____



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Part 4 – Household Income

Please list all family members who contribute to the household income:

FULL NAME	EARNINGS FROM WORK BEFORE DEDUCTIONS	FREQUENCY (CHECK ONE)
<i>Ex. Jane Smith</i>	\$ 199.99	<input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
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	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Part 5 – Certification Statement

I/We certify (promise) that all information on this application is true and current. I/We understand that if residency or income should change, for any reason, it is the responsibility of the resident to notify the school district. I/We understand that if I/We purposely give false information, my child may be withdrawn from the Pre-Kindergarten program (if accepted).

You may be asked to provide proof of the above household income information.

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN SIGNATURE

DATE

CALL 717-664-8526 TO SCHEDULE AN APPOINTMENT FOR THE THURS., MAY 3RD SCREENING

Return Completed Form to Manheim Central District Office:

281 White Oak Road, Manheim, PA 17545