**Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sidney Raiders Early Learning Program**

**2024 – 2025 Application**

**Please bring the following information with you when turning in your application.**

□ **Child’s birth certificate** □ **Child’s immunization** □ **Proof of Residence (utility bill, phone bill, etc.**

**Child Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_ Age: \_\_\_\_\_ Gender: □Male □Female

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student lives with (Check all that apply):

□Mother □Stepfather □Other: \_\_\_\_\_\_\_\_\_\_\_

□Father □Foster Parents

□Stepmother □Relatives

What language did your child first learn to speak? \_\_\_\_\_\_\_\_\_\_\_\_

What language is most often spoken by your child? \_\_\_\_\_\_\_\_\_\_\_\_

What is the language primarily spoken in your home? \_\_\_\_\_\_\_\_\_\_\_

Was your child born under 5.5 pounds or less than 37 weeks? □ Yes □No

Has your child attended other preschool or school? □ Yes □No

If yes, where?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child receive services? □ Yes □No

If yes, for?: □ Speech □504 □ ISFP □IEP □Occupational Therapy □Physical Therapy

\*\*\*This will not affect your child’s acceptance. It is to be used to help us prepare for your child’s needs.

Does your child have any health concerns? □ Yes □No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*This will not affect your child’s acceptance. It is to be used to help us prepare for your child’s needs.

Is your child potty trained? □ Yes □No

**General Information**

Living Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this:□ Permanent □Temporary

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Is your family currently homeless? □ Yes □No

\*\*\*Homeless families include those families living temporarily in shelters, motels, vehicles; and families who frequently move to homes of family members and friends.

**Household Information**

Primary Adult

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_ Gender: □Male □Female Race: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does child live with you: □Full Time □Part Time □Visitation □Other

Education Level: □Less than 12th grade □High School diploma/GED □Some College □College Degree □Other

Employment Status: □ Unemployed □Full Time □Part Time □Disabled □Retired □Student □Other

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: □Biological Parent □Grandparent □Step Parent

□Foster Parent □Adopted Parent □Other (Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Adult (If applies)

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_ Gender: □Male □Female Race: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does child live with you: □Full Time □Part Time □Visitation □Other

Education Level: □Less than 12th grade □High School diploma/GED □Some College □College Degree □Other

Employment Status: □ Unemployed □Full Time □Part Time □Disabled □Retired □Student □Other

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: □Biological Parent □Grandparent □Step Parent

□Foster Parent □Adopted Parent □Other (Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Adult (If applies)

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_ Gender: □Male □Female Race: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does child live with you: □Full Time □Part Time □Visitation □Other

Education Level: □Less than 12th grade □High School diploma/GED □Some College □College Degree □Other

Employment Status: □ Unemployed □Full Time □Part Time □Disabled □Retired □Student □Other

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: □Biological Parent □Grandparent □Step Parent

□Foster Parent □Adopted Parent □Other (Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Family Members that Reside with Child in the Home:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □Male □Female

Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □Male □Female

Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □Male □Female

Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □Male □Female

Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts other than the Parent(s) or Guardian(s)**

Contact #1

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Child To? □ Yes □ No

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #2

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Child To? □ Yes □ No

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #3

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Child To? □ Yes □ No

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I UNDERSTAND THAT I AM NOT GUARANTEED A SPOT IN SIDNEY RAIDERS EARLY LEARNING PROGRAM. I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT. IF ANY PART IS FALSE, MY PARTICIPATION IN THIS PROGRAM MAY BE TERMINATED AND I MAY BE SUBJECT TO LEGAL ACTION.**

Parent/Guardian (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Sign Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verifying Staff Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_