

Pre-School Application

(Initial Application Only - This Is Not An Official Enrollment Form)

The pre-school will run from 8:10-3:00 and will be open from 7:30-3:15. The pre-school will follow the SEFSC's board-approved calendar.

Student Name _____ DOB _____

Parent Name _____ Phone _____

Address _____

1) The fee for SEFE Pre-School will be \$100/wk. Do you prefer to pay:

_____ Weekly _____ Monthly _____ Semester _____ Annually

2) Will you be applying for a voucher to help off-set the cost of attending pre-school:

_____ YES _____ NO

3) Is your child eligible to attend Head Start?

_____ YES _____ NO

4) Will your child still attend pre-school if it is not offered at SEFE?

_____ YES _____ NO

5) Will your child still attend pre-school at SEFE if we do not offer transportation?

_____ YES _____ NO

6) If a late pick-up was offered, what time would work best for you?

_____ Not Needed _____ 4:00 _____ 4:30 _____ 5:00

*You will be notified if your child is selected to attend our pre-school. Priority will be given to students who are currently receiving speech services and are not eligible for Head Start.