



STATE PRESCHOOL



Date _____

Mission Statement:

“To strengthen families and prepare children zero through five for school success through quality education, advocacy and leadership; empowering families to reach their highest potential and to build a stronger community.”

State Preschool Interest Form

Choice of Preschool Location:

Earths Park Oaks Neighborhood City Center for Young Children

Preferred Session: AM and PM sessions are Monday through Friday

AM (8:30-11:30) PM (12:30 - 3:30)

If you do not get into the State Program would like to instead apply to First 5 Yes ___ No ___

Child's Name _____ Birthdate _____

Mother/Guardian Name _____

Address _____

Daytime Phone _____ Cell/Pager _____

Email Address _____

Father/Guardian Name _____

Address (if different from above) _____

Daytime Phone _____ Cell/Pager _____

Primary Language Spoken in the Home _____

Mother's Monthly Gross Income _____ Father's Monthly Gross Income _____

Family Size _____ Rank Number _____

To begin the certification process, please make an appointment with a Coordinator at one of the following sites. **Earths: 498-8391, Park Oaks: 241-1776, Neighborhood City Center 494-8100.** Please bring proof of income for the past 30 days and birth certificates for all children less than 18 years of age. Thank You