

Please return application to:  
Penquis Child Development  
PO BOX 1162 or 262 Harlow St  
Bangor ME 04402-1162

**PENQUIS**



**RSU 13**

REGIONAL SCHOOL UNIT 13

Please contact 973 - 3567  
if you need assistance  
filling out this application.

## RSU 13 PENQUIS PRE-K APPLICATION

### All Pre-K Classrooms located at South School, 100 Holmes Street, Rockland

**Today's Date:** \_\_\_\_\_

#### **Student Information**

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Sex: \_\_\_\_\_

Student's Ethnicity:

- |   |   |
|---|---|
| <input type="checkbox"/> Hispanic or Latino                     | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Bi-racial / Multi-racial         |
| <input type="checkbox"/> Black / African America                | <input type="checkbox"/> Caucasian / White                |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Island |   |
| <input type="checkbox"/> Other (please explain): _____          |   |

Is the Student a Citizen of the US? Yes / No (circle one) If not, country of citizenship: \_\_\_\_\_

Student's City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Does the student have any diagnosed special needs? Yes / No (circle one)

If yes, please identify: \_\_\_\_\_

Does your child have an IEP? Yes / No (circle one)

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

Please list any health, nutritional or developmental concerns you have regarding the student?

\_\_\_\_\_

Medications student takes on a regular basis: \_\_\_\_\_

\_\_\_\_\_

#### **Family Information**

First Parent or Guardian Name: \_\_\_\_\_

First Parent Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Second Parent or Guardian Name: \_\_\_\_\_

Second Parent Date of Birth \_\_\_\_\_ Living in same home? Yes / No (circle one)

Do you have legal custody of this student? Yes / No (circle one)

Does this student reside with you? Yes / No (circle one)

If no, where does the student reside: \_\_\_\_\_

Is this student in Foster Care? Yes / No (circle one)

Number of family members in the home: \_\_\_\_\_

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*Please list the names, dates of birth and gender of all the people living in the household (who were not listed on previous page)*

1) NAME:	Interested in learning about possible services for this child/adult? Y N
DOB: <input type="checkbox"/> Male <input type="checkbox"/> Female	
2) NAME:	Interested in learning about possible services for this child/adult? Y N
DOB: <input type="checkbox"/> Male <input type="checkbox"/> Female	
3) NAME:	Interested in learning about possible services for this child/adult? Y N
DOB: <input type="checkbox"/> Male <input type="checkbox"/> Female	

***To help us prioritize your child for enrollment into our program(s), please answer the following question:***

In the last 12 months has your family experienced any of the following:  
shared a residence with other person(s) due to a loss of housing, economic hardship or similar reason and/or \* lived in a public/private shelter and/or \* other non-typical housing arrangements such as a car, park, abandoned building, etc. Y N

**Other Information Required to Complete This Application Process**

- ◆ Copy of Official Birth Certificate
- ◆ Copy of Student's Current Immunization Record
- ◆ Proof of Income:
  - ◆ W2 OR
  - ◆ 1040 Tax Form

And (as applicable)

- ◆ TANF (last 12 months)
- ◆ SSI
- ◆ Social Security Benefits

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PARENT/GUARDIAN SIGNATURE

\* The Pre-K program is a partnership between RSU 13 and Penquis Child Development. Head Start services are available to Pre-K families who are income eligible. This includes assistance with medical and dental needs/costs, help with special needs, information, resources and support from the Penquis Family Support Worker.

\* In accordance with federal regulations, Penquis does not discriminate in access to or the provision of its services.

**STUDENT EMERGENCY INFORMATION**

**Please check this box if there are any changes from previous year. If so, please indicate by placing an asterisk (\*) next to the change.**

Student's Legal Name (Last, First, Middle)		Date of Birth	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Student's Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian / Other Pac Islander	
Homeroom Teacher	Grade	Child resides with: <input type="checkbox"/> Custodial, as of _____ date	
Parent's/Guardian's Name Relationship to Child		Parent's/Guardian's Name Relationship to Child	
Mailing Address		Mailing Address	
Physical Address		Physical Address	
Home Telephone #	Cell Phone #	Home Telephone #	Cell Phone #
E-Mail Address		E-Mail Address	
Employer Telephone #		Employer Telephone #	
Parent's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single			
Other Persons Living at Home			
<input type="checkbox"/> <b>US Military Family</b> (one or both parents are on full-time duty status in the active uniformed service of the US including members of the National Guard and Reserve on active duty orders, or within one year of medical discharge or retirement from those uniformed services)			
<b>Emergency Contact Information</b> It is imperative to list neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.			
Name	Address	Telephone #	
<b>In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician, dentist, or transport to the hospital as indicated below and to follow arrangements that seem necessary.</b>			
Local Physician's Name		Office Telephone #	
Local Dentist's Name		Office Telephone #	
Please indicate the hospital emergency room of your choice: <input type="checkbox"/> Pen Bay <input type="checkbox"/> Waldo County General <input type="checkbox"/> Miles Memorial			
Is your child MaineCare eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, MaineCare ID#:		Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies		Medications	
Medical Problems			
Does your child have any other health, mental, or emotional upsets the school should be aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
<b>RSU 13 is an authorized user of ImmPact to access immunization data only for your child.</b>			
Parent/Guardian Signature			Date

RSU 13 uses the 'One Call' notification system, along with notifications to TV channels and local media, to alert all parents/guardians about school closings, early dismissals, late starts and other important news about the District.

For office use only: Media permission form has been signed:  Yes  No