

Prospective Student Name: _____

Date of birth: _____ Gender: Male Female Age: _____

ALL APPLICANTS MUST BE THREE YEARS OLD (3) BY SEPTEMBER 1 2020

Parent/Guardian Name: _____

Mailing Address: _____

Phone number(s): (h) _____ (c) _____

E-mail Address: _____

Current Placement: _____ At Home _____ Siblings & Ages: _____

Toilet trained: YES NO

What is the primary home language? _____

Has your child received services from Early Intervention or been evaluated: _____

Program Information:

Pathways Preschool 2 options of preschool experience:

***Monday- Friday 7:45 to 12:00: \$2,500 per school year.**

***Monday- Thursday 7:45 to 12:00: \$2,000 for the school year.**

I would prefer:

5 day session : 4 day Session

The Pathways Preschool provides services to preschool students with and without identified special needs.

Peers:

We look for peers to join the classroom who demonstrate exceptional social, behavior and language and skills. Please describe your child, and share what you hope from the program:

To be considered, this portion must be completed.

Note: Transportation is the responsibility of the student's parent to and from school. Peer pre-k students are not eligible for bus transportation under any circumstance.

Attended Peer day, Jan. 22, 2020: Yes _____ No _____