

**Application for Cripple Creek/Victor School District RE-1
Early Childhood Education Special Programs**

Date: _____ Referral Source: _____ School year _____ Funding source _____

Please fill in information below:

Child's Name: _____ Child's DOB: _____ Phone: _____

Daytime phone : _____ (I will need to contact you for your interview.)

Physical Address _____ Mailing Address: _____

Mother's Name: _____ Father's Name: _____

Other Children in the Family

Name: _____ M F DOB: _____

Name: _____ M F DOB: _____

Name: _____ M F DOB: _____

Name: _____ M F DOB: _____

Total number in Family: _____ Total living in home: _____ Do both parents live with child? Y N

Income Qualifications

(Verification will be required)

Before taxes or withholdings, what is the.....

Mother's Monthly Income: _____ Father's Monthly Income: _____ Other Income: _____

Please complete the remaining part of this application, if any of these situations apply to your family. The information you share is confidential and is stored in a locked file cabinet with limited access. The more information you share the better we can design a program that would best meet your family's needs.

Please check all that apply to your family:

___ Homelessness or living in a house or apartment that you do not rent or own

___ Either parent less than 18 years of age and unmarried at time of birth

___ I am the child's grandparent. Parents live in a different place.

___ Parent is in jail

___ Abusive adult residing in the home

___ Drug or alcohol abuse in the family

___ Frequent moves changing school district (2 or more times since the child's birth)

___ Parent did not receive HS diploma or a GED

___ Concern about my child's learning

___ Concern about my child's social development

___ Rural Community

___ Concern about my child's language development

___ It is difficult to understand my child's speech

___ Primary language at home is **not** English

___ Child was enrolled in Head Start at this site or at another site

___ Sibling was in Head Start at this site or at another site

___ My residence is isolated with limited opportunities for my child to socialize with other children

___ Receiving services from DSS Specify: _____

___ Primary Caregiver has a chronic, serious illness such as: cancer, MS, TB, heart condition... Specify: _____

___ Primary caregiver has a disability

___ Referred by a community agency

___ My residence was built before 1960 and has not been renovated

___ My residence does not have complete kitchen or complete bathroom

___ My residence is a camper, RV, or trailer designed primarily for camping

Other Situations? Please Specify:
(You may use the back if needed)

Return completed application to Cripple Creek/Victor School District ECE Program, 412 North C Street, PO Box 897, Cripple Creek, CO 80813

Cripple Creek/Victor School District is an equal opportunity education institution and does not lawfully discriminate on the basis of race, color, national origin, sex, or disability in admission or access to, or employment in, its educational programs or activities. Inquiries concerning Title VI, Title IX, Section 504, and ADA may be referred to the Superintendent, Cripple Creek/Victor School District, PO Box 897, Cripple Creek, CO 80813