Chicago Public Schools
Office of Early Childhood Education

Preschool for All Program

Application

School: _____ Date: _____

Child's Name: _____ Sex: ____ Birth Date: _____
Last First

Address: _____
Street Apt. Zip Code

Home Phone: _____ Cell: _____ E-mail: _____

Emergency Contact: _____ Phone No.: _____

Name of Guardian: _____ Relationship to Student: _____
Last First

DCFS # *(if foster child)*: _____

Are you and your child currently homeless? ____ Yes ___ No

Please answer the questions below:

1. What language(s) does your child understand and speak?

   _____ _____ _____

2. How many people are in your family? _____

3. What is your family income?

   _____ Under $20,000 _____ Under $60,000 _____ Over $80,000
   _____ Under $40,000 _____ Under $80,000

If your child has been in an Early Intervention program, please bring your exit papers to the Preschool for All teacher as soon as possible.

If your child has an Individualized Education Plan (IEP), please make an appointment with the Case Manager at your neighborhood school to discuss placement options.

Completed by: _____ Relationship to Child: _____

DISPOSITION OF COPIES
White – Parent **Canary –** PFA Classroom **Pink –** PFA Area Office