

## SPS School Readiness @ Rippowam 381 High Ridge Road Stamford, CT. 06905 Phone: 203-977-8856

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## SPS Pre-K Screener Application 2022-23 Academic Year

Thank you for your interest in the SPS Pre-K program. Please note this program is contingent on the SPS budget as well as the State Department of Education for funding. Priority is given to students who meet the following requirements:

- 1. Priority given to No previous pre-k experience, Mandatory Play Group meeting
- 2. 60% of students' families must be at or below 75% of the state median income
- 3. Program is for Stamford residents only
- 4. Completion of Free/Reduced Lunch Documentation
- 5. Income Verification

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

  Child's Name: \_\_\_\_\_

  Last Name First Name

  Date of Birth: \_\_\_\_\_

  Gender: \_\_\_\_\_\_

Is your child **FULLY TOILET TRAINED**? YES NO

Is your child currently attending or has your child attended preschool? YES NO

Preschool Attended: \_\_\_\_\_\_\_Address: \_\_\_\_\_\_

Parent's/Legal Guardian's Name: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_Cell Phone #: \_\_\_\_\_\_

Email Address: \_\_\_\_\_\_

Has your child ever participated in **Birth to 3**? YES NO If Yes, do they continue to receive services? YES NO \_\_\_\_\_\_

Child's Dominant Language: \_\_\_\_\_\_

Do you have any concerns about your child? _	
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Does your child receive any **special services**? YES NO IEP \_\_\_\_\_

SPEECH \_\_\_\_\_ Occupational Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_

District School:	Parent Signature
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