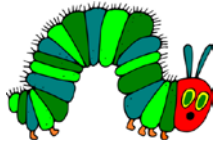


Pre-Kindergarten Application for 2020-2021 School Year

At Ichabod Crane Central School District
Located in the ICC Primary Building
Integrated Classroom / Targeted Pre-K
ICC/Questar III/Advanced Therapy
Classroom Phone Number 518.758.7391

Please send attached application and required income verification to:
ICC Pre-K Jen Welch - 2910 Route 9 – Valatie NY 12184



Begin...



GROW ...

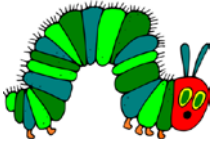


BECOME...

Teachers in This Collaboration

- Jennifer Welch, MS Special Education Inclusion / General Education Pre-K Teacher for Questar III
- Kristine Cross / Teacher Assistant for Questar III
- Maria Trupia / MS Special Education / Special Ed Teacher for Advanced Therapy
- TBD / Teacher Assistant for Advanced Therapy

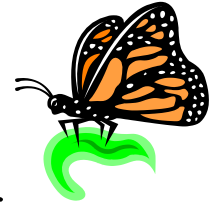
Begin....



Grow...



Become...



Ichabod Crane Pre-Kindergarten Application In Collaboration with Questar III BOCES and Advanced Therapy

About Your Child

Name _____ Birthdate _____ M _____ F _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Mailing Address if different from above _____

About Your Family

Father's Name _____ Mother's Name _____

Birthday _____ Birthday _____

Home Address _____

Home Address _____

Occupation _____

Occupation _____

Work Number _____

Work Number _____

Work Address _____

Work Address _____

E-mail Address _____

E-mail Address _____

Language Spoken at Home _____

Child Lives With: Mother _____ Father _____ Both _____ Guardian _____ Other _____

Is This Child: Adopted _____ Foster _____

People Living at Your Address (Include parents living at home, siblings, relatives, other)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

How Long at Present Address _____

Is Your Child Attending any other Program?

Day Care _____ Head Start _____ Pre-School _____

Your Income

Estimated Total Yearly Gross Income _____

Income Verification attached: _____ tax return _____ paycheck stub _____ public assistance form

Other Sources of Income:

_____ Public Assistance _____ Disability _____ Food Stamps _____ Unemployment Insurance

_____ Child Support _____ Aid/Dependent Children _____ Social Security

_____ Other (Please Specify) _____

Signature _____ **Date Application** _____

Relationship to Child _____