



Completed Packet Returned Date _____ Time _____
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Preschool Session Preference

Child's Name _____

Child's Date of Birth _____

Parent(s) Name _____

Parent Contact Information: Phone _____

Email address _____

Does your child receive Special Education services under an IFSP or IEP? _____

Has your child attended another Jefferson County Preschool? _____

If yes, please name the preschool _____

Registration Fee:

Paid by Check # _____ on _____

Please indicate below your 1st and 2nd preference for preschool. We will do our very best to accommodate your first **4 Day session** preference:

Morning Session	Afternoon Session
3 hour - Tues.- Fri.	3 hour - Tues.- Fri.
Modified/Full Day Program Contact School for Specific Hours	

You are reserved a spot in a preschool classroom only after completing the following:

1. Jeffco Connect Student Information completed online
2. Paid your registration fee
3. Copy of birth certificate/immunizations
Statement of Physical Condition due first day of school
4. Return all completed registration forms as requested

While we try to honor your preference, we are unable to guarantee placement. Based on the current openings, all families are eligible to attend our programs and will be contacted based on the order in which the completed registration packet was returned.

Tuition Assistance Available for Qualifying Families



Eligibility Guidelines for Student Participation Jeffco Public Modified or Full Day Preschool Programs

The following guidelines are for parent's consideration when enrolling their child / children in a Modified Full Day or Full Day Preschool program. These guidelines were created to inform parents of what is essential for students to be able to do to ensure successful participation in the extra-curricular program. This program offers educationally related, high quality, convenient school based care for students and families.

Please read and check each line stating that you have read and understand the guideline:

- _____ Child is able to transition from one location to another (i.e. inside to outside) with minimal or no adult assistance

- _____ Child is able to participate appropriately in large group activities in a variety of locations, i.e. cafeteria, gymnasium, playground, classroom

- _____ Child is able to follow verbal directions that pertain to classroom routines and/or safety, i.e. does not leave or run away from supervised areas or will consistently stop running if name is called

- _____ Child is cooperative and safe with peers and adults, i.e. is not a threat to the health and safety of others

- _____ Child is beginning to be independent in self care skills such as eating, dressing self, washing hands, etc.

- _____ Child is capable of following the Jeffco Code of Conduct and discipline procedures as outlined in the [Student and Family Handbook](#) and [District Discipline Policies](#).

Parent Signature _____ Date _____