

# Lowell Collaborative Preschool Academy Application

Child's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender \_\_\_\_ Male \_\_\_\_ Female

**Please answer the questions below and circle the one that best applies to your child:**

Race: White Black/African American Asian American Indian Native Hawaiian Other Pacific Islander

Ethnicity: Hispanic or Latino Origin Non-Hispanic/Non-Latino

Language(s) Spoken at Home: \_\_\_\_\_

Parent/Guardian 1		Parent/Guardian 2	
Relationship:		Relationship:	
Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Employer:		Employer:	
Occupation:		Occupation:	
Work Phone:		Work Phone:	
Place of Birth:		Place of Birth:	
Child Lives With:(Circle all that apply) <span style="margin-left: 100px;">Guardian 1</span> <span style="margin-left: 100px;">Guardian 2</span> <span style="margin-left: 100px;">Both</span>			

### Brothers and Sisters

(If more space is needed please list them on a separate sheet)

Name:		DOB:		School:	
Name:		DOB:		School:	
Name:		DOB:		School:	
Name:		DOB:		School:	
Name:		DOB:		School:	

**Other Household Members:**

Name	Birth Date	Male/Female	Relationship to Child

Number of Adults in Family \_\_\_\_\_ Number of Children in Family \_\_\_\_\_

Is the student considered any of the following? (Please circle all that apply)

Refugee	Yes	No
Immigrant	Yes	No
Foster Child	Yes	No
Homeless	Yes	No

**Date of entry into the US:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Are you involved with the International Institute?** \_\_\_ Yes \_\_\_ No

**Has your child attended any of the following programs? Please check all that apply:**

\_\_\_ Preschool/Center Based \_\_\_ Head Start \_\_\_ Family Childcare \_\_\_ Early Intervention

If so, include name of the program: \_\_\_\_\_ Dates of participation: \_\_\_\_\_

**Does your child currently have a diagnosed disability (IEP)?** \_\_\_ Yes \_\_\_ No

**Has your child ever been on an IFSP with an Early Intervention Agency?** \_\_\_ Yes \_\_\_ No

\_\_\_ Anne Sullivan /Thom EI \_\_\_ South Bay EI \_\_\_ Other \_\_\_\_\_

**Does either parent/guardian have a serious health problem or disability?** \_\_\_ Yes \_\_\_ No

If so, please explain: \_\_\_\_\_

**Have you experienced recent changes in your housing?** \_\_\_ Yes \_\_\_ No

If yes, please check: \_\_\_ Living with Family \_\_\_ Living with Friend \_\_\_ Living in a Shelter

\_\_\_ Living in Transitional Housing Other: \_\_\_\_\_

**Does your child have a medical concern?** \_\_\_ Allergy \_\_\_ Asthma \_\_\_ Medical Diagnosis

If so, please explain: \_\_\_\_\_

**Emergency Contact Person** (someone that we may contact in the event we are unable to reach you)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Lowell Collaborative Preschool Academy Signature Page

\_\_\_\_\_ I understand that I must complete the enrollment process including the provision of all required information and the information I have provided is true.

\_\_\_\_\_ I have completed and signed the Lowell Collaborative Preschool Academy Household Economic Data Survey form and I understand that if I purposely provide false information, my child(ren) may lose their seat in the Lowell Collaborative Preschool Academy, and I may be prosecuted.

\_\_\_\_\_ By completing this application, I understand that I am agreeing to place my child's name on the waitlist for the Lowell Collaborative Preschool Program. My child's name may be selected by the Lowell Public Schools to participate in the full-day/full-year preschool program. If selected, my child will be assigned to a classroom managed by Little Sprouts or Community Teamwork.

\_\_\_\_\_ By signing below, I understand that families who are selected to participate in the Lowell Collaborative Preschool Academy give permission for this application to be shared between Lowell Public Schools, Little Sprouts, Community Teamwork and the MA Department of Early Education and Care.

\_\_\_\_\_ Lowell Collaborative Preschool Academy prioritizes families as their child's first teacher. By signing below, I agree that I will be an active participant in all programming that involves parent/family collaboration such as volunteering in the program/classrooms, attending parent education/workshops, and home visits.

Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lowell Public Schools**  
155 Merrimack Street  
Lowell, MA 01852  
978-674-4321

**Community Teamwork**  
17 Kirk Street  
Lowell, MA 01852  
978-459-0551

**Little Sprouts**  
354 Merrimack Street  
Lawrence, MA 01843  
877-977-7688



