

**Putnam County  
Preschool Application  
School Year 2009-2010**

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

**Note: Any false or incorrect information provided may result in the child's dismissal from the Putnam County PreK Program.**

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

Name child will be called at school: \_\_\_\_\_ Male/Female

Home Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State ZIP

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

Address: \_\_\_\_\_  
Street Apt. # City State ZIP

\*Child's Birthday \_\_\_\_\_ Child's Social Security # \_\_\_\_\_

**(\*Please attach a copy of child's birth certificate to this application)**

My child will be: 3 / 4 / 5 years old on September 30, 2009.  
**(Please circle correct age)**

**Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices for school preference. NOTE: Sites are subject to change depending upon space availability in each building.**

\_\_\_\_\_ **Burks MS**    \_\_\_\_\_ **Jere Whitson**    \_\_\_\_\_ **Park View**    \_\_\_\_\_ **Cane Creek**  
\_\_\_\_\_ **Prescott/TTU**    \_\_\_\_\_ **Northeast**    \_\_\_\_\_ **Upperman HS**

Child Lives With (Circle all that apply):

Mother    Father    Grandparents    Guardian    Other \_\_\_\_\_

Names of Brothers or Sisters:

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will your child need afterschool care? Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: Fees are charged for afterschool care and is not available at all sites.

Is your child currently enrolled in Head Start? Yes No

Is your child currently enrolled in Day Care? Yes No

\_\_\_\_\_  
Name of Daycare

Please describe below any special circumstances that might enhance your child's eligibility for this pre-school program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Before your child is placed in our preschool program, a very brief assessment may be done to determine your child's strengths and areas of need.

The following information is needed to determine your child's eligibility for this program. Total family income must be provided even if your family does not meet the income requirements for the program.

\_\_\_\_\_  
Printed Name of Adult Signer

\_\_\_\_\_  
Adult's Social Security#

Total Number in Household \_\_\_\_\_

TN Care ID No. \_\_\_\_\_

Food Stamp or AFDC Case# \_\_\_\_\_

Gross Monthly Earnings (Before Deductions) \_\_\_\_\_

Monthly Welfare, Pensions, Alimony, \_\_\_\_\_

Unemployment, Child Support, Social Security: \_\_\_\_\_

Any Other Cash Income: \_\_\_\_\_

TOTAL FAMILY INCOME: \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Household Member

Please complete the Pre-Qualification Certificate of Income Verification form attached. Only one type of verification is needed. Please attach a copy of whatever type of verification you choose (i.e., copy of TN Care ID card, copy of income tax form, copy of check stub, etc.). ***Applications received without this information will not be processed until the information is provided.***