

CR Early Intervention Program Peer Role Model % Day Preschool Application

Please complete the form if you are interested in your child participating in the Early Intervention Program (EIP) Pre-k program. Students MUST be 4 by August 31, 2023 and reside in the Caesar Rodney School District attendance area. Tuition is \$250/month. Students will also be screened to determine if they will be included as a peer model for the EIP Program. Upon acceptance into the EIP program, you will have 10 days to provide additional information for registration including physical/immunization, registration information, etc. Priority is given to students based on need.

vate:	 _				
Child's First & La	st Name:				
Gender: Male Female Date of Birth: / / Parent(s) First & Last Name : Address:					
				State	
				nber:	
			·	lress:	
		nily. Documentation will need to be			
provided if selecte					
		as: medicare, medicaid, POC, TANF, etc.			
•	NOT attend a daycare or pre-k	school.			
☐ My family is ex	periencing homelessness.				
□ I am the FOST	ER parent/guardian of this chi	ild.			
My child previoWatch.	usly attended Early Interventi	ion Services such as Child Development			
\square My child has be	en evaluated by the Caesar Ro	odney School District & did <u>not</u> qualify.			
☐ My family speaks a language other than English at home.					
□ None of these apply to my child or my family.					
Additional informa	ation you would like us to k	know about your child.			
		 			