

TRANSITIONAL KINDERGARTEN APPLICATION

(Please fill out the fillable PDF document and save it to your computer, next step is to email the document to Ann Mckern at amckern@colsd.org)

1. Student Name

Last _____

First _____

2. Age _____

3. Birthdate _____

4. Parent/Guardian Name

Last _____

First _____

Phone _____

Address _____

Email _____

5. How did you hear about this program? _____

6. Is your child currently receiving preschool services or on a waiting list for preschool?

Name of center or location? _____

7. Last childcare or preschool attended?

Name of center or location? _____

8. Any areas of concern regarding your child? _____

9. Has your child ever been offered placement in Head Start or ECEAP Program?

Yes _____

No _____

10. Do you need an interpreter?

Language _____