



Welcoming All Learners
Community Education
School Readiness

School Readiness Application

The goal of School Readiness is to help preschoolers enter school with the skills and behaviors to be successful in future learning.

We offer partial scholarships to children 3 years to Kindergarten. Every child is welcome here!

Priority is given to 1.) children not qualifying for Head Start, 2.) those referred by Early Childhood Screening, 3.) those with greater family needs.

Child's Name _____ M ___ F ___ Birth date _____

Address _____ City _____ State _____ Zip _____

Mother _____ Home # _____ Work # _____

Father _____ Home # _____ Work # _____

Email address _____

Situations: Please check all that apply to your household in the last 12 months.

_____ Death	_____ Unemployment	_____ Court ordered visitation
_____ Divorce	_____ Medical hardship	_____ Parent Incarcerated
_____ Move	_____ Military deployment	_____ Mental health issue
_____ Homeless	_____ Foster care	_____ Custody dispute

Household: Please answer the following questions.

How many people are in your household? _____

What is your annual income? _____

This page is double-sided. Please turn over!

Information: To help us serve your child better, please check if you have any concerns for your child in the following areas of development.

_____ Speech/language _____ Hearing _____ Emotional/behavioral
_____ Health _____ Visual _____ Other

Have you applied for Head Start?

Yes _____ No _____ (If No, please call: 507.452.8396)

Early Childhood Screening: The State of Minnesota requires that every child receive a free health and developmental screening when entering a School Readiness school program. This screening also fulfills the required screening needed to enter Kindergarten.

Has your child participated in Early Childhood Screening?

Yes _____ No _____ (If No, please call: 507.494.0900)

I understand that as part of the application process, the School Readiness Selection Committee will be reviewing my child's Early Childhood Screening results.

Parent Signature _____ **Date** _____

Return application to:

School Readiness/Stephanie Gilliland

5100 West 9th Street

Winona, MN 55987

507.494.0915