

Preschool Interest Form

Guardian's Information: *(Please Print)*

_____	_____	_____
First Name	Middle Initial	Last Name
_____		_____
Address		Date of Birth
_____	_____	
Phone Number	Household Income	

Child's Information: *(Please Print)*

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	
Date of Birth	Child's Current Age	

Program Eligibility:

- Children must be at least three years of age, but not yet five on or before September 1st of the current school year.
- Families must reside within District 299 boundaries – the City of Chicago

Early Childhood programs are not offered in all schools

I am interested in the following programs: *(Please check all that apply)*

- | | |
|---|--------------------|
| <input type="checkbox"/> Head Start Child Development | School Name: _____ |
| <input type="checkbox"/> Preschool for All | School Name: _____ |
| <input type="checkbox"/> Child-Parent Centers | School Name: _____ |
| <input type="checkbox"/> Tuition Based Preschool | School Name: _____ |

Head Start income guidelines must be met in order to qualify

Head Start Family Income Guidelines For 2007

Size of family unit	Poverty guideline
1	\$10,210
2	\$13,690
3	\$17,170
4	\$20,650
5	\$24,130
6	\$27,610
7	\$31,090
8	\$34,570

Documents Needed at Registration:

- Child's birth certificate
- Complete physical exam with required lab work
- Up-to-date immunization record (shot card)

If you have general questions, please call (773) 553-2010 or visit the Office of Early Childhood Education Web site:
www.ecechicago.org.

Copy and send this form to all of the schools you are interested in your child attending.