3-Year-Old Preschool Application
Steamboat Springs School District
2025-2026

Today's date _____

Child's Legal Name

Name as it appears on birth certificate:

Birth date:

1. Parent/Guardian Name: _____Relationship_____

Physical address:_____

Mailing Address:_____

Phone #:_____ Cell phone :_____

Email: _____

2. Parent/Guardian Name: _____Relationship_____

Physical address:_____

Mailing Address:_____

Phone #:_____ Cell:_____

Email: _____

Does your child speak a language other than English? _____

Has your child ever spoken a language other than English? _____

Is a language other than English spoken in your home? _____

Is your child currently homeless or unsheltered? _____

Is your household income at or below 270% of the federal poverty line? _____

Is your child currently in the custody of a state-supervised, county-administered foster home? _____

Are you concerned about your child's development? _____

My signature indicates that the information I have provided on this application is true and that I agree to participate in my child's preschool education.

_____ _____

Signature Date