



**ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY  
OR EMERGENCY INFORMATION MAY BE GIVEN TO:**

(At least one person must be listed with different telephone # than the parent.)

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Name	Address	Telephone	Relationship
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Name	Address	Telephone	Relationship
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**Out of State** Contact Name and Telephone #

**PHYSICIAN/DENTIST/HOSPITAL TO BE CALLED IN EMERGENCY  
(All three *must* be filled in)**

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Physician Name	Address	Telephone
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Dentist Name	Address	Telephone
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Preferred Hospital to be used in Emergency	Address	Telephone
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Child's Medical Insurance: \_\_\_\_\_

**Persons Authorized to Take Child From Facility**

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Name	Relationship	Address	Telephone
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**Persons NOT Permitted to Take Child From Facility**

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Name	Relationship to Child
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**Child's Parents are:** Married, Living Together \_\_\_\_\_ Divorced \_\_\_\_\_  
Not Married \_\_\_\_\_ Separated \_\_\_\_\_

How does child get along with:  
Parents? \_\_\_\_\_ Siblings? \_\_\_\_\_  
Other Children? \_\_\_\_\_  
Has child had group play experience? (Where?) \_\_\_\_\_  
Has child been cared for by anyone other than parents \_\_\_\_\_  
Do you have any concerns about your child? \_\_\_\_\_

## Wiggins Preschool Authorizations

**Child's Name** \_\_\_\_\_

**Please *initial* each of the following:**

\_\_\_\_\_ I give permission for my child to participate in the activities at Wiggins Preschool.

\_\_\_\_\_ I give permission for my child to leave the preschool premises under the supervision of Wiggins Preschool Staff for walks and/or field trips. I understand these excursions may be on foot or by bus. If a bus is used, the bus and driver will be provided by Wiggins School District RE-50J.

\_\_\_\_\_ I give Permission for Wiggins School District RE-50J to transport my child to/from Wiggins Preschool.

\_\_\_\_\_ I give permission for my child to view videos and television in accordance with Wiggins Preschool policies.

\_\_\_\_\_ I give permission for the Wiggins Preschool to use, without obligation, photographs, film footage, or tape recordings which may include my child's image or voice for the purpose of promoting or interpreting the preschool program. Without this consent pictures of children cannot be used in cubbies, for preschool projects, in the yearbook, etc.

\_\_\_\_\_ I give permission for the Wiggins Preschool/Child Care Staff to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Appropriate first aid will be administered.
2. An injury report will be completed and given to the parent/guardian. If the injury is deemed serious, the following people will be contacted as soon as possible:
  - a. 911
  - b. Child's Parent/Guardian
  - c. Child's Doctor
  - d. Emergency Contact Numbers if Parent/Guardian is not available.

\_\_\_\_\_ I have read the Wiggins Preschool Handbook and agree to follow the written policies and procedures.

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Signature of Parent/Guardian

Date

### Volunteers

**When offering your time and special talents, you provide the preschool invaluable assistance. Please check any areas in which you are willing to help.**

\_\_\_\_\_ **Assisting on Field Trips**      \_\_\_\_\_ **Teacher Helper – Assisting teacher during class time**

\_\_\_\_\_ **Sharing Talents – Do you have a special talent? List Here** \_\_\_\_\_

### Colorado Preschool/ECARE Program Eligibility

Please **check** all that may apply to your or your child. The following is a list of possible factors for preschool children. These factors will be used to determine CPP/ECARE eligibility.

- Child has poor social skills/low self esteem
- Child has behavioral or discipline concerns
- Child has speech or language concerns
- Child has developmental concerns
- Child has health concerns
- Child was referred from an agency
- Child was premature (2 or more weeks early)
- Child has limited or no English
- One parent home
- Mother did not finish or graduate from High School
- Father did not finish or graduate from High School
- Mother is currently not working (Not by personal choice)
- Father is currently not working (Not by personal choice)
- Mother was 18 years or younger when child was born
- Father was 18 years or younger when child was born
- Drug/Alcoholism in the family
- Recent death in immediate family (Parent/Sibling)
- Report has been filed regarding neglect or abuse of any child in the home
- Marital problems or recently separated or divorced (within past year)
- Multiple home moves in the past 2 years
- Present or past abusive figure in the home
- More than one family residing at current household (Not by personal choice)

The data collected from this page is used in state data collections and grant applications which help us keep tuition costs as low as possible for all preschool participants.

**Family Income Per Year: (This includes all members of the household.)**

\$ 0 --\$10,000 _____	\$10,001 -- \$20,000 _____	\$20,001 -- \$30,000 _____
\$30,001 -- \$40,000 _____	\$40,001 -- \$50,000 _____	\$50,001 -- \$60,000 _____
\$60,001 -- \$70,000 _____	\$70,001 -- \$80,000 _____	\$80,001 -- Above _____

**All above information is required for every child enrolling the Wiggins Preschool/Child Care. All information remains confidential.**

**HEALTH RECORD FOR WIGGINS PRESCHOOL/CHILD CARE**

**Parent Please complete and Sign**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Sleep Concerns: \_\_\_\_\_

Preventative creams/lotions/ointments/sunscreen may be applied as requested in writing by parent (Permission for Medication Form) unless skin is broken or bleeding \_\_\_\_\_ Yes \_\_\_\_\_ No

**Health Care Provider: Please complete and Sign**

Physical Exam: \_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Specify any physical abnormalities

Significant Health Concerns: \_\_\_ Severe Allergies \_\_\_ Reactive Airway Disease \_\_\_ Asthma

\_\_\_ Seizures \_\_\_ Diabetes \_\_\_ Hospitalizations \_\_\_ Developmental Delays \_\_\_ Vision

\_\_\_ Behavior Concerns \_\_\_ Hearing \_\_\_ Dental \_\_\_ Nutrition \_\_\_ Other \_\_\_\_\_

Explain above concern (if necessary, include instructions to care providers):

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Current Medications/Special Diet: \_\_\_ None or Describe: \_\_\_\_\_

Separate Medication authorization form is required for medications given in school or child care.

**For fever reducer or pain reliever (for 3 consecutive days without additional medical authorization)**

**PLEASE CHOOSE ONE PRODUCT:**

\_\_\_ **Acetaminophen (Tylenol)** may be given for pain or fever over 102 degrees every 4 hours as needed

Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office.

**OR**

\_\_\_ **Ibuprofen (Motrin, Advil)** may be given for pain or for fever over 102 degrees every 6 hours as needed

Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office.

**Next Well Visit:** \_\_\_\_\_

**This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.**

\_\_\_\_\_  
**Signature of Health Care Provider**

**Date** \_\_\_\_\_

**PERMISSION FOR MEDICATION**

**Name of student** \_\_\_\_\_

**School:** Wiggins Preschool/Child Care

**Grade:** Preschool

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of Medication:  
\_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Anticipated number of days medicine needs to be given at school \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_ **Date** \_\_\_\_\_

It is understood that the medication is administered solely at the request of, and as an accommodation to, the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the Wiggins School District RE 50 J, the undersigned parent or guardian hereby agrees to release the Wiggins School District RE 50 J and its personnel from any legal claim which they now have, or may hereafter have, arising out of the administration of, or failure to, administer the medication to the student.

I hereby give permission for \_\_\_\_\_ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Note: The prescription medication is to be brought to school in a container appropriately labeled by the pharmacy or physician stating the name of the medication and dosage.

## Photo Release Agreement

The undersigned, hereby, states and agrees as follows:

Colorado Preschool Program/ECARE Program/Wiggins Preschool & Child Care Program has my permission to include photographic images of me/my child in print, and/or computer-based materials designed to be used in informational publications.

I understand that the images may be distributed in a variety of settings, such as reports and presentations. Images may also be included in the Colorado Preschool Program/ECARE website and thus be available to the general public. (Materials contained on the website are subject to U.S. copyright law: Title 17, United States Code.)

No identifying information (i.e. name, address, or school district name) will accompany the images.

I will indemnify, save and hold harmless CPP/ECARE/Wiggins Preschool & Child Care, its employees and agents against any and all claims, damages, liability and court awards including costs, expenses and attorney fees incurred as a result of any reliance by them on any statements or actions by me regarding the terms if this statement or as a result of including the submitted materials as a part of CPP/ECARE/Wiggins Preschool & Child Care.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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Child Name

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Parent/Guardian Name Parent/Guardian Signature

Wiggins Preschool & Child Care/RE 50-J

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Organization/School District

---

Parent/Guardian Address City ZIP

---

Parent/Guardian Email Address

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Home Phone Cell Phone Work Phone

## Acuerdo para uso de fotografías

Por este medio el que firma declara y acuerda lo siguiente:

Que el Programa Preescolar de Colorado/ECARE/Wiggins Preschool & Child Care tiene mi permiso para incluir imagines fotográficas impresas de mi persona/mi niño y/o materiales computarizados diseñados separa ser usados en publicaciones de información.

Entiendo que las imagines pueden ser distribuidas en una variedad de contextos tales como reportes y presentaciones. También se podrían incluir imagines en la página del Internet del Programa Preescolar de Colorado/ECARE/Wiggins Preschool & Child Care y por consiguiente estarán disponibles al publicó en general, (Materiales incluidos en la página de Internet están sujeto a la ley de derecho de autor: Título 17, Código de los Estados Unidos.)

No se agregara información que identifique (tal como nombre, dirección, o nombre del distrito escolar) a las imagines.

Yo indemnifico y libro de responsabilidad al Programa Preescolar de Colorado/ECARE/Wiggins Preschool & Child Care y a sus empleados y agentes de todo reclamo, danos, responsabilidad y concesiones de corte incluyendo costos, gastos y honorarios de abogados incurridos como resultado de cualquier acción por ellos en cualquier declaración o acción de me parte con respecto a los términos de esta declaración o como resultado de incluir los materiales sometidos como parte del Programa Preescolar de Colorado/ECARE.

No he recibido compensación alguna por haber dado mi consentimiento para el uso de estos materiales.

Con fecha del día \_\_\_\_\_ de \_\_\_\_\_, 20\_\_\_\_\_

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Nombre de Nino/a

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Nombre de padre/madre/guardián  
Wiggins Preschool/School District RE 50 J

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Firma de padre/madre/guardián

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Organización/Distrito Escolar

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Padre/Madre/Guardián Dirección

ciudad

ZIP

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Padre/Madre/Guardián Correo Electrónico

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Teléfono (casa)

Teléfono (cell)

Teléfono (trabajo)



## Ethnicity Information

Child's Name: \_\_\_\_\_

Grade: Preschool

Note that changes to the reporting for Hispanics and Asians have been made. Hispanics **must** report race in addition to ethnicity. Asians can choose from two categories – Asian, or Native Hawaiian or Pacific Islander.

1. Do you consider yourself to be of Hispanic/Latino origin? (Choose only one)  
\_\_\_\_ No, Not Hispanic/Latino  
\_\_\_\_ Yes, Hispanic/Latino -- A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

You must answer both part 1 and part 2 questions. Part 1 question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by selecting one or more races from five racial groups.

2. Which of the following groups describe your race? (Choose one or more)

\_\_\_\_ American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_\_ Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_\_ Black or African American. A person having origins in any of the black racial groups of Africa.

\_\_\_\_ Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_\_ White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Failure to answer both questions will result in use of prior racial/ethnic data or an observer identifying for you.

Note: The United States Department of Education has directed how various combinations of race/ethnicity are to be reported. All persons identifying Hispanic/Latino/a will be reported as "Hispanic". Non-Hispanic persons who identify with multiple races will be reported within "Two or more races".

## Información Étnicas

Nombre Nino(a): \_\_\_\_\_ Grado: Preschool

Note que hay algunos cambios reportando a los hispanos o Asiáticos. Los Hispanos tienen que reportar la raza en adición con el grupo étnico. Los Asiáticos pueden escoger dos categorías – Asiáticos, Hawaiano Nativo o de las Islas Pacíficas.

1. Se considera usted Hispano/Origen Latina? (escoja uno)

\_\_\_\_ No, no Hispano/Latino

\_\_\_\_ Si, Hispano/Latino. Una persona Cubana, mexicana, Puerto Roqueña, Sur o Centro Americana, U otra cultura o origen Española, sin tomar en cuenta la raza.

Tiene que contestar las dos preguntas parte 1 y parte 2. La parte uno es sobre su grupo étnico, no la raza. Sin tomar en cuenta de lo que respondió arriba, por favor continúe contestando lo siguiente al seleccionar una o más razas de los cinco grupos raciales.

1. Cuál de los grupos describe su raza? (escoja uno o mas)

\_\_\_\_ Indio Americano o Nativo de Alaska. Una persona teniendo orígenes de cualquier persona de Norte y Sur American (Incluyendo Centro América), y que mantiene un acercamiento de comunidad y afiliación tribal.

\_\_\_\_ Asiático. Una persona teniendo orígenes de cualquier persona de el Lejano Este, Sur este de Asia, o el subcontinente de India incluyendo, por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Paquistán, las Islas Filipinas, Tailandia, y Vietnam.

\_\_\_\_ Negó o Afroamericano. Una persona teniendo orígenes de cualquier persona en cualquier grupo negro racial de África.

\_\_\_\_ Hawaiano Nativo u otro de las Islas Pacíficas. Una persona teniendo orígenes de cualquier persona de Hawái, Guam, Samoa, y otras Islas Pacíficas.

\_\_\_\_ Blanco. Una persona con orígenes de Europa, el Medio Este, O el Norte de África.

Firma del Padre/Guardián; \_\_\_\_\_ Fecha: \_\_\_\_\_

Nota: No contestar las preguntas correctamente resultara en el uso de la información anterior sobre el grupo étnico/raza o de un observador identificando por i (usted).

Nota: El Departamento de Educación de Estados Unidos a dirigido como varias combinaciones de grupos étnicos/razas tienen que ser reportados. Todas las personas identificándose como Latino/Hispano serán reportados como "Hispanos". Las personas No – hispanas que se identifican como una sola raza serán reportadas como una categoría específica. Las personas No – hispanas que se identifican como múltiples razas serán reportadas como "dos o más razas".

### Home Language Survey\*

The Office of Civil Rights (OCR) and No Child Left Behind (NCLB) require that school district identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them.

**Wiggins School District RE 50 J**

**Wiggins Preschool  
413 Main Street, Wiggins, CO**

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade: Preschool

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language (s) other than English?  Yes  No  
(Do not include languages learned in school.)

3. What language (s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime?  Yes  No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\*The school district has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district must conduct language screenings or ask for related information about students who enroll in the district.

**ENCUESTA DEL LENGUAJE DEL HOGAR\***

La Oficina de Derechos Civiles (OCR) y la Ley de Que Ningún Niño Se Quede Atrás (NCLB) requiere que los distritos escolares identifiquen a las alumnas con proficiencia de Ingles limitado (LEP) para poder proveer un programa de instrucción de leguaje apropiado para ellos.

**Wiggins School District RE 50 J**

**Wiggins Preschool**

**413 Main Street, Wiggins, CO 80654**

Fecha: \_\_\_\_\_

Nombre del Alumno: \_\_\_\_\_

Grado: Preschool

Fecha de Nacimiento: \_\_\_\_\_ Lugar de Nacimiento: \_\_\_\_\_

Nombre del Padre/Tutor: \_\_\_\_\_ Tel. del Hogar: \_\_\_\_\_

Domicilio del Hogar: \_\_\_\_\_ Tel. del Cell: \_\_\_\_\_

\_\_\_\_\_ Tel. del trabajo: \_\_\_\_\_

1. Que es/fue el primer lenguaje de su alumno? \_\_\_\_\_

2. Su alumno habla otro idioma (s) del Inglés? \_\_\_\_\_ Si \_\_\_\_\_ No  
(No incluya los idiomas aprendidos en la escuela).

Si la repuesta es Si, especifique el idioma (s): \_\_\_\_\_

3. Que idioma (s) es/son hablado en su hogar? \_\_\_\_\_

4. El alumno asistido alguna escuela de los Estados Unidos en cualquier de los 4 años durante su vida? \_\_\_\_\_ Si \_\_\_\_\_ No  
Si la respuesta es Si, llene lo siguiente:

Nombre de la Escuela	Estado	Fechas que Asistió
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persona que está lleudando esta forma (si el alguien más que el padre/tutor legal): \_\_\_\_\_

Firma del Padre/Tutor: \_\_\_\_\_

\*El distrito escolar siente la responsabilidad bajo la ley federal de server a los alumnos que están limitados en la proficiencia del Inglés y que necesitan servicios de instrucción en Ingles. Dada esta responsabilidad, el distrito escolar tiene el derecho de pedir la información que se necesita para identificar a los Aprendiz del Lenguaje de Ingles (ELLs). Como parte de la responsabilidad para localizar e identificar a los ELL's el distrito escolar debe de conducir evaluaciones de lenguaje o pedir información relacionada acerca de los alumnos que se matriculan en el distrito.

**Student Residency Questionnaire for McKinney-Vento Assistance Act  
Wiggins School District RE 50 J**

The McKinney-Vento Homeless Assistance Act protects the educational rights of students who do not currently have permanent housing. Your answers help determine the services these students may be eligible to receive and will be kept confidential. Please complete one form per child.

Present Housing Situation (Please check all that apply):

- in a shelter (emergency or safe house)
- in a motel, car or campsite
- living with friends or extended family members due to your family's economic hardship
- in a transitional housing program
- highly mobile, moving every few nights
- inadequate housing (lacks kitchen or bathroom facilities)
- unaccompanied youth (not in the physical custody of parent/guardian)

If you checked one or more of the choices above, please continue below

Child's Full Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

School: Wiggins School District RE 50 J – Wiggins Preschool

Grade: Preschool

Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Phone Number \_\_\_\_\_

\*Please return this form in a sealed envelope addressed to: Wiggins District RE 50 J  
Homeless Liaison  
320 Chapman Street  
Wiggins, CO 80654

Thank you very much for your cooperation.

**Cuestionario de la Residencial Estudiantil para la Ley de Asistencia Sin Hogar de McKinney-Vento  
Distrito Escolar de Wiggins RE 50J**

La Ley de Asistencia Sin Hogar de McKinney-Vento protege los derechos educativos de los alumnos que actualmente no tienen una vivienda permanente. Sus respuestas nos ayudan a determinar los servicios a los cuales el alumno puede ser legible de recibir y esto será mantenido en confidencialidad. Por favor llene una forma por cada niño (a).

Situación Actual de vivienda: Por favor marque todos los que aplican.

- en un albergue (de emergencia o en un asilo de protección)
- en un motel, carro o sitio de camper
- viviendo con amigos o familiares cercanos por la dificultad financiera por la que su familia esta Pasando
- en un programa de transición de vivienda
- bastante movable, se mueve cada tercer noche
- vivienda inadecuada (la falta una cocina o facilidad de baños)
- un joven sin compañía (sin una custodia física de un padre/tutor)

Si usted marco uno o más de las opciones mencionadas arriba, favor de continuar con la porción de abajo.

Nombre completo del Nino (a): \_\_\_\_\_  
Fecha da nacimiento del Nino (a): \_\_\_\_\_  
Escolar: Wiggins School District Re 50 J –Wiggins Preschool  
Grade: Preschool  
Domicilio: \_\_\_\_\_  
Cuanto tiempo tiene viviendo en esta dirección? \_\_\_\_\_  
Número de Teléfono: \_\_\_\_\_

\*Por favor regrese estas formas en un sobre sellado a nombre de Wiggins District RE 50 J  
Homeless Liaison  
320 Chapman Street  
Wiggins, CO 80654

Muchas Gracias por su cooperación.

## Program Eligibility Survey

Dear Parents/Guardian,

Our district receives funding to provide additional support and services for students that qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parents/Guardian Names: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Please list all children in your home from birth to 22 years of age.

Child's Name	Date of Birth	School

- When did you arrive to this school district? Year: \_\_\_\_\_
- Has either parent/guardian ever intended to work in, looked for employment or worked in any of the following areas in the past 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please mark the appropriate employment areas with an X

- |  |  |
|--|--|
| <p>_____ Farming/Ranching</p> <p>_____ Planting/Harvesting Field Crops</p> <p>_____ Poultry</p> <p>_____ Dairy</p> <p>_____ Food Processing Plant</p> <p>_____ Meat Packing Plant</p> <p>_____ Sort/Grade/Sack Vegetables and/or Fruits</p> <p>_____ Clean/Prepare/Pack Vegetables and/or Fruits</p> | <p>_____ Hauling Fruits or Vegetables</p> <p>_____ Canning</p> <p>_____ Orchards</p> <p>_____ Greenhouse/Nursery</p> <p>_____ Tree Processing/Forestry</p> <p>_____ Irrigation</p> <p>_____ Sod Farms</p> <p>_____ Feed Lots</p> |
|--|--|

## Encuesta de Elegibilidad para Programas

Estimado Padre/Tutor,

Nuestro distrito recibe fondos para proveer apoyo y servicios adicionales a los estudiantes que califican para programas específicos. Su cooperación al contestar este formulario nos ayudara a identificar a los estudiantes elegibles y ayudará a nuestro distrito a recibir fondos suplementarios. Toda la información es confidencial y no será utilizada para otros propósitos.

Nombre (2) del padre(s)/tutor(es): \_\_\_\_\_ Fecha: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad, Estado, Código Postal: \_\_\_\_\_

Número de Teléfono: \_\_\_\_\_ Mejor hora para llamar? \_\_\_\_\_

Favor de anotar a todos los menores de 22 años que vivan en su hogar:

Nombre y Apellido	Fecha de Nacimiento	Escuela

Cuando llego a este distrito escolar? Año: \_\_\_\_\_

En los últimos 3 años, ya sea el padre o el tutor, ha tenido la intención de trabajar, buscar empleo, o ha trabajado en alguna de las siguientes áreas?

Si su respuesta es sí, marque las áreas de empleo apropiadas de la siguiente lista:

- |   |   |
|---|---|
| <input type="checkbox"/> Agricultura/Ranchería<br><input type="checkbox"/> Plantación/Cosecha<br><input type="checkbox"/> Aves de Corral<br><input type="checkbox"/> Productos de la leche<br><input type="checkbox"/> Procesadoras de Alimentos<br><input type="checkbox"/> Empacadoras de Carne<br><input type="checkbox"/> Selección/Clasificación/Flores/Vendaras/Frutas<br><input type="checkbox"/> Limpiar/Preparar/Empacar Flores/Verrugas/Frutas<br><input type="checkbox"/> Empacadora de Granos | <input type="checkbox"/> Transporte de Fruta/Verduras<br><input type="checkbox"/> Enlatado<br><input type="checkbox"/> Hortalizas<br><input type="checkbox"/> Invernaderos, Viveros<br><input type="checkbox"/> Forestación/Arboles<br><input type="checkbox"/> Regadío<br><input type="checkbox"/> Cultivo de Pasto<br><input type="checkbox"/> Ranchos de Engorda |
|---|---|