



Smyrna School District Early Childhood Office
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Smyrna School District - Early Childhood Program
2022-2023 School Year

Request for Enrollment as a Typically Developing Student

Child's Name: _____

Date of Birth: _____

Program, based on age on 8/31/22:

☐ 3 Year Old ☐ 4 Year Old

During the day, my child is at:

☐ Home

☐ Child Care: _____

☐ Other: _____

Check all that apply:

☐ Child of a Smyrna School District employee.

Name of employee: _____ Building: _____

Job Title: _____

☐ Child is a relative of a Smyrna School District employee.

Name of employee: _____ Relationship to child: _____

☐ Child's family uses a language(s) other than English at home: _____

☐ Child is a sibling of a student currently in the Program.

☐ Child is a sibling of a student previously in the Program.

☐ Child was discharged from the Birth to Three Early Intervention Program, or special education services provided by the Smyrna School District.

☐ None of the above.

Must also submit a copy of the child's birth certificate, a copy of parent/guardian ID, and a proof of residence (utility bill, mortgage/rental document).

Also, please complete the Ages and Stages Questionnaires using the following link:
https://www.asqonline.com/family/480053/chain_start

I understand that I am responsible to pay \$100/month for my child to attend Smyrna School District's Early Childhood Program as a typically developing student. This payment is due on the first of each month, September through May, for a total of 9 payments. **Failure to provide this payment in a timely manner will result in my child being withdrawn from the Program.**

Parent/Guardian's Name: _____

Parent/Guardian's Email Address: _____

-----Office use only-----

Home School: _____ Form received on DATE: _____ TIME: _____ BY: _____

Received: BC ID PR ASQ-3 completed: Y N ASQ:SE-2 completed: Y N Results/TY letter sent: Y N