



Jeff West Preschool Information Sheet

Email to Pam.Walder@usd340.org or mail to Jefferson West USD 340, Attn: Pam Walder, 3675 74th Street PO Box 267, Meriden, Kansas 66512

Child Information

- Child's Full Name: _____
- DOB: _____ Age (today): _____ Gender: ☐ Male ☐ Female
- Primary Language Spoken at Home: _____

Parent/Guardian Information

- Parent/Guardian Name(s): _____
- Address: _____
- Phone Number: _____
- Email Address: _____
- Relationship to Child: _____

Special Education Needs

Does your child currently have or is being evaluated for:

- ☐ An Individualized Education Plan (IEP)? Or IFSP?
 - If yes, please attach a copy of the IEP.
- ☐ A diagnosed disability or developmental delay?
 - If yes, please provide details: _____
- ☐ Ongoing speech, occupational, or physical therapy?
 - If yes, please provide details: _____
- ☐ A referral from a healthcare provider or other professional for special services?

At-Risk Qualifiers

Please check all that apply to your child. Supporting documentation may be required.

- ☐ Poverty- Student qualifies for FREE meals under the National School Lunch Program
- ☐ Single Parent Family
- ☐ Kansas Department for Child and Families (DCF) referral
- ☐ Teen Parent
- ☐ Either parent is lacking a high school diploma or GED
- ☐ Limited English Proficiency
- ☐ Developmentally or academically delayed based on validated assessments, in at least one of the following areas: (but not eligible for IEP) Cognitive or physical development, communication/literacy, social-emotional/behavior, or adaptive behavior/self help skills.
- ☐ Child qualifying for migrant status
- ☐ Child experiencing homelessness

Are you interested in half-day or full-day? (Prices are subject to change)

☐ Half-Day (\$400/Month) ☐ Full-Day (\$800/Month)

Please provide any additional details or documentation regarding your child's special education needs on the back of this sheet. Thank you!

Office Use Only: Non-Resident: _____ P/F/R: _____ Anticipated Start Date: _____