



# Lincoln Public Schools

Department of Early Childhood • 300 S. 48th Street • Lincoln, NE 68510 • (402) 436-1995 • (Fax) 436-1900

## Department of Early Childhood Preschool Application 2021-2022 SCHOOL YEAR

The preschool program is available to children who reside in the Lincoln Public Schools boundaries. Children must be at least 3, but not yet 5, years old on or before July 31, 2021 to be considered for enrollment.

### Applications and items 1-3 below may be submitted by:

- Email: [earlychildhood@lps.org](mailto:earlychildhood@lps.org)
  - Fax: (402) 436-1900
  - In person Monday-Friday between 8:00 a.m. and 4:30 p.m.
  - Or mail to:  
Department of Early Childhood  
300 South 48th Street  
Lincoln, NE 68510
- In person extended hours:  
Thursday, March 4th from 4:30 p.m. to 7:00 p.m.  
Saturday, March 20th from 9:00 a.m. to 1:00 p.m.

### The following documents are needed in order to complete your child's application:

#### 1. Birth certificate

If you do not have a birth certificate, you may bring a passport, visa, or permanent resident card.

#### 2. Immunization record

Up-to-date for your child's age.

#### 3. Income verification for the family for the past 12 months

Acceptable documents: 2020 tax return, W-2, pay stubs for all 12 months of 2020, ADC notice or statement, SSI notice or statement or unemployment benefits statement.

Preschool placement is made based on the child's neighborhood school or the neighborhood school in which the child's daycare is located.

If you have questions about the application process, contact the Department of Early Childhood at (402) 436-1995 or at [earlychildhood@lps.org](mailto:earlychildhood@lps.org). Our fax number is (402) 436-1900.

Please call this number if you need translated services: 402-436-1995

Arabic: 402 436 1958 نرجو الإتصال على هذه الأرقام إذا كنتم تحتاجون إلى خدمات الترجمة للغالب العربية

Russian: Если вам требуются услуги переводчика пожалуйста позвоните по телефону: 402-436-1942

Español: Por favor llame a este número de teléfono si necesita servicios de intérpretes: 402-436-1938

Vietnamese: Xin vui lòng gọi về số này nếu quý vị cần có dịch vụ thông dịch: 402-436-1939



**PRESCHOOL APPLICATION  
2021-2022 SCHOOL YEAR  
Department of Early Childhood  
Lincoln Public Schools**

<b>Office Staff Only</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Income Verification <input type="checkbox"/> Immunizations Staff Initials: _____ Student #: _____
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Child's Legal Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Child's Preferred Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Is the Child Hispanic/Latino?:  Yes  No

Child's Race (choose all that apply):  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White

First Language Spoken by Child: \_\_\_\_\_ Primary Language Spoken by Child: \_\_\_\_\_

Primary Language Spoken by Family: \_\_\_\_\_

Interpreter Needed:  Yes  No Language: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Who is the Child Living With?**

1. Adult in Household: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Male  Female Relationship to Child: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

2. Adult in Household: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Male  Female Relationship to Child: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Mother: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

Father: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Emergency Contact Other than Adult in Household: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Other than Adult in Household: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**List All Children Living in Household:**

First and Last Name	Date of Birth	Sex	School	Grade	Relationship to Child that is Applying
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

How Will Your Child Get to the Program?  Parent  School Bus  Other: \_\_\_\_\_

If by Bus, What is the Pick-Up Address? \_\_\_\_\_

How Will Your Child Get Home From the Program?  Parent  School Bus  Other: \_\_\_\_\_

If by Bus, What is the Drop-Off Address? \_\_\_\_\_

Child's First & Last Name: \_\_\_\_\_

**The following information is confidential and helps us to best determine the needs of your family.**

Was your child born more than three weeks early? .....  Yes  No

Did you child weigh less than five pounds at birth? If yes, birth weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz. ....  Yes  No

Does your child have any of the following conditions? (check all that apply): .....  Yes  No

Does your child have difficulty with?

- Asthma       Epilepsy/Seizures       Heart Problems       Cancer       Diabetes
- Vision       Kidney Problems       Weight Problems       Other: \_\_\_\_\_

Do you have an immediate family member with a diagnosed disability (e.g. physical, mental or emotional)? .....  Yes  No

Have you been divorced or separated from your spouse or significant other within the last year? .....  Yes  No

Has there been a death in the immediate family? If yes, how was the person related to the child? .....  Yes  No

Do you have an immediate family member with a life threatening disease or serious chronic illness? .....  Yes  No  
*(ex. Cancer, diabetes, tuberculosis)*

Has your family had an open case with Child Protective Services in the past three years? .....  Yes  No

Is there an immediate family member currently incarcerated or involved with the legal system? .....  Yes  No

Are you currently a student in Lincoln Public Schools? .....  Yes  No

If yes, student ID#: \_\_\_\_\_ School Attending: \_\_\_\_\_

Does either parent need to complete their high school education? .....  Yes  No

Are you an immigrant or refugee within the last 3 years? If so, from where? .....  Yes  No

Do you have dependable transportation for your daily needs? .....  Yes  No

Does your family have enough food to meet your daily needs? .....  Yes  No

Do you receive any of the following type of assistance?     ADC       SSI .....  Yes  No  
*If yes, verification is required. Please attach a copy of the ADC statement or SSI statement.*

Are you currently homeless or have you been homeless in the last year? .....  Yes  No  
*Homeless is defined for our program purposes as living in a shelter, on the street or temporarily staying in a residence not your own.*

Have you or an immediate family member moved to work at a meat packing plant or agricultural related job in the last 3 years? .....  Yes  No

I have provided all our family income to the Lincoln Public Schools Early Childhood Program.....  Yes  No  
*If you answer no, you must complete an Income Verification Form, which will be provided on request.*

Is the child a Ward of the State?  
*If yes, attach a copy of the DHHS Superintendent's Letter or other documentation to verify guardianship status. ....*  Yes  No

**I certify that this information is true. This information is used to determine your child's eligibility for our program. I also understand that the information in this application will be held in strict confidence within LPS and will be accessible to me during business hours.**

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

**Please Note: For children with disabilities who receive special education services, the child's IFSP/IEP team will meet with you and discuss placement options and services. These discussions should occur at least annually in order to make certain that services are provided in your child's least restrictive environment. If you have questions about your child's placement recommendation for preschool, please contact your child's special education provider.**

<b>For Office Use Only</b>			
Date: _____	Contact: _____	Date: _____	Contact: _____
Date: _____	Contact: _____	Date: _____	Contact: _____