



**JACKSON COUNTY INTERMEDIATE SCHOOL DISTRICT
EARLY CHILDHOOD SERVICES
KINDERGARTEN READINESS PRESCHOOL PROGRAM APPLICATION
2020-2021 SCHOOL YEAR**

Once you have completed this form, please return it to:
JCISD Preschool Program by mail, Email, or Fax:
1175 W. Parnall Rd, Jackson, MI 49201
preschool@jcisd.org or fax to 517-787-1932

Child MUST be 4 years of age by September 1, 2020 to be eligible to attend KRP

I am enrolling my child for (Check One):

\$220 Per Month Full Day 9:00-3:00 pm	
\$110 Per Month Half Day AM 9-11:30	
\$110 Per Month Half Day PM 12:30-3:00	

CHILD INFORMATION

Child's Name: _____ Date of Birth: ____/____/____

Gender: **Male** **Female**

Has your child received Early Intervention Services (Early On, JCISD)? **Yes** **No**

Does your child currently receive any special education services? **Yes** **No**

If so, please list _____

Please list any medical condition your child may have:

FAMILY MEMBER INFORMATION

Parent/Guardian #1 Name: _____

Relationship to child: _____

Address: _____
(street) (City) (state) (ZIP code)

Home Phone Number: _____

Cell Phone Number: _____

Email address: _____

School District you live in: _____

Do you live in the same household as the child? **Yes** **No**

Parent/Guardian #2 Name: _____

Relationship to child: _____

Address: _____
(street) (City) (state) (ZIP

code)

Home Phone Number: _____

Cell Phone Number: _____

Email address: _____

School District you live in: _____

Do you live in the same household as the child? **Yes** **No**

Parent Signature: _____

Date: _____

Latchkey Enrollment

Before & After School Child Care: For the 2020-2021 school year, the JCISD will also offer before and afterschool childcare on student days during the hours listed below. This service is also available to elementary aged students. Transportation **MAY** be able to be arranged to buildings within the JPS, Vandercook & Hanover Horton school districts. The cost is \$5.00/per morning or afternoon session. If interested, please list the anticipated drop off and pick up times.

Payment due on Fridays for the upcoming week of Latchkey. Monthly payments in full before the first day of the month are also accepted. Money will not be refunded if you decide not to have your child attend.

Child's Name: _____

Resident School District: _____

Date of Birth: ____/____/____

Gender: **Male** **Female**

Grade for 2020-2021: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30 am Latchkey Opens /5:00 pm Latchkey Closes (1\$ charge per minute after 5:00 pm)					
Anticipated Before School Drop Off Time					
Anticipated After School Pick Up Time					

*Program details may be subject to change prior to the start of the school year. All families will be notified in a timely manner.

Thank you for your interest in the Jackson County Intermediate School District Kindergarten Readiness Preschool Program. You will be notified of the status of your application. Proper medical documentation and school registration will be required prior to the start of the program.

Questions should be directed to Maureen Keene, Assistant Superintendent at 768-5258, or by email to preschool@jcisd.org.

JCISD Nondiscrimination Statement

The Jackson County Intermediate School District (JCISD) does not discriminate in any of its educational programs and services, activities, or employment practices, on the basis of sex, race, color, national origin/ancestry, religion, height, weight, marital status, age, limited English-speaking ability, sexual orientation, or disability. Direct inquiries to: Director of Human Relations and Legal Services, 6700 Browns Lake Road, Jackson, MI 49201, (517) 768-5155.