

Preschool Application* for 3 yr. olds 2019-2020

(Please print)

Child's Name			
Date of Birth	Age	M	F
Parent/Guardian Name			
Address (no PO Box)			
Phone(Please list daytime and cell phone numbers)			
(Please list daytime and cell phone numbers)			
E-mail Address			
Attended previous preschool(s)?YesNo If yes,			
Participated in Parents As Teachers?YesNo	With Cape Public Schools? _	Yes _	No
Has your child been evaluated for any special education servic	es?No		
Does your child currently have (or had in the past) an IEP or II	FSP?YesNo		
Fime Preference:AMPM			
*This is an application ONLY. You will be contacted by main	l or phone when there is an open	ing, and gi	ven instructio
at that time for enrolling your child.		<u></u>	
Parent Signature	Date		
OFFICE USE ONLY:	D D 11 A 11 A		
Date and Time Application Received	Person Receiving Application		

PRESCHOOL PARENT INFORMATION

The goal of the Cape Girardeau Public School's Preschool Program is to provide students of the Cape Girardeau Public School District with a quality preschool opportunity. For the 2019-2020 school year, Preschool will be offered at the Early Childhood Center at Central Junior High School. The morning classes will meet from 8:00 AM until 11:15 AM and the afternoon classes will meet from 12:00 PM until 3:15 PM. The Preschool will follow the district calendar for attendance days. If there is an inclement weather day, the Preschool will not be open.

The morning class will eat breakfast and the afternoon class will eat lunch. Both meals are free.

Please send your application to ATTN: Assistant Superintendent, Special Services, Cape Girardeau Public Schools, 301 N. Clark Ave., Cape Girardeau, Missouri 63701. Cape Girardeau Public Schools does not discriminate on the basis of race, color, national origin, sex, or handicap as defined in Section 504, PL 93-112.