

Maine School Administrative District 55

137 South Hiram Road, Hiram, ME 04041 (207) 625-2490 www.sad55.org



Sacopee Valley Pre-K Preliminary Registration Form

Child's Full Name: _____

Birthdate: ____/____/____ Please Circle: Female / Male

Parent/Guardian #1's Name: _____

Birthdate: ____/____/____ Please Circle: Mother / Father / Guardian

Highest Level of Education: Please Circle: Middle School / Some HS / GED/HS Diploma / Some College / College Degree

Home Phone Number: _____ Cell Phone Number: _____

Parent/Guardian #2's Name: _____

Birthdate: ____/____/____ Please Circle: Mother / Father / Guardian

Highest Level of Education: Please Circle: Middle School / Some HS / GED/HS Diploma / Some College / College Degree

Home Phone Number: _____ Cell Phone Number: _____

Physical Address: _____

Mailing Address: _____

How many members are in your household? _____

What is your family's approximate yearly gross income? _____

I understand I will need to provide the following requirements in order to be considered:

_____ Child's Birth Certificate

_____ Child's Immunizations

_____ Proof of Residency (mortgage, lease, electrical or cable bill indicating physical address)

I understand that Sacopee Valley Schools, York County Community Action Corporation (Head Start), and Child Development Services work together. I give permission for the three entities to share information from this application's process. I also understand that this does not guarantee my child will be enrolled in Pre-K and understand that this the first step in the application process and I will need to have my income verified.

Parent/Guardian Signature

Date