Jefferson County Public Schools
Early Learning Office

Community Partners

Colorado Preschool Program (CPP) Application 2020-2021

The CPP Program is a state-funded, district-run preschool program that allows eligible children to attend a half day of high-quality preschool at no cost to families. Child and family qualifying factors that affect overall learning readiness must be present in a child's life in order for a child to be eligible for CPP. These factors are determined by the legislature and are **not** based on income alone.

The information that you provide will remain confidential and is not shared with anyone outside of Jefferson County Public Schools.

If you do not qualify for CPP, you may also choose to enroll your child in preschool where there is a monthly tuition fee.

School name__ _____**Today's date**__ _____

Family Information

Child's full legal name_____

Child's Date of Birth_____

Child's current age _____

How many family members are in your household? _____

Are you the: parent_____grandparent_____legal guardian_____other_____

Parent/Guardian name_____

Complete address_____

Phone number_____work number_____

Email address_____

Parent/Guardian name_____

Complete address_____

Phone number_____work number_____

Email address_____

Sibling information: 1)_____age_____

2)_____age_____

3)_____age_____

4)_____age_____

Financial Information

Financial need will be verified.

Does your family need financial assistance for preschool tuition? Yes__ No__

Does your family qualify for the Free and Reduced lunch program? Yes__ No__

Does your family receive public assistance (WIC, Medicaid, CHP+, SNAP, LEAP or TANF)? Yes__ No__
(Please circle one)

Family Living Situation

Do you live in your own house or apartment? Yes__ No__

Do you share housing with friends, families, or others due to loss of housing, economic hardship or similar reason?

Yes__ No__ Please Explain:_____

Are you living in temporary housing (motel, RV, campground, shelter)? Yes__ No__

Family Social History

Has your child ever been exposed to domestic abuse (verbal, emotional, physical or sexual)? Yes__ No__

Has your child ever been exposed to substance abuse (drug or alcohol)? Yes__ No__

Were parents married or unmarried at the time of birth? _____

What was the age of the mother at the time of birth? _____ Age of father at the time of birth? _____

What is the highest level of education completed by the Mother_____Father_____?

Has your family moved more than two times in the last twelve months? Yes__ No__

Reason_____

Does your child struggle with social skills? (struggle with forming relationships with adults and other children, expressing emotions or resolving conflict)? Yes__ No__

Please explain:_____

Is your child aggressive towards children or adults? Yes__ No__

Please explain:_____

Has your child gone through Child Find or have an IEP? Yes__ No__

Please explain:_____

Does your child qualify for Head Start? Yes__ No__

How many languages did the child first learn when he/she first began to talk? _____

Please list the language(s) that the child learned when he/she first began to talk ? _____

How many language(s) are used in the home? _____

Please list the language(s) used in the home. _____

How many languages does the child speak or understand? _____

Please list the langage(s) the child speaks or understands. _____

How much English does the child speak or understand? _____

Do you have concerns about your child's language skills? Yes__ No__

Please explain: _____

Is your child receiving services from the State due to neglect or other reasons? Yes__ No__

Please explain:_____

_____

Is your child in foster care, adopted or in kinship care? Yes__ No__

Please explain:_____

_____

Is there any other information that you would like to share about your child?

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