Great Basin College Child & Family Center Little Red Caboose Preschool 753-2224 or fax 777-8862 2020/2021 Application Form

	Administration Us	se Only: Today's Date:	Time:	Initial:
•	registration fee is		Red Caboose Preschool? gistration and is non-refur	yes no ndable (unless you qualify by
Today's	s Date:			
Child's I	First Name:		Child's Last Name:	
Child's	SexChild	l's Current Age:	Child's Date o	of Birth:
Child's I	Physical Address:		City/State_	Zip:
Mother	's Name:		_ Mother's Cell#	
Mother	's Mailing Address:_		Mother's Employ	er:
Father's	s Name		Father's Cell #	
Father's	s Mailing Address:_		Father's Employer:_	
		Must be 4 by Sep	tember 30 th to attend half otember 30 th to attend all ocle your choice below	•
M-Th	3 & 4 yrs old	8:00-11:30	3 ½ hrs	\$200.00 per month
M-Th	4 yrs old only	8:00-3:00	7 hrs	\$400.00 per month
	waivers and reductives wer the following of		nose who qualify. Please at	rtach copy of last year's W-2's,
Family	Size	*Household	Annual Income (before tax	xes)
Does yo	our child have an I	EP?		
enrolled Federal Septemb	in the Little Red Cabo Poverty Guidelines, 3) per 30th.	riorities will be based on: ch pose Preschool, their sibling have an IEP (Individual Edi	ps and children of the Little Re ucation Plan) or are English Lan	September 30 th that are: 1) currently d Caboose Staff, 2) who meet the 200°
	(Please initia	l stating you have read o	ur waiting list policy.)	