

A program to actively engage 4-year olds in developmentally age-appropriate activities to increase school readiness skills and ease the transition process into kindergarten.

- Program will be Wednesday, Thursday, and Friday during the 2016-17 school year.
- Enrollment for each session will be 14 students.
- Session Options Include:
 - Morning Session 8:45 A.M. - 11:00 A.M. (Wednesday - Thursday - Friday)
 - Afternoon Session 12:15 P.M. - 2:30 P.M. (Wednesday - Thursday - Friday)
- Full year commitment is essential to the success of the program.
- Transportation is not provided.

Application Process

1. Applications are available to students residing in the boundaries of Title I designated schools (Anderson, Fruit Valley, Harney, Hazel Dell, King, Lincoln, Marshall, Minnehaha, Ogden, Roosevelt, Walnut Grove, and Washington elementary schools).
2. Submit completed application to the King Elementary school office to be added to a wait list.
3. Students on the waiting list will be contacted if and when space opens up in the program.





Application for the
VPS Pre-School Program
2016-2017

King Elementary School
4801 Idaho Street • Vancouver, WA 98661
360-313-2200

I am requesting that my son/daughter's name be placed on the waiting list for the VPS Pre-School Program.

Child's Name: _____ Please Circle: Male Female
(PLEASE PRINT)

Age: _____ Date of Birth: _____

Parent(s) Name: _____
(PLEASE PRINT)

Address: _____

Phone Numbers: _____ (HOME) _____ (CELL)

E-mail Address: _____

Primary Home Language: [] English [] Spanish
[] Russian [] Other: _____

Please check Boundary School you reside in:

- [] Anderson [] King [] Ogden
[] Fruit Valley [] Lincoln [] Roosevelt
[] Harney [] Marshall [] Walnut Grove
[] Hazel Dell [] Minnehaha [] Washington

Session Options Include: (check one)

- [] Morning Session 8:45 A.M. - 11:00 A.M. (Wednesday - Thursday - Friday)
[] Afternoon Session 12:15 P.M. - 2:30 P.M. (Wednesday - Thursday - Friday)

Please note that your session preference cannot be guaranteed for placement.

Today's Date: _____

Parent/Legal Guardian Name(s): _____
(PLEASE PRINT)

Parent/Legal Guardian Signature(s): _____

NOTE: If the parents are divorced and have been awarded joint decision making for education decisions regarding the child, both parents must sign.

FOR OFFICIAL USE ONLY

Date application received: _____

Employee receiving application: _____