

Rising STARS Early Childhood Program

(Application Form 2019-2020 School Year)

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Address: _____

E-mail Address: _____

Phone Number(s): _____ (H)

_____ (W)

_____ (C)

Please indicate your preference for your child's classroom session for the 2019-2020 school year below:

_____ Morning Session 8:00 a.m. to 11:30 a.m.

_____ Afternoon Session 12:00 p.m. to 3:30 p.m.

_____ No Preference

Please describe your child's Transportation Plan for the 2019-2020 school year below:

My child will get to school each day:

_____ Riding a school bus from _____

_____ Brought by a Parent/Guardian _____

_____ Other (please describe) _____

My child will depart school each day:

_____ Riding a school bus to _____

_____ Picked up by a Parent/Guardian _____

_____ Other (please describe) _____

Please use back side for any needed notes.

Return this form by **Friday, February 1st to:**

Rising STARS Preschool

Deshler Public Schools

PO Box 547

Deshler, NE 68340

(Please fill out one form for each child.)