

PARENTS AS TEACHERS – APPLICATION FORM
(Child must be under the age of 36 months, or you are expecting a baby soon.)

Child's Name _____ Date of Birth: _____

Parents' Name: _____ Phone #: _____

Address: _____

If you are pregnant, what is the expected date of delivery? _____

In which school district do you live?

_____ USD 308 Hutchinson _____ USD 309 Nickerson/S. Hutch _____ USD 313 Buhler

Children are accepted into the program based on availability and qualifying criteria. There is no charge for this program.

Check all of the following that apply:

- _____ This is my first child (biological or adopted).
- _____ I am a single parent.
- _____ I have three or more children (under the age of 36 months) living in my home.
- _____ Family is eligible for WIC, Food Stamps, Child Care Subsidy, Public Housing, TANF.
- _____ This child has a medical card.
- _____ This child is eligible for services from the Early Education Center and/or is on an IFSP.
- _____ This child's birth weight was under 3.3 pounds. (This would not count as a risk factor if the child is over 2 years and is not experiencing any negative consequences.)
- _____ Either parent did not complete high school or GED and is not currently enrolled in classes.
- _____ Either parent is under the age of 20 years as of today's date.
- _____ This child has court appointed guardians or is in foster care.
- _____ This child is a twin, triplet, etc.
- _____ My family lives in emergency/transitional housing or has moved more than twice in the past year due to problems with housing.
- _____ One or both parents are foreign born and entered the country within the past five years.
- _____ Parent has a condition or impairment that substantially limits one or more major life activities.
- _____ Parent has been diagnosed with a thought, mood, or behavior disorder, including maternal or paternal depression.
- _____ Parent has used or is currently using substances despite consequences.
- _____ Either parent is, or was, incarcerated in federal or state prison or local jail or was released from incarceration within the past year.
- _____ This child has experienced the death of a parent or sibling, either during his/her lifetime or prenatally.
- _____ Parent is involved in intimate partner violence.
- _____ Suspected or substantiated abuse/neglect of child or sibling(s).
- _____ We are a military family that is currently deployed or is within two years of returning from a deployment.
- _____ English is not the family's first language or the language primarily spoken in the home.
- _____ I have concerns about this child's language, social, motor, or cognitive development, vision or hearing or my child has failed a developmental, hearing or vision screening.

Parent/Legal Guardian Signature Parent/Legal Guardian Printed Name Date

Return this form to Parents as Teachers, 330 Charles, Hutchinson, KS 67501. Call the PAT Office at 620- 615-5771 if you have questions.