

**Thank you** for your interest in Hillsboro PreK! Please read through the requirements for PreK Screening & Enrollment, and fully complete and submit *all* required documents and forms. After documents 1-4 have been received, we will follow-up with you regarding your child's eligibility and further steps.

**Required NOW for Screening & Enrollment** (click *EACH* blue link)

1. ASQ screening online @ [www.asqonline.com/family/510c9a](http://www.asqonline.com/family/510c9a)
2. ASQ Social Emotional Screening @ <https://www.asqonline.com/family/33794b>
3. Completed [Parent Information Forms, permissions, & bussing info](#)
4. **Verification of Family Income** ((please **EMAIL a picture** of 1 of below or turn in a photocopy)
  - Proof of public benefits: WIC, SNAP, TANF, SSI, CCAP, or Medical Card (in parent's name)
  - W2s (both parents if living in same home)
  - Tax Return (1st page of 1040...showing total gross income)
  - Pay stubs (2 most recent paystubs...from BOTH parents if living in same house)

\*(Proof of income is now **required** by the Illinois State Board of Education for enrollment in Preschool For All classrooms. Students without income verification at screening will be placed on a waiting list & not eligible for enrollment until proof of income has been received.)

**Required Documents before 1st day of student attendance** (but may be turned in any time before that)

5. Copy of **Physical**
6. Copy of **Immunization Records**
7. Copy of **Lead Screening Results**
8. Copy of **Birth Certificate** (*from courthouse...NOT hospital footprints*)

**Please return documents #1-#4 as soon as possible.** Required documents may be returned via online forms, mail, email, or in person. Please do not hesitate to call or email me if you have any questions.

Mail To: Sarah VanMiddendorp; Coffeen Early Childhood Center; 200 School St.; Coffeen, IL 62017

Email: [svanmiddendorp@hillsboroschools.net](mailto:svanmiddendorp@hillsboroschools.net)

Phone: 217-532-7822

Sincerely,



**Sarah VanMiddendorp**  
Hillsboro Early Childhood Program  
PreK Coordinator & Instructional Leader





Child's doctor: \_\_\_\_\_ Doctor phone: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Was this child **premature** (circle one) Yes No If yes, how early? \_\_\_\_\_

Were there complications during birth? Yes No If yes, explain \_\_\_\_\_

Is it possible that this child was exposed to drugs or alcohol before birth? Yes No

Did the child's mother smoke during pregnancy? Yes No Are you currently pregnant? Yes No Due Date: \_\_\_\_\_

Has child had any serious illnesses, diseases, injuries or hospital stays? Yes No Please explain if yes: \_\_\_\_\_

Is this child on any medication regularly? Yes No If yes, what and why \_\_\_\_\_

Has this child had a hearing exam? Yes No Where and results? \_\_\_\_\_

At what age did he/she begin to walk? (Give approximate age) \_\_\_\_\_

At what age did he/she begin to speak? (Give approximate age) First words \_\_\_\_\_ Sentences \_\_\_\_\_

Do you have any concerns about his/her speech? Yes No Explain \_\_\_\_\_

Have you noticed or reported to a doctor any of the following? (circle all that apply)

Asthma Thumb sucking/Nail biting Epilepsy (chronic seizures) Heart trouble Overtired Hyperactivity	Underweight Overweight Frequent Headaches Nightmares Frequent stomach aches Diarrhea	Rashes Nose bleeds Frequent ear infections Frequent sore throats Frequent fever Dental concerns/cavities	Allergies: (Explain)
---	---	---	----------------------

Does the child's family receive support or services from any of the following agencies:

\_\_\_\_\_ EI/Early Intervention (Child & Family Connections)

\_\_\_\_\_ PI/Prevention Initiative (0-3/First Steps Program)

\_\_\_\_\_ Salvation Army or Food Pantry Assistance

\_\_\_\_\_ Foster Care: Past current

\_\_\_\_\_ DCFS - Department of Child & Family Services

Circle: Past Open Case

\_\_\_\_\_ TANF (Temporary Assistance for Needy Families)

\_\_\_\_\_ CCAP (Child Care Assistance Program)

\_\_\_\_\_ SNAP (Supplemental Nutrition Assistance Program)

\_\_\_\_\_ WIC (Women, Infants, & Children)

\_\_\_\_\_ Medical Card

\_\_\_\_\_ SSI (Social Security Insurance)

Has anything happened that may influence your child's social, emotional or physical development? \_\_\_\_\_

Is your family currently experiencing any of the following:

\_\_\_\_\_ Crime Involvement/Prison/Probation

\_\_\_\_\_ Mental Health Issues

\_\_\_\_\_ Death of parent or sibling of the child

\_\_\_\_\_ Marital or Domestic Problems

\_\_\_\_\_ Homelessness or living with friend/relative to support basic needs

\_\_\_\_\_ Hardship due to Covid-19 (severe illness, loss of housing, loss of employment, difficulty finding childcare, etc)

\_\_\_\_\_ Drug/Alcohol Use

\_\_\_\_\_ Serious Health Concerns of a parent or sibling

\_\_\_\_\_ Difficulty getting basic needs (food, housing, transportation, etc.)

\_\_\_\_\_ Permanent or long term separation from parent or sibling

Do you feel your child learns slowly or is developing differently than other children his/her age? Yes No \_\_\_\_\_

Please briefly describe your child and any **concerns** you might have about or for him/her.

Name of Person Completing Interview (**print**): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Signature** of Person Completing Interview: \_\_\_\_\_ Date: \_\_\_\_\_

1. Has your child been **hospitalized** for anything since birth?
2. Does your child have asthma or any ongoing **medical conditions**?
3. Does your child have any **food allergies**?
4. Is your child **potty trained**?  
(\*Students do **NOT** have to be potty trained to be enrolled in our PreK)
5. Does your child have a regular **bedtime**?
6. Do you have any concerns about your child's **sleep**?
7. Do you have any concerns about your child's **nutrition**?  
(picky eater, picky about textures, fruits, vegetables, etc.?)
8. Are there any concerns with your child's **dental health** at this time?
9. Do you **brush your child's teeth** 2x/day?
10. Does your child currently use a **pacifier or bottle**?
11. Is it a challenge to take your child out in **public places** like the grocery store or restaurant (how do you feel about their **behavior**)?
12. Is your child able to **use sentences** to tell you about a story about something that happened when they weren't with you?
13. Are friends/family members able to easily understand your child's **speech**?
14. Has your family been significantly impacted by COVID-19, and if so, how (unemployment, loss of income, loss of housing, severe illness, etc.)

### Goals:

What are the **social and/or educational goals** you have in mind for your child's time in Pre-K?

What goals do you have for yourself as a parent or family in which we could provide support? (ex. bedtime routines, potty training, behavior strategies, healthy meals, reading with your child, making time to "play" with your child, seeking employment, finding affordable housing/transportation, meeting basic needs, etc.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



### Screening and Testing

Yes, my child may participate in the district-wide screening to identify possible developmental delays in cognition, speech/language, social-emotional, vision, or hearing. I also agree that their developmental progress in these areas can be monitored throughout the school year.

parent  
initial

### Field Trips

Yes, my child may attend field trips during their enrollment in PreK. I understand that this may include riding a school bus, or walking to and from a local site to be visited. I also understand that I am giving permission for my child to attend field trips for the entire school year, and will not sign a consent each time a trip is taken.

parent  
initial

No, my child may not attend field trips. Please inform me of when trips are and I will keep him/her home from school on those days.

parent  
initial

### Lending Library

Yes, my child may check out books, toys, or other age appropriate materials when available. I agree to return these items to the best of my ability.

parent  
initial

No, my child may not check out materials from the school lending library.

parent  
initial

### Internet Access

Yes, I am aware that Hillsboro District #3 has internet access in the school buildings. I understand that it is available in my child's classroom as an educational tool, with the supervision of their teacher or assistant.

parent  
initial

### Photo and Video Usage

Yes, I consent that photos and videos of my child taken at school or on field trips can appear in newspapers, school publications, or on the school website.

parent  
initial

No, photos or video of my child **cannot** be used outside of the classroom.

parent  
initial

Photos or video of my child **can** appear in newspapers, school publications, or on the school website **but ONLY WITHOUT THEIR NAME** connected to the photo or video.

parent  
initial

**I have read all of the information above, and initialed those I give consent for.**

Child's Name

parent/guardian signature

date





*\*Class session & teacher preferences are NOT guaranteed.*

## How do you plan for your child to get to school

- PT:** I plan to provide transportation
- Bus:** My child will ride the bus

Teacher Preference (optional) \_\_\_\_\_

## Which Site & session do you prefer\*

- Coffeen Early Childhood Center**
  - AM Class
  - PM Class
  - Full Day\* (4 year olds only; limited availability)
- HCCDC** (daycare site)--Full Day/No transportation

### AM CLASS (8:15-10:55 a.m.)

#### Primary PICK-UP Before School

\_\_\_\_\_  
Street Address Town

\_\_\_\_\_  
Name of parent/caregiver at this location & Relationship to child

#### Alternate PICK-UP (optional)

\_\_\_\_\_  
Street Address Town

\_\_\_\_\_  
Name of parent/caregiver at this location & Relationship to child

#### Primary DROP-OFF After School:

\_\_\_\_\_  
Street Address Town

\_\_\_\_\_  
Name of parent/caregiver at this location & Relationship to child

#### Alternate DROP-OFF (optional)

\_\_\_\_\_  
Street Address Town

\_\_\_\_\_  
Name of parent/caregiver at this location & Relationship to child

### PM CLASS (11:55 a.m. - 2:30 p.m.)

#### Primary PICK-UP Before School

\_\_\_\_\_  
Street Address Town

\_\_\_\_\_  
Name of parent/caregiver at this location & Relationship to child

#### Alternate PICK-UP (optional)

\_\_\_\_\_  
Street Address Town

\_\_\_\_\_  
Name of parent/caregiver at this location & Relationship to child

#### Primary DROP-OFF After School:

\_\_\_\_\_  
Street Address Town

\_\_\_\_\_  
Name of parent/caregiver at this location & Relationship to child

#### Alternate DROP-OFF (optional)

\_\_\_\_\_  
Street Address Town

\_\_\_\_\_  
Name of parent/caregiver at this location & Relationship to child

Hillsboro PreK offers classes Monday through Friday\*, with bussing offered *Monday through Thursday*. **No bussing is provided on Fridays.** Families choosing to send their child to school on Fridays must provide their own transportation to and from school. PreK is only offered on Friday **MORNINGS** (but offered to both a.m. and p.m. students). We understand that transportation may be a hardship for some families financially or due to childcare. Therefore, *enrolling for Friday Class is not required*. However, in order for us to plan, we do ask families to make a selection for their child to attend 4 days (Monday -Thursday) or 5 days (Monday - Friday). **Children signed up for Fridays will be expected to have regular attendance each week.** Please indicate your selection below. (*Bussing IS provided on Fridays for students with full IEP services.*)

\*Children attending class on Fridays are likely to be in a classroom with different teachers & different classmates than they are with Monday - Thursday due to lower enrollment on Fridays & blending of classes.

### **Students who do NOT have an IEP:**

\_\_\_\_\_ **Yes**, my child will attend class on Friday Mornings, and we will provide transportation to and from school. **Drop-off at 8:15 a.m.; Pick-up at 10:55 a.m.**

\_\_\_\_\_ **NO**, my child will not be attending class on Fridays. (Please indicate reason(s) below.)

\_\_\_\_\_ We are unable to provide transportation due to babysitting.

\_\_\_\_\_ Providing transportation is a financial hardship for my family at this time.

\_\_\_\_\_ I prefer that my child only attend school 4 days per week at this age.

### **Students with IEPs:**

\_\_\_\_\_ **YES**, my child has an IEP and WILL attend class on Fridays.

\_\_\_\_\_ My child **will** ride the school bus on Fridays.

\_\_\_\_\_ My child **will NOT** ride the bus on Fridays. We will provide our own transportation.

\_\_\_\_\_ **NO**, my child has an IEP, but we are choosing NOT to have them attend on Fridays this year.

**Child's Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_