



Central Springs Community School District Pre-School Web Application for 2022-2023

Little Paws (Manly) 641-454-3283

Wee Soar (Nora Springs) 641-749-5301

Central Springs CSD 2022-2023 Pre-School Web Application



Please be prepared to provide (at a later date- before school starts):

- Verification of Child's birthdate**
- Verification of Child's legal name**
- Copy of Health Insurance Card**
- Up to Date Current Physical Form**
- Up to Date Current Immunizations Form**
- Dental Form**



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WELCOME TO OUR SCHOOL PROGRAM

Little Paws Preschool

105 S. East Street

Manly, IA 50456

641-454-3283

641-454-2212 (fax)

Wee Soar Preschool

509 N. Iowa Avenue

Nora Springs, IA 50458

641-749-5301

641-749-5898 (fax)

Dear Parent,

Thank you for your interest in the Little Paws/ Wee Soar preschool program for your child. Please complete the attached application. If your child is accepted into our program, your classroom teacher will be contacting you for a home visit prior to school starting. At that time, the teacher will be collecting additional paperwork to be filled out and processed by the school district.

After your child is accepted into the program, families will need to also provide the following documents prior to starting the school year:

- Verification of your child's birthdate
- Verification of your child's legal name
- A copy of your child's Health Insurance Card
- An up to date copy of your child's immunization card
- A up to date copy of your child's current physical form
- A copy of your child's Dental form

If you have any questions, please feel free to contact the preschool at the above numbers.

THANKS AGAIN! Enjoy the summer- we will see you soon!

PLEASE EMAIL THIS COMPLETED FORM TO THE FOLLOWING ADDRESS:

ps_registration@centralsprings.net



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CENTRAL SPRINGS CSD PRESCHOOL WEB APPLICATION

CHILD'S NAME: _____ BIRTHDATE: _____

ON OR BEFORE SEPT. 15, 2022 MY CHILD WILL BE A: 3YR OLD _____ 4YR OLD _____ 5YR OLD _____

CHILD'S 911 ADDRESS: _____

COUNTY OF RESIDENCE: _____

CAMPUS PREFERENCE: MANLY (AM OR PM) NORA SPRINGS (AM OR PM) EITHER

- - -FAMILY INFORMATION- - -

FATHER'S NAME: _____ FATHER'S EMAIL ADDRESS: _____

FATHER'S ADDRESS: _____

HOME PHONE	CELL PHONE	EMPLOYER	WORK PHONE

PREFERRED MODE OF COMMUNICATION FOR FATHER : TEXT _____ EMAIL _____ PHONE CALL _____

MOTHER'S NAME: _____ MOTHER'S EMAIL ADDRESS: _____

MOTHER'S ADDRESS: _____

HOME PHONE	CELL PHONE	EMPLOYER	WORK PHONE

PREFERRED MODE OF COMMUNICATION FOR MOTHER : TEXT _____ EMAIL _____ PHONE CALL _____

WHO HAS LEGAL CUSTODY OF YOUR CHILD? _____

WHO HAS PHYSICAL CUSTODY OF YOUR CHILD? _____

HAS YOUR CHILD RECEIVED SERVICES? (OT/SPEECH, ETC..) _____

Are the mother and father listed above as the biological parents?

Father: Yes No

Mother: Yes No

Central Springs Student Information Form

STUDENT INFORMATION

Student Last Name: _____

Student First Name: _____

Student Middle Name: _____

Advisor: _____
(School to fill in)

Gender: M or F (Circle One)

Resident Status: 1 -resident or 2-open enrolled
(School to fill in)

Race/Ethnicity: American Indian-Alaskan Native Asian Hawaiian/Pacific Islander Black-African American
 White

Hispanic-Latino: Y or N
(Circle One)

Home Language Survey Date: _____

County you live in: _____

Today's Date: _____

Student Cell Phone Number: _____

Grade: _____

Building: Manly or Nora Springs
(Circle One)

Birth Date: _____

Special Needs: IEP, Title One Reading, or TAG
(Circle One)

IEP Placement Date: _____

Entry Date into District: _____

Bus Needed: Y or N Bus Number/s: _____
(Circle One) (School to fill in)

Lunch #: _____
(School to fill in)

PRIMARY CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____
(must list 911 street address)

PO Box: _____

C,S,Z: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Student Lives With Receive report cards/ect.

Relationship to student _____

SECONDARY CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____
(must list 911 street address)

PO Box: _____

C,S,Z: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Student Lives With Receive report cards/ect.

Relationship to student _____

*Emergency Contact: _____

Phone Number: _____

* Emergency contact to be called if all the above numbers have been tried and no one is available at those numbers.

HeadStart Opportunities

This year, Little Paws Preschool (at the Manly Campus) has the ability to partner with the Birth to 3 HeadStart Center (in Manly) to provide some students with an all-day, educational experience.

If you are interested in finding out more about this opportunity, please indicated below and someone from HeadStart will contact you.

_____ I am interested in being contacted by HeadStart about their partnership with Little Paws Preschool.

Name:

Phone Number:

Child's Name:

