**CANYONS EARLY CHILDHOOD PROGRAM**

**Choose your boundary school:**

Copperview East Midvale Midvale

Midvalley Sandy

**\_\_\_\_\_\_\_ Address verified TITLE I PRESCHOOL REGISTRATION FORM**

Initials of office staff who verified

**2023-2024 School Year**

**801-826-5112 (Phone)**

** 801-826-5106 (Fax)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | |  |  | | **Male  Female** |
| Child’s First Name |  | Child’s Last Name | | | |  | Date of Birth | |  |
|  | | | | | |  |  | | |
| Primary home language other than English? | | | | |  |  | What is the language most often used by your child? | | |
|  | | | | | |  |  | | |
| Parent(s) or Guardian(s) |  |  | | |  | What is the language that your child first acquired? | | |
|  | | | | | | **Is your child Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  YES  NO | | | |
| Address | | | | | |
|  | | |  | | |
| City | | | | Zip Code | |
|  |  | | | | | **Racial Category**  (check all that apply) | | **Category Description** | |
| Home Phone | Cell Number | | | | |
| **Email:** | | | | | |
| Medical Concerns  Yes  No  If yes, please explain:  \*Is your child currently under an IEP? *(Individual Education Program)*  Yes  No  Toilet Trained? (required by first day of school)  Yes  No (If child is not toilet trained by first day of school, they  will no longer be eligible for this program)  Once this application has been processed and you have received notification to finalize your child’s registration the following will be required and must be on file to attend:   * Birth Certificate * Current Immunizations Record | | | | | | American Indian or  Alaska Native | | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. | |
| Asian | | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | |
| Black or African  American | | A person having origins in any of the black racial groups of Africa. | |
| Native Hawaiian or  Other Pacific Islander | | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | |
| White | | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | |

**This application does not guarantee placement in the program. Notice via email will be sent confirming receipt of your application.**