



Smyrna School District Early Childhood Office
 365 North Main Street, Smyrna, DE 19977
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Smyrna School District - Early Childhood Program
 2023-2024 School Year
 Request for Enrollment as a Typically Developing Student

Child's Name: _____

Date of Birth: _____

Age of child on 8/31/23:

3 Year Old 4 Year Old

During the day, my child is at:

- Home
 Child Care: _____
 Other: _____

Check all that apply:

- Child of a Smyrna School District employee.
 Name of employee: _____ Building: _____
 Job Title: _____
- Child is a relative of a Smyrna School District employee.
 Name of employee: _____ Relationship to child: _____
- Child's family uses a language(s) other than English at home: _____
- Child is a sibling of a student currently in the Program.
- Child is a sibling of a student previously in the Program.
- Child was discharged from the Birth to Three Early Intervention Program, or special education services provided by a school district.
- None of the above.

Must also submit a copy of the child's birth certificate, a copy of parent/guardian ID, and proof of residence (mortgage/rental document AND utility bill, auto registration, or driver's license with current address).

Also, please complete the Ages and Stages Questionnaires using the following link:
https://www.asqonline.com/family/480053/chain_start

I understand that I am responsible to pay \$150/month for my child to attend Smyrna School District's Early Childhood Program as a tuition paying student. This payment is due on the first of each month, September through May, for a total of 9 payments. **Failure to provide this payment in a timely manner will result in my child being withdrawn from the Program.**

Parent/Guardian's Name: _____

Parent/Guardian's Email Address: _____

-----Office use only-----

Home School: _____ Form received on DATE: _____ TIME: _____ BY: _____

Received: BC ID PR ASQ-3 Completed: Y N ASQ:SE-2 Completed: Y N Added to List: Y N