



Smyrna School District Early Childhood Office
 365 North Main Street, Smyrna, DE 19977
 Early Childhood Coordinator: Carissa Stevens
 Email: carissa.stevens@smyrna.k12.de.us
 Phone: 302-659-6287; Fax: 302-653-3146

Smyrna School District - Early Childhood Program
 2022-2023 School Year
 Request for Enrollment as a Typically Developing Student

Child's Name: _____

Date of Birth: _____

Program, based on age on 8/31/22:

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 the Smyrna School District.

None of the above.

I understand that I am responsible to pay \$100/month for my child to attend Smyrna School District's Early Childhood Program as a typically developing 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 **Failure to provide this payment in a timely manner will result in my child being withdrawn from the Program.**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 Results/TY letter sent: Y N