

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 2023-2024 School Year Request for Enrollment as a Typically Developing Student

Child's Name:		
Date of Birth:	Must also submit a copy of the child's	
Age of child on 8/31/23:	birth certificate, a copy of parent/ guardian ID, and proof of residence (mortgage/rental document AND utility bill, auto registration, or d r i vle ir c' & with current address). Also, please complete the Ages and Stages	
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:	
Name of employee:Child's family uses a language(s) other than Engli Child is a sibling of a student currently in the Proceeding Child is a sibling of a student previously in the Proceeding Child was discharged from the Birth to Three Ear services provided by a school district. None of the above.	sh at home: gram. ogram.	
I understand that I am responsible to pay \$150/more District's Early Childhood Program as a tuition paying each month, September through May, for a total of in a timely manner will result in my child being with the second seco	ng student. This payment is due on the first of 9 payments. Failure to provide this payment	
Parent/Guardian's Name:		
Parent/Guardian's Email Address:		
Office use o	nly	
Home School: Form received of Received: BC ID PR ASQ-3 Completed: Y N ASQ:SE-	on <i>DATE</i> : <i>TIME</i> : <i>BY</i> : -2 Completed: Y N Added to List: Y N	