



Kindergarten 101

Summer 2025 Application and Emergency Information

Please complete all sections of the form

Please return this form to your home elementary school or email a completed copy to Melissa Mehlmann at mmehlmann@epsne.org by **Friday, April 25th, 2025**. Kindergarten 101 will be held at Hillrise and Fire Ridge elementaries.

Student Name: _____ Student DOB: _____

Parent Name(s): _____

Assigned Elementary School: _____

Address of Residence: _____ Zip Code: _____

Phone Number 1: _____ Phone Number 2: _____

Email Address 1: _____ Email Address 2: _____

Primary language spoken by the child Primary language the child speaks at home
 English Other _____ English Other _____

Primary language spoken by parent/guardian
Mother: _____ Father: _____

In what language would you prefer to receive information from school?

English Other (please specify) _____

Do you anticipate that you will qualify for free or reduced-priced lunch? *(See information on page 2)*
Yes ____ No ____ *(If left blank, applicant is presumed to not qualify for free or reduced-price lunch)*

Has your child attended preschool? Yes ____ No ____

If yes, where and for how many years? _____

Please consider my child for enrollment in the Elkhorn Public Schools Kindergarten 101 program as a student with limited or no prior preschool experience. I understand that priority will go to students with no prior preschool experience.

Please consider my child for enrollment in the Elkhorn Public Schools Kindergarten 101 program as a student eligible for free or reduced-priced lunch.

Please consider my child for enrollment in the Elkhorn Public Schools Kindergarten 101 program as an English Learner.

Please consider my child for enrollment in the Elkhorn Public Schools Kindergarten 101 program as a peer model. I understand selection for this program is through a lottery process.

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Special Needs Alert: Please list any medical, health, or other concerns that Kindergarten 101 personnel should know about your child.

Which hand does your child prefer to use? Right Left

Emergency Contacts: (if parents are not available)

Name: _____ Phone: _____

Name: _____ Phone: _____



Free or Reduced Lunch Price Information

This information is provided as a guideline for federal free or reduced-price lunch for the 2024-2025 school year. "Yearly Income" is the amount earned by all household members during a year before taxes and other deductions, and includes all income sources.

Household size	Federal poverty guidelines	Reduced price meals—185%					Free meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
4	31,200	57,720	4,810	2,405	2,220	1,110	40,560	3,380	1,690	1,560	780
5	36,580	67,673	5,640	2,820	2,603	1,302	47,554	3,963	1,982	1,829	915
6	41,960	77,626	6,469	3,235	2,986	1,493	54,548	4,546	2,273	2,098	1,049
7	47,340	87,579	7,299	3,650	3,369	1,685	61,542	5,129	2,565	2,367	1,184
8	52,720	97,532	8,128	4,064	3,752	1,876	68,536	5,712	2,856	2,636	1,318
For each add'l family member, add	5,380	9,953	830	415	383	192	6,994	583	292	269	135

If a household's annual gross income is less than the amount that corresponds to the number of persons in the household, the applicant qualifies for free or reduced-price lunch. If a household's annual gross income is more than the amount that corresponds to the number of persons in the household, the applicant does not qualify for free or reduced-price lunch. For example, if there are five people in the household, and the household has Annual Gross Income of more than \$67,673, the applicant does not qualify for free or reduced-price lunch. **Please note that this information is used only for Kindergarten 101 enrollment and is not an application for free or reduced-price lunches for the 2025-2026 school year. Separate forms and processes will be used for these programs.**