

**Kiddie Karrasel Academy Interest Application**  
**Statewide Voluntary Preschool Program for Four-Year-Old Children**  
**2024-2025 School Year**

Thank you for your interest in the Statewide Voluntary Preschool Program for Four-Year-Old Children. The purpose of this program is to provide an opportunity for all young children in the State of Iowa to enter school ready to learn by expanding voluntary access to quality preschool programs for all four-year-old children. This funding has been awarded to the Pleasant Valley School District. To be eligible for this program your child must be **4 years old on or before 9/15/24** and **reside in Iowa**. Your child **does not** have to attend a preschool site within the boundaries of the school district in which you reside. **Please complete and return this interest application to Kiddie Karrasel Academy.**

**CHILD INFORMATION**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's Current Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnic Origin: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Biracial \_\_\_\_\_  
Asian or Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_

(If choosing "Biracial" you must also indicate one of the other ethnicities for state reporting. Iowa does not recognize "Biracial" as an ethnicity.)

**PROGRAM INTEREST INFORMATION**

**NOTE:** Please return this application to Kiddie Karrasel Academy/328 N Cody/LeClaire, IA 52753  
[www.kiddiekarraselacademy.com](http://www.kiddiekarraselacademy.com) 563-298-3946

**PARENT/GUARDIAN INFORMATION** (for parent/guardian with whom the student lives)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Annual Household

Income: (optional) \_\_\_\_\_ Number in Household: \_\_\_\_\_

**I am interested in extended childcare before and/or after Preschool** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes, List days and hours: (example: M-F 7-9 AM/ 1130-5 PM)**

\_\_\_\_\_  
\_\_\_\_\_  
I certify that this information is accurate. I understand that the information in this application will be held in strict confidence.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_