



Lincoln Public Schools

Department of Early Childhood • 300 South 48th Street • Lincoln NE 68510 • (402) 436-1995 • Fax (402) 458-3288 • earlychildhood@lps.org

DEPARTMENT OF EARLY CHILDHOOD PRESCHOOL APPLICATION

Department of Early Childhood Education
Lincoln Public Schools • Lincoln, Nebraska

2025-2026 SCHOOL YEAR

The preschool program is available to children who reside in the Lincoln Public Schools boundaries. Children must be at least 3, but not yet 5, years old on or before July 31, 2025 to be considered for enrollment. Applications for children who are age eligible for kindergarten are not accepted.

A completed application does not guarantee a placement for your child.

Applications and items 1-3 below may be submitted by:

- Email: earlychildhood@lps.org | Fax: (402) 436-1900 | In person Monday-Friday between 8:00 a.m. and 4:30 p.m.
- By mail:
Department of Early Childhood
300 South 48th Street
Lincoln, NE 68510

In person extended hours:
Thursday, March 6th from 4:30 p.m. to 7:00 p.m.
Wednesday, April 2nd from 4:30 p.m. to 7:00 p.m.

The following documents are needed in order to process your child's application:

If any of these documents are not available at the time you submit your application, please submit them so we can process your child's application.

1. Birth certificate

If you do not have a birth certificate, you may bring a passport, visa, or permanent resident card.

2. Immunization record

Up-to-date for your child's age.

3. Income verification for the family for the past 12 months

Acceptable documents: 2024 tax return, W-2 for 2024, ADC notice or statement, SSI notice or statement or unemployment benefits statement.

Preschool placement is made based on the child's neighborhood school or the neighborhood school in which the child's daycare is located.

If you have questions about the application process, contact the Department of Early Childhood at 402-436-1995 or at earlychildhood@lps.org. Our fax number is 402-436-1900.

For Bilingual Liaisons:

Arabic: 402-436-1715 نرجو الإتصال على هذه الأرقام إذا كنتم تحتاجون إلى خدمات الترجمة لتغلبوا العربية

Russian: Если вам требуются услуги переводчика пожалуйста позвоните по телефону: 402-436-1942

Español: Por favor llame a este número de teléfono si necesita servicios de intérpretes: 402-436-1938

Vietnamese: Xin vui lòng gọi về số này nếu quý vị cần có dịch vụ thông dịch: 402-436-1939

Ukrainian: Будь ласка, зателефонуйте за цим номером, якщо вам потрібні послуги перекладу: 402-436-1786

Karen: Ծառայությունները կարելի է ստանալ 402-436-1769



The Lincoln Public School District does not discriminate on the basis of race, color, national origin, religion, sex, marital status, sexual orientation, disability, age, pregnancy, childbirth or related medical condition, genetic information, citizenship status or economic status in its programs, activities and employment.

**PRESCHOOL APPLICATION
2025-2026 SCHOOL YEAR
Department of Early Childhood
Lincoln Public Schools**

Office Staff Only <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Income Verification <input type="checkbox"/> Immunizations Staff Initials: _____ Student #: _____

Child's Legal Name: Last: _____ First: _____ Middle: _____

Child's Date of Birth: _____ Sex: Male Female

Is the Child Hispanic/Latino? Yes No

Child's Race (choose all that apply): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

First Language Spoken by Child: _____ Primary Language Spoken by Child: _____

Primary Language Spoken by Family: _____

Interpreter Needed: Yes No Language: _____

Mother: Last: _____ First: _____ Middle: _____ Maiden: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____ Home Phone: _____

Father: Last: _____ First: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____ Home Phone: _____

Who is the child living with if the child is not living with parents?

1. Adult in Household: Last: _____ First: _____ Middle: _____

Male Female Relationship to Child: _____ Contact Number: _____

Employer: _____ Work Phone: _____ Ext.: _____

2. Adult in Household: Last: _____ First: _____ Middle: _____

Male Female Relationship to Child: _____ Contact Number: _____

Employer: _____ Work Phone: _____ Ext.: _____

Emergency Contact Other than Adult in Household: _____

Relationship to Child: _____ Home Phone: _____ Work Phone: _____

Emergency Contact Other than Adult in Household: _____

Relationship to Child: _____ Home Phone: _____ Work Phone: _____

List All Children Living in Household:

First and Last Name	Date of Birth	Sex	School	Grade	Relationship to Child that is Applying
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

How Will Your Child Get to the Program? Parent School Bus Other: _____

If by Bus, What is the Pick-Up Address? _____

How Will Your Child Get Home From the Program? Parent School Bus Other: _____

If by Bus, What is the Drop-Off Address? _____

*Placement Preference A.M. P.M. Other: _____

*We may not be able to accommodate your request.

Child's First & Last Name: _____

The following information is confidential and helps us to best determine the needs of your family.

Was your child born more than three weeks early? Yes No

Did you child weigh less than five pounds at birth? If yes, birth weight: _____ lbs. _____ oz. Yes No

Does your child have any of the following conditions? (check all that apply): Yes No

Does your child have difficulty with?

- Asthma Epilepsy/Seizures Heart Problems Cancer Diabetes
- Vision Kidney Problems Weight Problems Other: _____

Do you have an immediate family member with a diagnosed disability (e.g. physical, mental or emotional)? Yes No

Have you been divorced or separated from your spouse or significant other within the last year? Yes No

Has there been a death in the immediate family? If yes, how was the person related to the child? Yes No

Do you have an immediate family member with a life threatening disease or serious chronic illness? Yes No
(ex. Cancer, diabetes, tuberculosis)

Has your family had an open case with Child Protective Services in the past three years? Yes No

Is there an immediate family member currently incarcerated or involved with the legal system? Yes No

Is either parent currently a student in Lincoln Public Schools? Yes No

If yes, student ID#: _____ School Attending: _____

Does either parent need to complete their high school education? Yes No

Are you an immigrant or refugee within the last 3 years? If so, from where? Yes No

Do you have dependable transportation for your daily needs? Yes No

Does your family have enough food to meet your daily needs? Yes No

Do you receive any of the following type of assistance? ADC SSI Yes No
If yes, verification is required. Please attach a copy of the ADC statement or SSI statement.

Are you currently homeless or have you been homeless in the last year? Yes No
Homeless is defined for our program purposes as living in a shelter, on the street or temporarily staying in a residence not your own.

Have you or an immediate family member moved to work at a meat packing plant or agricultural related job in the last 3 years? Yes No

I have provided all our family income to the Lincoln Public Schools Early Childhood Program. Yes No
If you answer no, you must complete an Income Verification Form, which will be provided on request.

Is the child a Ward of the State?
If yes, attach a copy of the DHHS Superintendent's Letter or other documentation to verify guardianship status Yes No

I certify that this information is true. This information is used to determine your child's eligibility for our program. I also understand that the information in this application will be held in strict confidence within LPS and will be accessible to me during business hours.

Parent/Guardian: _____ Date: _____

Please Note: For children with disabilities who receive special education services, the child's IFSP/IEP team will meet with you and discuss placement options and services. These discussions should occur at least annually in order to make certain that services are provided in your child's least restrictive environment. If you have questions about your child's placement recommendation for preschool, please contact your child's special education provider.