



LOOMIS PRESCHOOL

Loomis Public Schools
101 Bryan Street
P.O. Box 250 Loomis, NE 68958
PH: 308-270-7444

Applications are due by Friday, March 13, 2026

Applications will not be accepted
without an updated immunization
record and a valid birth certificate.

STUDENT INFORMATION

Full Name _____
Date of Birth ____ / ____ / ____ Previously a Loomis Preschooler ☐ Yes ☐ No
Gender ☐ Male ☐ Female
Home Address _____
City _____ State _____ Zip Code _____
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race ☐ White ☐ Asian ☐ Black/ African American ☐ American-Indian or Alaska Native
Language ☐ English ☐ Spanish ☐ Other: _____

Has your child received Early intervention Services in the home or center? (IFSP) ☐ Y ☐ N
Is your child in the process of being evaluated for special education services? ☐ Y ☐ N
Does your child have an Individual Education Plan (IEP)? ☐ Y ☐ N
Was your child born prematurely and can be verified by a physician? ☐ Y ☐ N
Has your child previously attended preschool at a different facility? ☐ Y ☐ N

PARENT INFORMATION

Mother's Full Name _____
Mailing Address _____
Phone _____ Email Address _____
Employer _____ Work Phone _____
Father's Full Name _____
Mailing Address _____
Phone _____ Email Address _____
Employer _____ Work Phone _____

EMERGENCY CONTACT INFORMATION

Please list two contacts other than listed above.

Full Name _____
Phone Number _____
Full Name _____
Phone Number _____

Only submit one application per child. Only a parent/legal guardian may submit the application.



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TUITION AND INCOME INFORMATION

Payment of preschool fees. Reduced fee is based on income information provided.

Preschool Fee ☐ \$150/Month ☐ \$1200/Year Reduce Fee ☐ \$75/Month ☐ \$600/Year
Payment Schedule ☐ Monthly ☐ Bi-Monthly ☐ Semester ☐ Year

OPTIONAL FREE OR REDUCED APPLICATION

Applicants are not required to complete financial section unless applying for a free or reduced rate. The income information below must be completely filled out.

Number in the family _____ Number in the household _____

| Sibling Names | Age | School Attending (If applicable) | Grade |
|---------------|-----|----------------------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| Name | Work Income | How often | Welfare, Child Support, Alimony | How often | Pension, Retirement SS, SSI, VA, Disability | How often | Other Income | How often | Check if NO Income |
|------|-------------|-----------|---------------------------------|-----------|---|-----------|--------------|-----------|--------------------|
| | | | | | | | | | |
| | | | | | | | | | |

FOR OFFICE USE ONLY

Full Price _____ Reduced _____ Free _____

ANTICIPATED KINDERGARTEN YEAR

Anticipated year your child will attend Kindergarten.

2027-2028

2028-2029

2029-2030

PARENT SIGNATURE

I certify that all the above information is true and correct and agree to pay the monthly tuition fee and cost of meals based on the costs listed above. Any deliberate misrepresentation of the information will result in the child being withdrawn from the program.

Parent Signature

Date

____/____/____