Dear Parents and Guardians,

Hastings Public Schools is excited to offer high-quality preschool programs for the 2026–2027 school year! Our preschool is free for children who live within the Hastings Public School district boundaries. If your child will be 3 or 4 years old by July 31, 2026, they may be eligible for this wonderful educational opportunity. To be considered for a spot in our nurturing learning environment, **you will need to apply.**

Enrollment & Eligibility

Priority for enrollment is based on the following indicators (in order of importance):

1. Children living within District boundaries.
2. Age eligibility (3 or 4 by the July 31 cutoff).
3. Students with disabilities.
4. Students with developmental concerns
5. English Language Learners.
6. Date of completion of the preschool application.

Note: If a child turns 5 on or before July 31, 2026, they are eligible for Kindergarten and may not attend HPS preschool.

How/When to Apply

- Application Window: Applications may be completed and turned in at any time between **February 1 and April 1, 2026**.
- **In person opportunity**: Join us February 10, 2026, anytime 4:00 p.m. – 7:30 p.m. at the Morton Early Learning Center. Staff will be available to help you fill out the application and answer any questions.
- Notification: Not all students who apply will be enrolled in preschool. You will be notified by mail regarding the decision of your child's participation in the HPS preschool program by the end of May. Children who do not receive a spot in a classroom will be placed on a waiting list, and parents will be notified if a spot becomes available.

Program Schedule & Meals

- **Days:** Monday through Thursday, following the typical school year calendar.
- **Sessions:** Students attend either a morning (AM) or afternoon (PM) session.
- **Meals:** AM students receive breakfast, and PM students receive lunch as part of their instructional day. *Free/Reduced lunch forms are available at any HPS school office.*
- **Transportation:** Please note that busing to and from preschool is provided **only** for students who qualify for special education services; transportation for all other students is the responsibility of parents/guardians.

We understand that choosing a preschool is an important milestone for your family. If you have any questions about the application process or our programs, please do not hesitate to reach out to the Morton Early Learning Center. We look forward to partnering with you and welcoming your child to Hastings Public Schools!

Please return completed applications by April 1, 2026. Applications can be returned by mail or in person during regular school hours to the Morton Early Learning Center (731 N Baltimore, Hastings, NE 68901), any Hastings Public Schools office, or the HPS Administration Building. **Please include a copy of your child's birth certificate and current immunization records**, which are due prior to the start of preschool in the fall.

Sincerely,

Sara Horstmann
Morton Early Learning Center Administrator
731 N Baltimore Ave
Hastings NE 68901
(402) 461-7545

Hastings Public Schools

PRESCHOOL STUDENT APPLICATION FORM

Preferred Time:
___ **AM** ____ **PM** ____ **Either**
Requested times are not Guaranteed

Home School ***(Circle One)*** Alcott Hawthorne Lincoln Longfellow Watson

Today's Date: _____

PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

Student Last Name	First Name	Middle Initial	Legal Last Name	Gender

Home Address	Mailing Address (if different)

Age	Birthdate	Birthplace - City & State or Country (if other than USA)	Home Phone
	/ /		( )

Ethnicity: Is this student Hispanic or Latino? _____ Yes _____ No

Race *(please check one - may check as many as apply)*

_____ American Indian / Alaska Native _____ Asian _____ Black / African American _____ Hawaiian / Other Pacific Islander _____ White

Languages:

What language(s) does the student speak? _____ What language is spoken in the home? _____

Does the parent/guardian need an interpreter? _____ Yes _____ No

Has your child previously attended preschool? _____ Yes _____ No Location _____

Has this student ever been enrolled in Special Education? _____ Yes _____ No Is student currently enrolled in Special Education? ____ Yes ____ No

Name of person(s) with legal responsibility for student:

Living With: *(Check one)*

_____ Both Parents _____ Mother ONLY _____ Father ONLY _____ Guardian _____ Fostercare _____ Grandparents

_____ Mother/Stepfather _____ Father/Stepmother ___ Shared custody _____ Stepfather/Stepmother _____ Other _____

Title *(circle)*: Mr. Mrs. Miss Ms. Last Name	First Name	Work Place & City	Home/Cell Phone ( )	Work Phone ( )
			email address	

Title *(circle)*: Mr. Mrs. Miss Ms. Last Name	First Name	Work Place & City	Home/Cell Phone ( )	Work Phone ( )
			email address	

Parent/Guardian Street Address (if different than student)	City	Zip	County

PARENT/GUARDIAN HIGHEST EDUCATION RECEIVED: *(CIRCLE ONE)*

Some High School High School Graduate GED Some College College Graduate Highest Grade Completed _____

HOUSEHOLD INCOME: Less than $17,000____ $17,000-$24,000____ $24,000-$31,000____ $31,000-$38,000____ More than $38,000____

LIST ALL OTHER BROTHERS AND SISTERS LIVING IN PRIMARY HOUSEHOLD THAT ARE UNDER THE AGE OF 22 YEARS. (list additional siblings on the back)

Last Name	First Name	Birthdate	Gender	Grade	Birthplace - City & State
		/ /			
		/ /			
		/ /			
		/ /			

Is this student a ward of the state? Yes No Is this student a ward of the court? Yes No

If the student is a ward, our office needs a copy of state or court ward papers prior to admission.

Temporary guardianship: Our office needs Limited Durable Power of Attorney papers completed.

Name of student's caseworker Phone Number ( )

Signature of Parent/Guardian _____ **Date** ____/____/____

Please Note: *A copy of the child's birth certificate and immunization record will be needed prior to the start of preschool.*

Parents/guardians who need a reasonable accommodation to complete this application may contact the HR Director for assistance. The Title IX Coordinators are John Hauser and Tanya Evans, who may be contacted in person, by mail, by telephone, or by e-mail at: 1515 W 8th Street, Hastings NE 68901, 402-461-7500, and john.hauser@hpstigers.org, tanya.evans@hpstigers.org.

DEVELOPMENTAL HISTORY for HPS Preschool Application

This form completed by: _____ Relationship to child: _____

Child's Full Name: _____
First Middle Last

MEDICAL HISTORY

Did the mother have any significant complications during pregnancy or delivery (e.g., premature birth)? ❒ Yes ❒ No
If yes, please describe: _____

Did the child pass a newborn hearing screening? ❒ Yes ❒ No

Do you feel your child has a speech, hearing, vision, fine motor, gross motor, behavior, or other problems?
❒ Yes ❒ No If yes, please describe: _____

_____

Has your child ever had evaluation or therapy for speech, physical therapy, occupational therapy, vision, counseling, genetics, etc.? ❒ Yes ❒ No If yes, please describe: _____

Other diagnosed conditions, serious injury, and/or surgeries:

_____

SPEECH/LANGUAGE - HEARING

Does your child…

❒ retrieve/point to common objects upon request (ball, cup, shoe)
❒ follow simple directions ("Shut the door" or "Get your shoes")
❒ respond correctly to who/what/where/when/why questions
❒ understand what you are saying
❒ repeat sounds, words or phrases over and over
❒ respond correctly to yes/no questions

Does your child currently communicate using…

❒ sentences longer than four words
❒ 2 to 4 word sentences
❒ single words (shoe, doggy, up)
❒ sounds (vowels, grunting)
❒ body language/gestures
❒ other _____

Is your child frustrated when not understood? ❒ Yes ❒ No

FAMILY HISTORY

Is there a history of special needs such as vision, hearing, speech, or learning problems in the family?
❒ Yes ❒ No If yes, please explain: _____

Is there a history of mental illness such as attention deficit disorder, depression, bipolar, schizophrenia in the family?
❒ Yes ❒ No If yes, please explain: _____

Does either parent have a history of substance abuse?
❒ Yes ❒ No If yes, please explain: _____

OTHER

What other agencies are involved with your family? ❒ Healthy Beginnings ❒ DHHS ❒ Head Start ❒ _____

Has your child ever been asked to leave any daycare/preschool in the past? ❒ Yes ❒ No
If yes, please explain_____

Anything else you would like us to know about your child: _____

_____

_____

_____

_____