

FAYETTE COUNTY PRE-K PROGRAM APPLICATION
(PLEASE PRINT)

All information on this application will be kept confidential and will only be shared with collaborating partners of the Fayette County Universal Pre-K program

STUDENT INFORMATION

Child's Name: _____ Birthdate: _____
(Last) (First) (MI)

Gender: F M Social Security Number: _____ Home County _____

Race(mark one) White Black Asian Native Indian Pacific Islander Hispanic

PARENT INFORMATION

Person Completing form: _____ Relationship to Child: _____

Mother's Name: _____ Living in Home (Y/ N)

Father's Name: _____ Living in Home (Y/ N)

Physical Address; _____

Mailing Address: _____

Mother's Date of Birth: _____ Father's Date of Birth: _____

Mother's Level of Education: _____ Father's Level of Education: _____

Phone #: _____(Home) _____(Work) _____(Cell)

GENERAL INFORMATION

Has your child received *Birth to Three Services*? YES NO

Is your child receiving any services from outside agencies? YES NO

Does your child have an IEP? YES NO

Do you have any concerns about your child's development YES NO. If yes, explain:

Child's Physician's Name: _____

Child's Dentist's Name: _____

Alternate Contact Name & Number : _____

HOUSEHOLD INFORMATION

What is the primary language spoken in the home? _____

Number of adults in the household ? _____ Number of children in the household ? _____

Family Type: Both parents in home Single parent Residing with Grandparent

Foster Family Other Relative Non-relative Other

Is your current address a temporary living arrangement due to loss of housing or economic hardship? YES NO

Adults and children living in the home:

Name	Birthdate	Relationship

INCOME VERIFICATION

Do you receive any of the following? Check all that apply.

TANF SSI Child Support Foster Care/Adoption Subsidy SNAP

Unemployment Employment Wages None Other

Income Amount
 Weekly _____
 Biweekly _____
 Bimonthly _____
 Monthly _____
 Total Annual Income _____

Persons in Family	Income Guideline
2	\$15,930 or below
3	\$20,090 or below
4	\$24,250 or below
5	\$28,410 or below
6	\$32,570 or below
7	\$36,730 or below
8	\$40,890

Please sign to indicate you understand and agree to each of the following:

- My child must attend the Pre-K program regularly in accordance with the county attendance policy.
- Transportation to and from school is not guaranteed.
- To provide all requested documentation required to complete the application.
- To the best of my ability and knowledge, the information on this form is correct. I understand that it is my responsibility to report any changes to this information immediately.

Parent/Guardian Signature: _____ Date: _____