



On behalf of the Fayette County Child Development, Inc., we want to thank you for allowing us the opportunity to begin this educational adventure with you and your family. Please find enclosed the Fayette County Child Development Application.

Application must be completely filled out before returning to the following address:

Fayette County Child Development, Inc.

102 Hunter
Street Oak Hill,
WV 25901

304-465-5613

Contact Person: Dianna Thompson

Please be sure to include with your application the following documentation:

- Official birth certificate from the Vital Registration Office (from the state where child was born)
- Complete immunization records
- Verification of social security number
- Verification of Well Child/Preventive Health Exam
- Proof of dental exam
- Proof of residency (e.g. utility bill, lease agreement, tax statement)
- Proof of Income (e.g. check stubs, W-2, Tax return)

Thank you and please feel free to contact Dianna Thompson, 304-465-5613, if you should have any questions.

FAYETTE COUNTY PRE-K PROGRAM APPLICATION

(PLEASE PRINT)

All information on this application will be kept confidential and will only be shared with collaborating

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

What is the primary language spoken in the home? : _____

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)

Alternate Contact Name & Number: _____

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:

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	\$16,020 or below
3	\$20,160 or below
4	\$24,300 or below
5	\$28,440 or below
6	\$32,580 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.
- Pre-K application process is **NOT COMPLETE** until all required documentation is submitted.
 Fayette County Pre-K is available to 4 year olds who reside in **Fayette County only**.
- 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: _____