

Fayette County Pre-K Program Application

Applicant							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Home County
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient	<input type="checkbox"/> Poor	<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Potentially			
<input type="checkbox"/> Other: _____							
Primary Health Coverage		Other Coverage		Insurance #		Medicaid Eligibility	Medicaid #
						<input type="checkbox"/> Not Eligible	
						<input type="checkbox"/> On Medicaid	
						<input type="checkbox"/> Potentially	
Dental Coverage		Dental Coverage #		Dentist/Dental Home			

Primary Adult							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient	<input type="checkbox"/> Poor	<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Potentially			
<input type="checkbox"/> Other: _____							
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			
Deg/Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> Col or Adv	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			
Train	<input type="checkbox"/> Master's						
<input type="checkbox"/> GED							If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address: _____

Secondary or Other Adult							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient	<input type="checkbox"/> Poor	<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Potentially			
<input type="checkbox"/> Other: _____							
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			
Deg/Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> Col or Adv	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			
Train	<input type="checkbox"/> Master's						
<input type="checkbox"/> GED							If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No

Family Living Address							
Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County	

Family Mailing Address							
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)		Type (check one)		Note (extension or best time to call)		Opt In for Text Messages	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Child/Adult (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/>	_____		<input type="checkbox"/> Proficient				
Other:	_____						

Additional Child/ Adult (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/>	_____		<input type="checkbox"/> Proficient				
Other:	_____						

Additional Child/Adult (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/>	_____		<input type="checkbox"/> Proficient				
Other:	_____						

Additional Child/Adult (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/>	_____		<input type="checkbox"/> Proficient				
Other:	_____						

Additional Child / Adult(Non-Applicant) *								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency			
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor			
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate			
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient			
<input type="checkbox"/>	_____		<input type="checkbox"/> Proficient					
Other:	_____							

Additional Child/Adult (Non-Applicant) *								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency			
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor			
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate			
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient			
<input type="checkbox"/>	_____		<input type="checkbox"/> Proficient					
Other:	_____							

Additional Child/ Adult (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/>	_____		<input type="checkbox"/> Proficient				
Other:	_____						

Family Income & General Information

Family Information							
Parental Status <i>(check one)</i>	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID <i>(if applicable)</i>
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Income							
Income Verified by				Verification Date	TANF Status		SSI
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note	
	\$		\$				
	\$		\$				
	\$		\$				
Income Notes							

General Information
Has your child received Birth to Three services? ___ YES ___ NO
Is your child receiving 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, please explain:
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>

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 old children, who turn 4 before July 1, and who reside in **Fayette County**.
- 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: _____

Signature of Staff completing the application: _____ Date: _____

FAYETTE COUNTY PRE-K PROGRAM SITE SELECTION FORM

Student Name: _____
Last
First
Middle

Student Date of Birth: _____

Physical Address: _____

Directions to your home: _____

Home School: _____
(where your child will attend Kindergarten based on school zones)

Indicate with an X your 1st, 2nd, and 3rd choices for a Pre-K site and answer the questions below.
You MUST select three sites for your application to be processed.

Pre-K Site (<i>You must select three sites</i>)	1 st	2 nd	3 rd
Ansted Elementary			
Ansted Head Start			
A Place to Grow			
Divide Elementary			
Fayetteville Pre-K-8			
Fayetteville Head Start			
Kimberly Head Start			
Meadow Bridge Elementary			
New River Primary			
Page Head Start			
Scarbro Head Start			
Starting Points			
Valley Pre-K-8			

Please answer **all** questions in this section. This information is necessary for accurate placement for the Pre-K Program.

- If necessary, will you be able to transport your child to **any** of your selected preschools? ___ YES ___ NO
- Does your child need before care? ___ YES ___ NO
- Does your child require after care? ___ YES ___ NO
- Did your child attend Pre-K last year? ___ YES ___ NO
If yes, where? _____
- Does your child have a sibling who attends your 1st choice site? ___ YES ___ NO
- Does your child have an IEP? ___ YES ___ NO

For Office Use Only:

Date application was received: _____

- ___ Universal Pre-K Application
- ___ Birth Certificate
- ___ Proof of Residence
- ___ Income Verification
- ___ Immunization Records
- ___ Health Check Form
- ___ Health History Form
- ___ Proof of Dental Exam

Site Assigned to: _____

Additional Notes:

Transportation Notes:

Pre-K Application

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 Pre-K Collaborative 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:

- **Proof of Income** (e.g. check stubs, W-2, Tax return) If submitting check stubs, please submit your 2 most current check stubs. Please provide verification of all income received by the household. If you are a foster parent or a guardian please provide income that you receive for providing care for the child who you are applying for.
- **Official birth certificate from the Vital Registration Office** (from the state where child was born)
- **Complete immunization records**
- **Health Insurance Card**
- **Verification of Well Child/Preventive Health Exam**
- **Proof of dental exam** (within in the last 12 months)
- **Proof of residency** (e.g. utility bill, lease agreement, tax statement)
- **Any court documentation or custody paperwork**

Your application **cannot** be processed until we receive all the information listed above.

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

