Fayette County Pre-K Program Application

Applicant												
First	Middle	La	ist		Suffix	Nick	kname	Birthday	У	Gender	Hom	e County
Race					c	Engli	sh Proficiency	/		Other Language		Other Language Proficiency
🗆 Asian 🗖 Ame	erican Indian/	/Alaska N	lative	□ Yes		🗆 No	one					Poor
Black Haw	aiian/Pacific	Islander		🗆 No		Litt	tle					□ Moderate
White Mult	i-Racial						oderate					Proficient
Other:						□ Pro	oficient					
Primary Health	C	Other Cov	/erage	Insurance	#	Medicaid Eligibility Medi			Medio	aid #		Doctor/Medical Home
Coverage			_					-				
							□ Not Eligible	è				
							On Medica	id				
Potentially												
Dental Coverag	e D	Dental Co	verage #			Denti	ist/Dental Hor	ne				
¥¥												

Primary Adult												
First Middle	e l	_ast		Suffix	Nickname	В	irthday	Gend	er			
Race			Hispan	nic	English Prof	iciency	Other La	nguage		Other Language Proficiency		
Asian American Ind	dian/Alaska	Native	□ Yes		□ None					Poor		
Black Hawaiian/Pag	cific Islande	er	🗆 No		□ Little					□ Moderate		
White Multi-Racial				□ Moderate						Proficient		
□ Other:	Proficient											
Highest Grade Complete	ed	Employme	nt Status	;		Child's I	Relationship		Custody	Check all that apply:		
□ Associate's □ Gra	ade 10	Full Time	e 🗆	l Full Time	e & Training	□ Biological/Adopted/Step			□ Yes	Lives with Family		
□ Bachelor's □ Gra	ade 11	Part Tim	e 🗆	l Part Tim	e & Training				🗆 No	Provides Financial Support		
🗆 Col 🛛 🗆 Gra	ade 12	Seasona			or School	Other Relative				Teen Parent		
				Retired of	Retired or Disabled		□ Foster					
	S Graduate	□ Other				If teen parent, subsidized?						
	aster's									□ Yes □ No		
🗆 GED												

Email Address:

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Secondary o	r Other Adul	t									
First	Middle	Last		Suffix	١	Nicknar	me Bii	thday	Gend	er	
Race			Hispan	ic	English	h Profic	ciency	Other Lar	nguage		Other Language Proficiency
□ Asian □ Amer	ican Indian/Alask	a Native	□ Yes		□ Non	ne					Poor
Black Hawa	iian/Pacific Islan	der	🗆 No		🗆 Little	е					□ Moderate
□ White □ Multi-	White D Multi-Racial				□ Moderat						Proficient
Other:					□ Prof	ficient					
Highest Grade Co	ompleted	Employme	nt Status				Child's R	elationship		Custody	Check all that apply:
Associate's	Grade 10	🗆 Full Tim	e 🗆	Full Time	e & Train	ning	□ Biolog	ical/Adopted	/Step	□ Yes	Lives with Family
Bachelor's	□ Grade 11	Part Tim	ne 🗆	Part Tim	e & Trair	ning	□ Grand	child		□ No	Provides Financial Support
Col	Grade 12	□ Seasona		Training			□ Other	Relative			Teen Parent
Deg/Train	□ < Grade 9		oyed 🛛	Retired of	or Disabl	led	□ Foster				
Col or Adv	HS Graduat	e	-				□ Other				If teen parent, subsidized?
Train	□ Master's										□ Yes □ No
🗆 GED											

Family Living Add	ress								
Started Living at Date	Living Address		Address Line 2	ZIP	City	City		County	
Family Mailing Ad	dress								
Same as living?	Started Using Date	Mailing Address		Address Line 2	ZIP	City			State
□Yes □ No									
Phone Number(s)		Type (check one)		Note (extension	or best time to call)	Opt In for	Text Messa	ages
Cell Home Work Other					□ Yes □ No				
		Cell Home	□ Work □ Other				□ Yes □] No	

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Additiona	l Child/Adult (N	on-Applica	nt) *							
First	Middle	Last		Suffix	Suffix Nickname Birthday		Gender			
Race			Hispanic	Engli	sh Proficiency	Other L	anguage	Other Lar	guage Proficiency	
□ Black □ H □ White □ M □ Other:	Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Multi-Racial		□ Yes □ No		one tle oderate oficient			 Poor Moderate Proficient 		
First	Middle	Last		Suffi	x Nickna	me	Birthday	Gender		
Race			Hispanic	Er	glish Proficiency	Othe	r Language	Other L Proficie	anguage	
Black	American Indian/Ala Hawaiian/Pacific Isla Multi-Racial		□ Yes □ No		None Little Moderate Proficient			Pool Mod Prof	erate	

Additiona	l Child/Adult (N	Non-Applica	ant) *							
First	Middle	Last		Suffix	Nickname	9	Birthday	Geno	der	
Race			Hispanic	Engl	ish Proficiency	Other	Language	0	ther La	nguage Proficiency
🗆 Asian 🛛 Ar	sian 🗆 American Indian/Alaska Native 🛛 Yes		□ Yes		one				l Poor	
🗆 Black 🗖 Ha	Black Hawaiian/Pacific Islander No		□ No	🗆 Li	ttle				I Moder	ate
	White D Multi-Racial			ПМ	oderate				I Profici	ent
								_		
Other:					lonoiont					
Additiona	l Child/Adult (N	Non-Applic:	ant) *							
First	Middle	Last	-	Suffix	Nickname)	Birthday	Geno	der	
Race			Hispanic	Engl	ish Proficiency	Other	Language	0	ther La	nguage Proficiency
🛛 Asian 🗖 Ar	merican Indian/Alaska Native 🛛 Yes 🖓 🖓 N				one				l Poor	
🛛 Black 🗖 Ha	Black 🗆 Hawaiian/Pacific Islander			🗆 Li	ttle				□ Moderate	
⊐ White □ M	□ Multi-Racial				oderate				I Profici	ent
					roficient			_		
Other:										

First		Middle	Last		Suffi	ix	Nicknam	ne	Birthday		Gender	SSN	
											_		
Race				Hispanic	banic English Pro		sh Proficiency	Othe	er Language		Other Language Proficie		
🗆 Asian		an Indian/Alaska		□ Yes		l No					□ Poor		
Black		□ Hawaiian/Pacific Islander □ No		□ No		l Litt					□ Mode		
White	□ Multi-R	lacial	cial				oderate				□ Profi	cient	
□ Other:	_		_			l Pro	oficient						
Additie	onal Chil	d/Adult (Non		nt) *									
First		Middle	Last	Last		ix	Nicknam	ne	Birthday		Gender	SSN	
Race				Hispanic	E	nglis	sh Proficiency	Othe	er Language		Other L	anguage Proficienc	
□ Asian	□ Americ	an Indian/Alaska	Native	□ Yes		l No	one		00		□ Poor		
Black	🗆 Hawaii	an/Pacific Islande	er	□ No		l Litt	tle				□ Mode	erate	
□ White	□ Multi-R	lacial				l Mc	oderate				□ Profi	cient	
□ Other:			_			l Pro	oficient						
Additio	onal Chil	d/ Adult (Nor	-Applica	nt) *									
First	Ν	/liddle	Last		Suffix		Nickname		Birthday	Ge	ender		
Race				Hispanic	Engl	lish	Proficiency	Other I	anguage		Other Lan	guage Proficiency	
⊐ Asian	American	Indian/Alaska Na	ative	□ Yes		one)				□ Poor		
□ Black	Black 🗆 Hawaiian/Pacific Islander 🛛 🗆 No		□ No	🗆 Li	ittle					□ Modera	te		
	Multi-Rac	Multi-Racial			ΠM	lode	erate				D Proficie	nt	
						rofic	cient						
Other:			_										

Family Income & General Information

Family In Parental	formation		Homele		Activo Du	h.	Referred b	v Child	Pagoining	WIC		WIC ID
Status (check one	at H	Language Iome	Famil		Active Du Military				Receiving SNAP	VVIC		(if applicable)
□ One □ Two			□ Ye □ Ne	-	□ Yes □ No		□ Yes □ No		□ Yes □ No	□ Yes □ No		
Family In	icome											
Income Veri	fied by				Verifi	catior	n Date		TANF Status			SSI
								□ Yes □ Form	□ No erly on TANF/N			
Family Member	Amount	Per (for ex week, mont		Annı	ial Amount		cription (for e I, Job, Child S			(for exampl neck stub)	le:	Note
	\$			\$								
	\$			\$								
	\$			\$								
Income Note	es	•										

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:

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 <u>not</u> 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 <u>three sites</u> for your application to be processed.

Pre-K Site	1 st	2 nd	3 rd
(You must select three sites)			
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 <u>any</u> of your selected preschools? YES NO
 Does your child need before care?YESNO
 Does your child require after care?YESNO
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:	Additional Notes:	1
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	Transportation Notes:	
Site Assigned to:		

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.

