2025-2026 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
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other: _____	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

Primary Health Coverage	Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home
			☐ Not Eligible ☐ On Medicaid ☐ Potentially		

Dental Coverage	Dental Coverage #	Dentist/Dental Home

Primary Adult

First	Middle	Last	Suffix	Nickname	Birthday	Gender	

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Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
☐ Associate's ☐ Bachelor's ☐ Col Deg/Train ☐ Col or Adv Train ☐ GED	☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ < Grade 9 ☐ HS Graduate ☐ Master's	☐ Full Time ☐ Part Time ☐ Seasonal ☐Unemployed	☐ Full Time & Training ☐ Part Time & Training ☐ Training or School ☐ Retired or Disabled	☐ Biological/Adopted/Step ☐ Grandchild ☐ Other Relative ☐ Foster ☐ Other	☐ Yes ☐ No	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent If teen parent, subsidized? ☐ Yes ☐ No

Email Address:

Secondary or Other Adult

First	Middle	Last	Suffix	Nickname	Birthday	Gender	

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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
☐ Yes ☐ No						

Phone Number(s)	Type (*check one*)	Note (extension or best time to call)	Opt In for Text Messages
	☐ Cell ☐ Home ☐ Work ☐ Other		☐ Yes ☐ No
	☐ Cell ☐ Home ☐ Work ☐ Other		☐ Yes ☐ No

Additional Child/Adult (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender	

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☐ Other:	_____		☐ Proficient		

Family Income & General Information

Family Information

Parental Status (*check one*)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (*if applicable*)
☐ One ☐ Two		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Family Income

Income Verified by (Head Start Employee Signature)	Verification Date	TANF Status	SSI
		☐ Yes ☐ No ☐ Formerly on TANF/Not now	☐ Yes ☐ 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:

_____

_____

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 2025-2026

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 (*You must select three sites*)	1st	2nd	3rd
NEW HAVEN AREA			
Ansted Elementary			
Ansted Head Start* **(M-F)**			
Divide Elementary			
Meadow Bridge Regional			
VALLEY AREA			
Kimberly Head Start* **(M-F)**			
Starting Points**** CC**			
Valley Pre-K-8			
PLATEAU AREA			
A Place to Grow **** CC**			
Fayetteville Pre-K-8			
New River Primary			
Oak Hill Head Start* **(M-F)**			
Page Head Start**** (M-F)**			
Scarbro Head Start**** (M-F)**			

*Classes are Monday thru Friday at these sites
** Site offers childcare before and after school

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**

Additional Notes:

Transportation Notes:

2025-2026 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.

If you receive SNAP (Supplemental Nutrition Assistance Program/Food Stamps) you will only need to submit proof of that to be eligible for the program.

- **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.

2025-2026