



Application for Preschool Services

**Completed Application Must
Be Submitted by May 3, 2021**

Immunizations Attached:
WVDDHR Health Check Attached:
Live Birth Attached & Verified:
Custody Restrictions Attached:
Dated Application Received:
Received by:
<u>For Office Use Only</u>

Confidentiality Statement: This information is being requested on a voluntary basis by the Pre-K Collaborative partners which may include but is not limited to BOE, Child Care and NCWVCAA HS. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need to know basis. Upon request, the PRE-K Collaborative Partners discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for the purposes of the student's enrollment or transfer. This includes disclosure of immunization records and other medical information to the applicable Pre-K Collaborative Partner for enrollment or placement purposes.

Student Information – Please be as complete as possible

Student Name	First _____ Middle _____ Last _____	
	Preferred Name:	
	Child resides with:	
Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
Directions to Home		
Phone	Cell/Work _____	Email _____
Child's Family Physician		Phone # _____
Child's Dentist		Phone # _____
Medicaid Number, CHIPS, or Private Insurance Name & Number		
Describe any medical, physical, developmental issues or concerns		

Family Information

Mother's Name and Address	First _____ Middle _____ Last _____	Living in Home? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address _____	Birthdate _____
Father's Name and Address	First _____ Middle _____ Last _____	Living in Home? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address _____	Birthdate _____
Custody Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No Must be attached! Is this child in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Guardian (other than Mother or Father)	First _____ Middle _____ Last _____	
	Address (if different than child's): _____	
	Phone Number: _____	
Native Language Spoken in Home	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> South East Asian <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Other (please specify) _____	
School Attendance District	<input type="checkbox"/> Green Bank <input type="checkbox"/> Marlinton <input type="checkbox"/> Hillsboro	
Child Care Service Needs	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Holidays <input type="checkbox"/> When school is not in session	
Parent Place of Employment		

All boxes must be filled in to consider as a "Complete Application!" Please turn over the application and complete ALL boxes on the back of the application!





Form must be fully completed and submitted by May 3, 2021
Application for Preschool Services (Continued)

Have you completed all questions?

Names of People Living in Household & Relationship to Child	Birthdates (of children/adults in household)
_____	_____
_____	_____
_____	_____
_____	_____

McKinney-Vento Definition of Homelessness
 Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as follows:
 The term "homeless children and youths"--
 (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 (B) includes--
 (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
 (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Do any of the above definitions fit your circumstances? **YES** _____ **NO** _____

Please complete the following questions:	Yes	No	Comments/ Additional Information
Is your child presently attending Preschool?			
If your child has not attended Preschool, are they age eligible for Kindergarten services?			
Are you interested in Preschool Services at one of the four Preschool sites (Hillsboro, School Days, Marlinton Elem., Green Bank Elem.)? Please circle one			
Are you in need of assistance for housing, food, clothing, transportation, dental, or medical services? Please circle all that apply.			
Is your child in need of Immunizations?			
Please check the appropriate box that best reflects your income. This will determine if further information is needed to ensure secure funding sources for the preschool services	◇Less than \$10,000	◇\$10,000 to \$19,999	◇\$20,000 to \$29,999
	◇\$30,000 to \$39,999	◇\$40,000 to \$49,999	◇\$50,000 or more

Additional Comments/Special Considerations:

***Parent Signature & Date (Application is not complete without signature and initial)**
Signature and Date: _____

******* (Must Initial statement below) *******

By signing this application, I understand that making application for my child to participate in the Pocahontas County Universal Preschool Program is NOT a guarantee of a first choice of placement in a particular Preschool site or classroom, and that this is determined upon the Pocahontas County Universal Preschool Program Selection Criteria.

Parent Initials (Parent Initials must be included to make the application complete!)******