

Date: _____

1st _____ 2nd _____ 3rd _____

HAMPSHIRE COUNTY UNIVERSAL PRE-K APPLICATION

NO APPLICATION WILL BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:

- ____ Child's "*Certified Birth Certificate*" or official evidence of request from the Department of Vital Statistics. It must be the **Original!**
- ____ *Certificate of Immunization* from a physician or health department. (Children's shots **must** be up to date for their age.)
- ____ Completed *Health Check* form from a physician.
- ____ Completed *Dental Screening* form from a dentist.
- ____ Proof of *Family Income*. (Copy of W-2, Pay stubs, 1040)
- ____ Child's *Social Security number*.
- ____ Proof of *Residency*. **(Final application review will be completed by the Hampshire Co. Universal Prek Team)**

I. GENERAL INFORMATION

Child's name: _____ Birth date: _____
(First) (Middle) (Last) (Month/Day/Year)

Sex: _____ Race: _____ Age: _____ Social Security number: _____

Telephone number: _____ Cell Phone number: _____

Mailing address: _____ City: _____ Zip Code: _____

E-mail address: _____

Exact directions to home (physical address): _____

Emergency contact: _____
(Name) (Address) (Relationship) (Phone)

II. FAMILY INFORMATION

Marital status of parents: Single, Married, Separated, Widowed, Divorced
****(Circle one above)****

Child resides with: _____ *(If child is in the custody of a legal guardian or only one parent has custody, court ordered documentation must be attached to this application.)*

Foster care placement (Y/N) _____ Agency/Representative: _____

| MOTHER/LEGAL GUARDIAN | FATHER/LEGAL GUARDIAN | STEP PARENT |
|--|--|--|
| Name: _____ (First) (Last) | Name: _____ (First) (Last) | Name: _____ (First) (Last) |
| DOB: _____ (for data entry purposes) | DOB: _____ (for data entry purposes) | DOB: _____ (for data entry purposes) |
| Address: _____ | Address: _____ | Address: _____ |
| Race: _____ | Race: _____ | Race: _____ |
| Employer: _____ | Employer: _____ | Employer: _____ |
| Work phone: _____ | Work phone: _____ | Work Phone: _____ |
| Enrolled in Training: _____ School: _____ (Y/N) (Y/N) | Enrolled in Training: _____ School: _____ (Y/N) (Y/N) | Enrolled in Training: _____ School: _____ (Y/N) (Y/N) |
| Highest completed education level: _____ | Highest completed education level: _____ | Highest completed education level: _____ |

Other children living in the home:

| <u>Name:</u> | <u>Birth Date:</u> | <u>Name:</u> | <u>Birth Date:</u> |
|--------------|--------------------|--------------|--------------------|
| 1. _____ | _____ | 4. _____ | _____ |
| 2. _____ | _____ | 5. _____ | _____ |
| 3. _____ | _____ | 6. _____ | _____ |

If children are school age which school(s) do they attend? _____

Other adults living in the home:

| <u>Name:</u> | <u>Birth Date:</u> | <u>Relationship to child:</u> |
|--------------|--------------------|-------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Total number in family _____

Which primary language is spoken at home? _____

Check the following living situations that apply:

- ____ Living in own home, rented home or apartment
- ____ Living with friends or relatives temporarily
- ____ Living in a shelter
- ____ Living in a hotel or motel
- ____ Living in other circumstances (explain) _____

III. OTHER INFORMATION

Is your child enrolled in another day care/head start/preschool program? Yes ____ No ____

If yes, where? _____

Is there a primary caregiver in your home? Yes ____ No ____

If no, Name/Location/Phone # of Babysitter/Day Care Provider: _____

Has any other agency worked with your child (WV Birth to Three/Pre-School Special Needs, etc)? (Y/N) _____

If yes, who? _____

Do you suspect that your child may have a disability? Yes ____ No ____

If yes, please describe: _____

Does your child have any diagnosed disabilities? Yes ____ No ____

If yes, you must provide documentation.

Does your child have any medical condition / allergies, etc? Yes ____ No ____

If yes, you must provide medical documentation.

Does your child have health insurance? Yes ____ No ____

If yes, is it Chips/Medical Card/Private, etc.: _____ Recipient number: _____

(If private indicate company)

HAMPSHIRE COUNTY UNIVERSAL PRE-K SITES

Head Start
Collaborative with
Board of Education

Romney I
Head Start/Pre-K
1 Classroom
At least 4.5 Hours per Day
5 Days per Week

Board of Education
Collaborative with
Head Start

Augusta Elementary
Pre-K
1 Classroom
7 Hours per Day
4 Days per Week

Capon Bridge
Elementary Pre-K
1 Classroom
7 Hours per Day
4 Days per Week

John J. Cornwell
Elementary Pre-K
1 Classroom
7 Hours per Day
4 Days per Week

Romney
Elementary Pre-K
2 Classrooms
7 Hours per Day
4 Days per Week

Slanesville
Elementary Pre-K
1 Classroom
7 Hours per Day
4 Days per Week

School for Deaf and
Blind Collaborative with
Board of Education

School for Deaf & Blind
Pre-K
1 Classroom
7 Hours per Day
4 Days per Week

Springfield/Green Spring
Elementary Pre-K
1 Classroom
7 Hours per Day
4 Days per Week

Optional: Indicate your preference of existing Pre-K sites by circling the options and writing 1st, 2nd or 3rd choice.

**** The Pre-K Collaborative Team will attempt to accommodate parent's choice of placement; however, availability of placement is also determined by additional factors.**

Parents Name: _____ Date: _____

Phone Number: _____