

Date: _____ 1st _____ 2nd _____ 3rd _____

NO APPLICATIONS 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. Immunizations must be up to date.
- ___ Completed **Health Check** form from a physician.
- ___ Completed **Dental Screening** form from a dentist.
- ___ Proof of **Family Income** (Copy of W-2, pay stubs, Tax Form 1040, TANF, SSI, etc)
- ___ Child's **Social Security number**.
- ___ Proof of **Residency**. **(Final application review will be completed by the Hampshire Co. Universal Pre-K 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

Child resides with: _____ (If a 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) _____ Name of Foster Care Agency/Representative: _____

MOTHER/LEGAL GUARDIAN	FATHER/LEGAL GUARDIAN	STEP PARENT (legally married to primary guardian)
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 (if different from child's): _____	Address (if different from child's): _____	Address (if different from child's): _____
Race: _____	Race: _____	Race: _____
Employer: _____	Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____	Work Phone: _____
Enrolled in Job Training: (Y/N) _____	Enrolled in Job Training: (Y/N) _____	Enrolled in Job Training: (Y/N) _____
School/College: (Y/N) _____	School/College: (Y/N) _____	School/College: (Y/N) _____
Highest education level completed: _____	Highest education level completed: _____	Highest education level completed: _____

Other children living in the home:

Name(s):	Birth date(s):	Name(s)	Birth date(s):
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Other adults living in the home:

Name(s):	Birth date(s):	Relationship to child:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Total number in family: _____ Total number in household: _____

Check the following living situations that apply:

Living in own home, rented home, or apartment
 Living with friends or relatives temporarily due to economic hardship
 Living in a shelter, hotel, or motel
 Other (please briefly explain) _____

III. OTHER INFORMATION

Is your child enrolled in another day care/Head Start/preschool program? (Y/N) _____

If yes, where? _____

Will your child require before/after school child care services? (Y/N) _____

If yes, where? _____

If no, where will your child go after school? _____

Is there a primary caregiver in the home? (Y/N) _____

If no, please list the name, location, and phone number of the babysitter/child 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 your child may have a disability? (Y/N) _____

If yes, please describe: _____

Does your child have any diagnosed disabilities? (Y/N) _____ If yes, you must provide documentation.

Does your child have any medical conditions, allergies, etc? (Y/N) _____ If yes, you must provide medical documentation.

Does your child have: Health Insurance (Y/N) _____ Medical Card(Y/N) _____ Chips(Y/N) _____ No insurance _____

Insurance/Chips/Medical Card Number: _____

Primary language spoken in the home? _____ Preferred language of child? _____

Language first acquired by child? _____

IV: FINANCIAL INFORMATION

Does your family receive any of the following?

____ SNAP

____ WIC

____ SSI

____ Social Security (disability or retirement)

____ TANF

____ Energy Program Assistance and/or Public Housing Assistance

Would you like someone to contact you with more information about any of these programs? (Y/N) _____

If yes, which one(s)? _____

Head Start Eligibility Determination *(completed by Head Start Staff)*

Form(s) of income used to verify income:

____ W-2

____ Tax Forms

____ Pay Stubs (____ weekly ____ biweekly)

____ SSI Letter

____ TANF Letter

____ Social Security/Retirement/Veteran's Benefits

____ Signed statement of no income by family

____ Signed statement from employer

Other: _____

Annual Family Income \$ _____ Family is categorically eligible (Y/N) _____

Completing this application does not ensure your child's placement into Head Start or Pre-K.

All information on this application will be kept confidential and will only be shared with collaborating partners of the Hampshire County Universal Pre-K Program.

To the best of my ability and knowledge, the information on this form is correct. I understand it is my responsibility to report any changes to this information immediately.

Parent or Guardian Signature

Date

Pre-K Representative Signature

Date

Position

Head Start Enrollment Coordinator Signature

Date