

Hancock County Universal Pre-k Application

I. GENERAL INFORMATION ** ALL AREAS OF APPLICATION MUST BE COMPLETED **

Child's Name: _____
(First) (Middle) (Last) (Nickname)

Sex _____ Race _____ Age _____ Birthdate _____ State of Birth _____
(Must be 4 years of age prior to September 1.)

Social Security Number _____ Telephone Number (_____) _____
If number changes, call us immediately.

Address _____ City _____ Zip Code _____
(If your address changes, you must notify Hancock County Schools – 304-564-3411, x 8.)

EXACT DIRECTIONS TO HOME _____

Emergency Number (_____) _____ Name _____ Relationship _____
(A friend or relative that does not live in your household)***

II. INFORMATION ABOUT FAMILY **ALL AREAS MUST BE COMPLETED**

Marital Status of Parents: Single Married Separated Widowed Divorced

Child Resides with _____

Mother's Information

Name _____ Birthdate _____ Race _____
First Last (Optional)

Address (if different from child's) _____

Training School Work: Occupation _____ Work Phone (_____)
Employer _____

Education level: Did not graduate (highest grade completed _____) High School Diploma
 GED College (years completed _____)

Father's Information

Name _____ Birthdate _____ Race _____
First Last (Optional)

Address (if different from child's) _____

Training School Work: Occupation _____ Work Phone (_____)
Employer _____

Education level: Did not graduate (highest grade completed _____) High School Diploma
 GED College (years completed _____)

Legal Guardian / Step Parent Information (other than mother / father)

Name _____ Birthdate _____ Race _____
First Last (Optional)

Address (if different from child's) _____

Training School Work: Occupation _____ Work Phone (_____)
Employer _____

Education level: Did not graduate (highest grade completed _____) High School Diploma
 GED College (years completed _____)

III. INCOME INFORMATION – DOCUMENTATION MAY BE REQUESTED.

Note: Income information is REQUIRED for children applying to one of the Northern Panhandle Head Start classrooms.

A. Source of Income

- Employment
- TANF
- Unemployment
- SSI / SSD
- Child Support
- No Income

B. Income Amount \$ _____

- Weekly
- Bi-Weekly
- Monthly
- Yearly

C. Other Income Information

1. Do you receive food stamps? Yes _____ No _____ **Recipient Number** _____
Must Have This Number

2. Do you receive Department of Welfare Medical Assistance? Yes _____ No _____
TANF _____ Medical Card _____ **Recipient Number** _____
Must Have This Number

CHIP _____ **Recipient Number** _____
Must Have This Number

3. Do you have private health insurance? Yes _____ No _____
Company _____ Does it cover physical and dental exams? _____

To the best of my ability and knowledge, the information on this form is correct. **I understand that if any of this information changes, such as address, job, number in family, phone, and income, I am obligated to notify the program immediately.**

MUST BE SIGNED AND DATED!

(Signature of Parent or Guardian)

(Date)

IV. OTHER INFORMATION ABOUT FAMILY

Total number of children in the home (include applicant) _____

Names of other children living in home:

<u>Name</u>	<u>Birthdate</u>	<u>Name</u>	<u>Birthdate</u>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Give names and ages of other adults in the home _____ Relationship to Child _____

1. _____

2. _____

Where did you learn about the Hancock County Universal Pre-K Program?

Is your child enrolled in another day care or preschool program? Yes _____ No _____

If yes: Where? _____ When? _____

What is your primary language used at home? _____

Have you been homeless in the past 12 months? Yes No
My family currently: Owns House
 Rents Apartment

V. PARENT PERMISSION -- MUST BE SIGNED AND DATED!

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. That my child participate in all activities scheduled in the Hancock County Universal Pre-k Program, which may include field trips and other program events. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. That any picture taken of my child may be used in newspapers, in displays, on bulletin boards, or in other types of educational publications. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. That my child participate in the following screenings prior to and during the first 45 calendar days of school: developmental, speech, vision, hearing, behavioral, height and weight screenings. |

(Signature of Parent)

Date)

VI. HEALTH INFORMATION ABOUT CHILD

1. Has your child been examined or received treatment by a doctor or other professional for any health problems? _____ **(Must provide documentation.)**

Describe the problems or conditions: _____

2. Doctor's Name _____ Dentist's Name _____

3. Does your child have any **allergies**? (Food, medications, bee sting, etc) If so, what? _____

4. Is your child currently being evaluated for a diagnosed disability or health problem? _____ **(Must provide documentation.)**

5. Is your child currently taking any medications? If so, what? _____

6. Will your child need medication during the school day.? Yes _____ No _____

7. Has your child been tested or received speech therapy? _____

8. Does your child have any special needs? _____ Describe: _____

9. Has any other agency worked with your child? (Check all that apply.)

- WV Birth to Three
- Pre-School Special Needs
- Parent as Teachers
- Head Start
- Wells Spring
- HealthWays
- WIC
- Other _____

VII. Childcare

Will you be using or in need of any of the following?

- Daycare Center
- Before school care
- After school care
- In-home child care provider
- Other _____

My child currently resides in the following school district:

- Allison Elementary (Chester)
- Broadview Elementary (Weirton)
- Liberty Elementary (Weirton)
- New Manchester Elementary (New Manchester)
- Weirton Heights Elementary (Weirton)

Kindergarten registration for the following year will be:

- Public (Hancock County Schools)
- Private

VII. Preferred Pre-k Program

If your child is accepted into a pre-k program, please indicate your **top two choices** by numbering the following list (1 being your top choice):

Northern Pre-k Classrooms

- | | | |
|--|---|---|
| <input type="checkbox"/> New Manchester ES: | <input type="checkbox"/> Full day program | <input type="checkbox"/> Half-day - morning |
| <input type="checkbox"/> Wells Pre-k (<i>Head Start – North</i>) | <input type="checkbox"/> Full day program | |
| <input type="checkbox"/> The Tree House (Chester) | <input type="checkbox"/> Full day program | |

Southern Pre-k Classrooms

- | | | |
|--|---|---|
| <input type="checkbox"/> Broadview ES: | <input type="checkbox"/> Full day program | <input type="checkbox"/> Half-day - morning |
| <input type="checkbox"/> Pipinos Pre-k (<i>Head Start – South</i>) | <input type="checkbox"/> Full day program | <input type="checkbox"/> Half-day - morning |
| <input type="checkbox"/> Weirton Heights Day Care | <input type="checkbox"/> Full day program | |
| <input type="checkbox"/> The Children's Academy | <input type="checkbox"/> Full day program | |

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Pre-k Requirements for Parents

An approved application must be on file and the following documentation submitted before the child can attend the pre-k program:

✓	Date Completed	Documentation
		Completed WVEIS Enrollment Form
		Certified Birth Certificate – from Dept. of Vital Statistics
		Your child's immunization record (Note: All shots required must be administered before entering Pre-k.)
		Child's Social Security Number
		A completed Health Assessment. The parent completes one side and the physician completes the other side.
		If your child has any special health / dietary needs, make sure and complete the correct forms and return them to the school.

The school will send home an information packet. Make sure you complete the enclosed Emergency Card and return it to the school.

Above information received by: _____
Signature

Position