



2024 – 2025 CLAY COUNTY PRE-KINDERGARTEN UNIVERSAL APPLICATION

CONFIDENTIALITY STATEMENT: This information is being requested on a voluntary basis. However, some information is *required* in order to determine eligibility. All information disclosed will be used only by those persons related to the program on a need-to-know basis.

PRE-K SITE CHOICE 1 _____

PRE-K SITE CHOICE 2 _____

CHILD'S NAME _____ BIRTHDATE _____ BIRTHPLACE _____
Last First Middle

GENDER: Female Male SS# _____ MEDICAID # _____

CHILD LIVES WITH _____ BOTH PARENTS _____ MOTHER _____ FATHER (If split custody, please list BOTH addresses.)
_____ OTHER: NAME/RELATIONSHIP _____

Custody Restrictions? _____ No _____ Yes* If so, please describe. _____

* If your answer is yes, you **MUST** provide legal documentation including **any court order** or **parenting plan**.

Parent/Guardian #1 _____ Relation _____ Phone _____

Physical Address #1 _____

Employer _____ Work Phone _____

Parent/Guardian #2 _____ Relation _____ Phone _____

Physical Address #2 _____

Employer _____ Work Phone _____

Mailing Address _____

Directions to your home: (Please be specific.) _____

Emergency contact (not listed above) _____ Relation _____ Phone _____

Does child have a primary care physician? _____ No _____ Yes Physician's Name and Phone _____

Does child have a dentist? _____ No _____ Yes Dentist's Name and Phone _____

DO YOU NEED CHILD CARE? _____ No _____ Yes When? _____ Before School? _____ After School? (See handout.)

Do you have other children attending your first-choice school/site? If so, please list full name(s) and grade level(s) below:

RESIDENCE

Is the child's current residence a temporary living condition?
_____ No _____ Yes

Is the child's current residence due to the loss of housing or economic hardship?
_____ No _____ Yes

If answer to either question is Yes, please complete the RESIDENCE/FINANCIAL FORM. **

For Office Use Only

Clay County Pre-K Enrollment Forms Checklist

- _____ State Birth Certificate (from State Office of Vital Statistics)
- _____ Immunization Certificate (from health care provider)
- _____ Health Check
- _____ Oral Health Examination
- _____ School where application filed
- _____ Date Stamp for BC _____ Time Stamp for BC
- _____ Date Stamp for Immun. _____ Time Stamp for Immun.

*To be stamp ONLY when BC and Immun. records received.

***CODES**

Child's Relationship to Adult C =Natural/Adopted/Step F =Foster Child G =Grandchild N =Niece or Nephew O =Other	Highest Grade Completed COL =College/Advance Training CTG =College Degree/Training Cert. HSC =High School Grad./College GED =General Education Diploma A =Associate's Degree B =Bachelor's Degree M =Master's Degree	G9 =Grade 9 or less G10 =Grade 10 G11 =Grade 11 G12 =Grade 12	Present Employment Status F =Full Time (35+Hrs./Wk) U =Unemployed L =Part Time and Training R =Retired/Disabled T =Training or School S =Seasonally Employed P =Part Time B =Full time and Training	Phone Type H =Home C =Cellular M =Message P =Pager/Beeper W =Work
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HOUSEHOLD INFORMATION: Use the CODES* below to answer.

First and Last Name Of <u>All Adults</u> in the Home	Date Of Birth	Lives with Child? Circle N for No Circle Y for Yes	Race	Gender Circle M for Male Circle F for Female	*Highest Grade Completed	*Present Employment Status	*Telephone Number and Type
		N Y		M F			
		N Y		M F			
		N Y		M F			
		N Y		M F			
		N Y		M F			

First and Last Name of <u>All Children</u> in the Home	Date Of Birth	*Relationship to Adult listed above	Race	Gender (Circle One)	Comments/Notes
				M F	
				M F	
				M F	
				M F	
				M F	

In applying for the Clay County Pre-k Program, I understand that the following: (Please initial each statement.)

- _____ My application does not guarantee my child will be enrolled in the program. Enrollment will be determined by space availability.
- _____ My child must attend the Pre-k Program regularly in accordance with Clay County Schools attendance policy.
- _____ My child will need to participate in a variety of screenings prior to and during the school year.
- _____ My child's immunizations will need to be current. (Please see WV DHHR Minimum Immunizations for Pre-Kindergarten Program Entry or visit WV DHHR link – <http://www.dhhr.wv.gov/oeps/immunization/requirements/Pages/default.aspx> .)
- _____ If enrolled, a current health assessment signed by a licensed physician is required.
- _____ My child will need an oral health examination

DEMOGRAPHICS

LANGUAGE(S): Circle all that apply. Language spoken in the home: **EN** = English **FR** = French **IT** = Italian **PO** = Polish

RU = Russian **AS** = S.E. Asian **GR** = German **JA** = Japanese **SP** = Spanish **OT** = Other

ETHNIC GROUP: **A** = Asian or Pacific Islander **B** = Black, Non-Hispanic **H** = Hispanic

I = American Indian or Alaska Native **W** = White (Caucasian)

FINANCIAL INFORMATION – INCOME SUPPORT

TANF: No /Yes SSI: No /Yes WIC: No /Yes SNAP: No /Yes OTHER _____

FAMILY INCOME Levels – At or Below:

1 PERSON \$ 15,060 **5 PERSON** \$ 36,580

2 PERSON \$ 20,440 **6 PERSON** \$ 41,960

3 PERSON \$ 25,820 **7 PERSON** \$ 47,340

4 PERSON \$ 31,200 **8 PERSON** \$ 52,720

Do you meet the income guidelines for Head Start? ___ No ___ Yes

(If yes, you will be asked to provide proof of income, complete RESIDENCE/ FINANCIAL FORM**.) For families/households with more than 8 persons, add \$5,380 for each additional person.

EDUCATIONAL HISTORY

Give location(s) and date(s) if child previously enrolled in:
 Location _____ Date _____

Child Care _____

Preschool _____

Head Start _____

Other _____

Is child receiving any SPECIAL EDUCATION services? ___ Yes ___ No

If so, check type of service(s). ___ Speech ___ Developmental Delay

I certify the information provided is accurate to the best of my knowledge.

SIGNATURE PARENT/GUARDIAN

DATE