Fayette County Pre-K Program Application 2022-2023

Applicant															
	Middle	L	_ast		Suffix	Nick	name		Birth	nday	Gend	er Ho	me Count	ty	
Race				Hispar	nic	Englis	sh Pro	ficiency	/		Other Langu	age	Other L	anguage Pr	oficiency
☐ Asian ☐ Americ ☐ Black ☐ Hawai ☐ White ☐ Multi-F ☐ Other:	ian/Paci			□ Yes □ No		_							□ Poor □ Mod □ Profi	erate	
Primary Health Coverage		Other Co	overage	Insuranc	e #			aid Elig	ibility	Med	icaid#		Doct	or/Medical H	lome
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Dental Coverage															
Primary Adul	+														
	Middle		_ast		Suffix	Nick	name		Birth	nday	Gend	er			
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Race				Hispa		Englis	sh Prof	ficiency	/	Other La	inguage		Other L	anguage Pro	oficiency
□ Asian □ American Indian/Alaska Native □ Black □ Hawaiian/Pacific Islander □ White □ Multi-Racial □ Other:				□ Yes	3	☐ None ☐ Little ☐ Moderate ☐ Proficient							☐ Poor ☐ Moderate ☐ Proficient		
Highest Grade Co	mpleted	ł	Employm	ent Statu	S			Child's Relationshi				Custody			
Highest Grade Completed Associate's Grade 10 Grade 11 Grade 11 Grade 12 Grade 12 Grade 12 Grade 9 HS Graduate Train Master's		☐ Part Till☐ Seasor☐ ☐ Unempl	Full Time ☐ Full Ting Part Time ☐ Part Tirg Seasonal ☐ Training		ne & Training me & Training g or School I or Disabled				d/Step ☐ Yes ☐ No		☐ Lives with Family ☐ Provides Financial Suppo ☐ Teen Parent If teen parent, subsidized? ☐ Yes ☐ No		al Support		
Email Address:															
Secondary or	. Otho	× Adul4													
	Middle		_ast		Suffix		Nickn	ame	Birth	nday	Gend	er			
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	•														
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Date Living at	LIVIN	g Address			Address	Line Z	2	ZIP		City			State	County	
Family Mailing A		tod	Mailing Add	droop			٨٨٨	roce Lie	20 2	ZIP		City			Stata
Same as living?	Star Usir	ng Date	Mailing Add	aress			Add	ress Lir	ne z	ZIP		City			State
☐ Yes ☐ No															
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			□ Cell □	Home [□ Work □	1 Other							□ Yes I	□ No	
			ПСеПП	Ноте Г	1 Work □	1 Other							ПYes I	□ No	

Additi	onal Child/Adult (Nor	n-Applica	nt) *								
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	☐ Multi-Racial		LI INO			; erate				☐ Proficie	
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Other:											
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☐ White ☐ Other:	☐ Multi-Racial					oderate roficient				☐ Prof	icient
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	☐ Hawaiian/Pacific Islander☐ Multi-Racial		□ No		_ittle	erate				☐ Modera☐ Proficie	
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Other:											

Date:

Family Income & General Information

Family In	formation										
Parental Status (check one	at H	Language Iome	Homel Fami		Active Du Military	ty	Referred b Welfare A		Receiving SNAP	WIC	WIC ID (if applicable)
□ One □ Two				□ Yes □ No		□ Yes □ No		□ Yes □ No		□ Yes □ No	
Family In	come										
Income Veri					Verif	icatior	n Date		TANF Status		SSI
								□ Yes	☐ No erly on TANF/N		□ Yes □ No
Family Member	Amount	Per (for ex week, mont			al Amount		scription (for e I, Job, Child S			(for exampleck stub)	le: Note
	\$			\$							
	\$			\$							
	\$			\$							
Income Note	es	I							1		
Has your child Is your child Does your c	Information ild received Birth of receiving service hild have an IEP? e any concerns ab	s from outside	agencies	? Y	'ES NO	_ NO.	If yes, please	e explain:			
MyTraPreFayTorep	ign to indicate child must atter ansportation to a e-K application projecte County Prothe best of my a port any changes	nd the Pre-K and from scho process is <u>NC</u> e-K is availab ability and kn s to this inform	program pol is <u>not</u> DT COMI ble to 4-y owledge mation in	regula guara PLETE ear old , the in	arly in acco inteed. until all red children, validren, validren, validren	rdand quire who to on this	ce with the o d document urn 4 before s form is co	county attention is selected July 1, arrect. I ur	submitted. and who resid aderstand tha	e in Fayet	
Parent/Gu	ardian Signatur	e:								Date: _	

Signature of Staff completing the application:

FAYETTE COUNTY PRE-K PROGRAM SITE SELECTION FORM 2022-2023

	.ast		First	Middle
tudent Date of Birth:				_
hysical Address:				_
rections to your home:				
ome School:				
			ndergarten based on school zone	
ou MUST select three site			es for a Pre-K site and answication to be processed.	ver the questions below
Pre-K Site (You must select three sites)	1 st 2 nd	3 rd		in this section. This information cement for the Pre-K Program.
Ansted Elementary				•
Ansted Head Start			a le no concern a suilla sea de la lata	to transport voice shill be seen
A Place to Grow				e to transport your child to <u>any</u>
Divide Elementary			of your selected preschools?	YES NU
Fayetteville Pre-K-8			Does your child need before	care? VES NO
ayetteville Head Start			- Does your crilla need before	care: ILONO
Kimberly Head Start			Does your child require after	care? YFS NO
Meadow Bridge Elementary	1 1		2000 your orma require after	
New River Primary	+ +		Did your child attend Pre-K last	year? YES NO
Oak Hill Head Start	+ +	 	If yes, where?	
	+ +	 		
Page Head Start	+ + + -	\vdash		ng who attends your 1st choice
Scarbro Head Start		 	site? YES NO	
Starting Points			Does your child have an IEP	2 YES NO
Valley Pre-K-8			Does your child have an IEF	!1E3 NO
or Office Use Only:			Additional Notes:	
ate application was received:				
Universal Pre-K Application				
Birth Certificate				
Proof of Residence				
Income Verification				ļ
Immunization Records			}	
Health Check Form			Transportation Notes:	
Health History Form			Transportation Notes.	
Proof of Dental Exam				
Sta. Analysis alder				
ite Assigned to:		 ,		

Pre-K Application 2022-2023

On behalf of the Fayette County Child Development, Inc., we want to thank you for allowing us the opportunity to begin this educational adventure with you and your family. Please find enclosed the Fayette County Pre-K Collaborative Application. Application must be completely filled out before returning to the following address:

Fayette County Child Development, Inc.

102 Hunter Street Oak Hill, WV 25901 304-465-5613

Contact Person: Dianna Thompson

Please be sure to include with your application the following documentation:

- **Proof of Income** (e.g. check stubs, W-2, Tax return) If submitting check stubs, please submit your 2 most current check stubs. Please provide verification of all income received by the household. If you are a foster parent or a guardian please provide income that you receive for providing care for the child who you are applying for.
- Official birth certificate from the Vital Registration Office (from the state where child was born)
- Complete immunization records
- Health Insurance Card
- Verification of Well Child/Preventive Health Exam
- Proof of dental exam (within in the last 12 months)
- **Proof of residency** (e.g. utility bill, lease agreement, tax statement)
- Any court documentation or custody paperwork

Your application cannot be processed until we receive all the information listed above.

Thank you and please feel free to contact Dianna Thompson, 304-465-5613, if you should have any questions.

