



WAYNE COUNTY BOARD OF EDUCATION UNIVERSAL PRE-K PROGRAM

2017-2018 SCHOOL YEAR ELIGIBILITY APPLICATION



INDICATE YOUR FIRST AND SECOND PRESCHOOL SITE CHOICE with a #1 & #2: (*INDICATES BEFORE AND AFTER CARE OFFERED ON SITE)

- | | | |
|---|---|--|
| <input type="checkbox"/> Buffalo Playmates* | <input type="checkbox"/> Dunlow Elementary | <input type="checkbox"/> Lavalette Playmates* |
| <input type="checkbox"/> Ceredo Kenova Elementary | <input type="checkbox"/> East Lynn Elementary | <input type="checkbox"/> Prichard Elementary |
| <input type="checkbox"/> Ceredo Playmates CDC* | <input type="checkbox"/> Fort Gay Pre-K – 8 | <input type="checkbox"/> Wayne Elementary Pre-K Building |
| <input type="checkbox"/> Crum Pre-K – 8 | <input type="checkbox"/> Kenova Playmates* | <input type="checkbox"/> Westmoreland Playmates PEEC Building* |

A. CHILD INFORMATION

HOME SCHOOL FOR KINDERGARTEN:

Last Name:		First Name:		Middle Name:	
Date of Birth:	SSN:	Circle One: Male or Female	Race:	Native Language:	
Physical Address:					
Mailing Address:					
Child Resides with:		Birthplace (City, State):		Language Spoken in Home:	

B. PARENT OR GUARDIAN INFORMATION

Last Name:		First Name:		Middle Name:	
Date of Birth:	Living in Home: Yes or No	Relationship:	Race:	Native Language:	
Physical Address: (<input type="checkbox"/> Check if Same as Above)					
Mailing Address: (<input type="checkbox"/> Check if Same as Above)					
Home Phone:			Cell Phone:		
Education Level:		Employer:		Work Phone:	

C. PARENT OR GUARDIAN INFORMATION

Last Name:		First Name:		Middle Name:	
Date of Birth:	Living in Home: Yes or No	Relationship:	Race:	Native Language:	
Physical Address: (<input type="checkbox"/> Check if Same as Above)					
Mailing Address: (<input type="checkbox"/> Check if Same as Above)					
Home Phone:			Cell Phone:		
Education Level:		Employer:		Work Phone:	

D. CHILDREN DATA: LIST INFORMATION FOR OTHER CHILDREN IN THE HOUSEHOLD

Last Name:	First Name:	D/O/B:	SSN:	Circle One:	Race:	Native Language:	Birthplace:
				Male / Female			
				Male / Female			
				Male / Female			

E. ALTERNATE CONTACTS: PLEASE PROVIDE AT LEAST 2 PEOPLE TO CONTACT IN THE EVENT THAT PARENTS/GUARDIANS CANNOT BE REACHED

Last Name:	First Name:	Physical Address:	Phone Number:

F. EDUCATIONAL HISTORY: WAS YOUR CHILD PREVIOUSLY OR CURRENTLY ENROLLED IN ANY PROGRAM LISTED BELOW? IF SO PLEASE LIST

Early Head Start Location:	Head Start Location:
Child Care Location:	Private Preschool/Other:
Does your child have a Birth to Three IFSP or School IEP?	



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G. HOUSEHOLD COMPOSITION: PLEASE INDICATE THE APPROPRIATE SELECTION

Homeless Own Rent (Unsubsidized) Rent (Subsidized)
 Living with Friends or Family Transitional/Shelter Other: _____

H. FAMILY TYPE:

Grandparents Raising Child Two-Parent Household Single Parent Household Other: _____
 Total Number of Adults Number of Children under 18 How many are 3 years old? How many are 4 years old?

I. DIRECTIONS TO HOME:

J. ADULT DATA: LIST INFORMATION FOR ALL OTHER ADULTS LIVING IN HOUSEHOLD NOT MENTIONED PREVIOUSLY ON APPLICATION

Last Name:	First Name:	Relationship to Primary Parent or Guardian:

K. FINANCIAL INFORMATION:

Please complete the requested information below. The income information below will be evaluated according to the "Income Guidelines" established by the United States Department of Health and Human Services to determine Head Start eligibility. All information will be strictly confidential. If you meet eligibility guidelines and are interested in receiving additional support services, you will be asked to provide documentation that verifies the information provided by you.

Do you currently receive TANF funds (Temporary Aid for Needy Families) or in the past twelve months?	Circle: YES or NO
Do you or any family members receive SSI payments (Supplemental Security Income)?	Circle: YES or NO
Do you or any family members receive WIC vouchers (Women, Infants and Children)?	Circle: YES or NO
Do you or any family members receive any other type of assistance	Circle: YES or NO

If so, please list:

Please indicate annual income range of your household:

<input type="checkbox"/> \$0 – \$11,879	<input type="checkbox"/> \$11,880 – \$16,019	<input type="checkbox"/> \$16,020 – \$20,159	<input type="checkbox"/> \$20,160 – \$24,299	<input type="checkbox"/> \$24,300 – \$28,439
<input type="checkbox"/> \$28,440 – \$32,579	<input type="checkbox"/> \$32,580 – \$36,729	<input type="checkbox"/> \$36,730 – \$40,889	<input type="checkbox"/> \$40,890 – \$53,157	<input type="checkbox"/> Over \$53,158

L. SIGNATURES

Confidentiality Statement: All information above is requested for the application process. All information must be completed to be considered. Applications missing information will be mailed back to Parent/Guardian to be completed and resubmitted. All information disclosed will be used only by those persons related to the program and who are on a need to know basis. Please initial each blank if you agree to the statement regarding the preschool program.

- Primary parent/guardian certifies that the information provided is accurate to the best of my knowledge.
- My child must attend the program regularly in accordance with the school district's attendance policy.
- Transportation to and from the program is not guaranteed.
- My child will need to participate in a variety of screenings prior to the school year beginning and during the school year.
- If enrolled, certificate of live birth, a current well child physical signed by a licensed physician, dental screening, and immunizations that are current are required.

Parent/Guardian Signature:	Date:
Staff Signature:	Date: