

WAYNE COUNTY BOARD OF EDUCATION UNIVERSAL PRE-K PROGRAM

2020-2021 SCHOOL YEAR ELIGIBILITY APPLICATION



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

- Buffalo Playmates*, Dunlow Elementary, Lavalette Playmates*, Ceredo Kenova Elem., East Lynn Elem., Prichard Elementary, Ceredo Playmates CDC*, Fort Gay Pre-K - 8, Wayne Elementary Pre-K Building, Crum Pre-K - 8, Kenova Playmates*, Westmoreland Playmates PEEC Building*

A. CHILD INFORMATION

HOME SCHOOL FOR KINDERGARTEN:

Form fields for child information: 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

Form fields for parent/guardian information: Last Name, First Name, Middle Name, Date of Birth, Living in Home (Yes or No), Relationship, Race, Native Language, Physical Address (Check if Same as Above), Mailing Address (Check if Same as Above), Home Phone, Cell Phone, Education Level, Employer, Work Phone

C. PARENT OR GUARDIAN INFORMATION

Form fields for parent/guardian information: Last Name, First Name, Middle Name, Date of Birth, Living in Home (Yes or No), Relationship, Race, Native Language, Physical Address (Check if Same as Above), Mailing Address (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

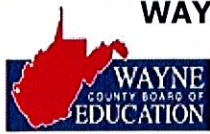
Table with 8 columns: Last Name, First Name, D/O/B, SSN, Circle One, Race, Native, Birthplace. Includes rows for gender selection (Male / Female).

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

Form fields for alternate contacts: 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

Form fields for educational history: 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, # of Children under 18 yrs, How many are 3 years old?, How many are 4 years old?, Military (Active or Retired), If yes, Military ID#:

I. DIRECTIONS TO HOME:

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

Table with 3 columns: 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.

Table with 2 columns: Question (e.g., Do you currently receive TANF funds...), Answer (Circle: YES or NO)

If so, please list:

Please indicate annual income range of your household:

Income ranges: \$0 - \$16,237, \$16,237 - \$21,983, \$21,983 - \$27,729, \$27,729 - \$33,475, \$33,475 - \$39,211, \$39,211 - \$44,967, \$44,967 - \$50,713, \$50,713 - \$56,457, Over \$56,459

L. SIGNATURES

Confidentiality Statement: All information above is requested for the application process. All information must be completed to be considered.

- 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.

Table with 2 columns: Signature (Parent/Guardian, Staff), Date