



Playmates Preschools & Child Development Centers, Inc.

Kenova Lavalette Huntington Buffalo Westmoreland Ceredo / C-K Pre-K Westmoreland Pre-K Teen Center
304-453-4858 304-523-4858 304-522-4858 304-429-3988 304-429-4851 304-908-3368 304-781-0053 304-429-7620

January 12, 2024

Welcome to the Wayne County Universal Pre-K program. It is time to enroll in a Pre-K classroom for the upcoming 2024-2025 school year. For a child to be eligible, children must be four (4) years of age prior to July 1, 2024. Attached you will find a registration form. To reserve a space in one of our classrooms, please complete the preschool registration form in its entirety. If you were enrolled in a preschool program during the current school year, a new form must be completed each year to reserve your space for the upcoming school year.

In addition to submitting the Pre-K registration form, other documents are required for enrollment into the Pre-K program. These items should be submitted with the application or no later than July 1, 2024. These documents include:

- **Certificate of Live Birth** – The certificate of live birth is used to prove that your child meets the age requirements to attend the preschool program. These must be ordered from each state's Office of Vital Statistics and is usually located in that state's capital city. Copies obtained from the county cannot be accepted. Order forms can be obtained by contacting the site director at the child care location or by contacting the birth state's Office of Vital Statistics.
- **Social Security Card** – Please provide a copy of your child's social security card.
- **Immunization Record** – A record must be on file prior to the first day of school.
- **Recent Well Child Visit** – The visit should have occurred between August, 2023 and August, 2024. This exam must be completed by a physician. Healthcheck forms can be used as verification of the well visit or you can provide other documentation received from your child's physician.
- **Recent Dental Visit** – This visit should have occurred between August, 2023 and August, 2024. This exam should be completed by a dentist. Verification of this visit can be obtained from your child's dentist.

If you have any questions, please feel free to contact the Pre-K teacher or Director at your site or you may contact me by phone at 304-908-1230 or by e-mail at jcs0810@aol.com. Completed registration forms and any required documents can be given to the Site Director of your child care center or you can mail them to our main office. The address for the main office is P. O. Box 549, Ceredo, WV, 25507.

Thank you for your interest in the Wayne County Universal Pre-K program. We are looking forward to a successful Pre-K year. Additional letters will be mailed home later to inform you of preschool registration dates, acceptance letters with classroom assignments and preschool orientation sessions.

Sincerely,

Jennifer C. Spangler, Director of Administration
Playmates Preschool and Child Care Centers, Inc.



WAYNE COUNTY BOARD OF EDUCATION UNIVERSAL PRE-K PROGRAM

2024-2025 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 Elem.	<input type="checkbox"/> East Lynn Elem.	<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	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:
Are you in need of Child Care Services: Circle: YES or NO	Does your child have a Birth to Three IFSP or School IEP? Circle: YES or NO



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G. HOUSEHOLD COMPOSITION: PLEASE INDICATE THE APPROPRIATE SELECTION

<input type="checkbox"/> Homeless	<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Unsubsidized)	<input type="checkbox"/> Rent (Subsidized)
<input type="checkbox"/> Living with Friends or Family	<input type="checkbox"/> Transitional/Shelter	<input type="checkbox"/> Other: _____	

H. FAMILY TYPE:

<input type="checkbox"/> Grandparents Raising Child	<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Single Parent Household	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Total Number of Adults	<input type="checkbox"/> # of Children under 18 yrs.	<input type="checkbox"/> How many are 3 years old?	<input type="checkbox"/> How many are 4 years old?
<input type="checkbox"/> 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

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 SNAP?	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 – \$18,954	<input type="checkbox"/> \$18,954– \$25,636	<input type="checkbox"/> \$25,636– \$32,318	<input type="checkbox"/> \$32,318– \$39,000	<input type="checkbox"/> \$39,000 – \$45,682
<input type="checkbox"/> \$45,682 – \$52,682	<input type="checkbox"/> \$52,682 – \$59,046	<input type="checkbox"/> \$59,046 – \$65,728	<input type="checkbox"/> Over \$65,728	

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: