



WAYNE COUNTY BOARD OF EDUCATION UNIVERSAL PRE-K PROGRAM

2025-2026 SCHOOL YEAR ELIGIBILITY APPLICATION



January 15, 2025

Welcome to the Wayne County Board of Education Universal Pre-K program. Children must be 4 years of age **prior** to July 1, 2025 to be eligible for preschool. Attached you will find an application form. To reserve a space in one of our classrooms you must complete the preschool application form in its entirety. If the application is missing information, it may be returned to you to complete the necessary information. If you were enrolled in a preschool program during the previous school year, a new form must be completed each year in order to reserve your space for the upcoming school year.

In addition to submitting the application, other documents are required for enrollment into the preschool program. These items should be submitted with the application or no later than July 1, 2025. The documents are:

- **Certificate of Live Birth** - The certificate of live birth is used to prove that your child meets the age requirement 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. We cannot accept county birth certificates. Order forms may be requested by either contacting the nearest preschool location or by contacting the Pre-K Coordinator using the information provided below.
- **Social Security Card**
- **Immunization Record** - Must be on file prior to first day of school
- **Recent Well Child Visit** - The visit should have occurred between August 2024 and August 2025. This exam must be completed by a physician. Health check forms can be used as proof of the well visit.
- **Recent Dental Visit** - documentation that your child has received a dental exam between August 2024 and August 2025. This exam must be completed by a dentist.

If you should have any questions, please feel free to contact me by phone at 304-272-5116 ext. 340 or by e-mail at jcox@k12.wv.us. Applications and required documents can be dropped off at any preschool classroom location, elementary school, or mailed to my attention.

Thank you for your interest in our universal preschool program. I am looking forward to working with you in the upcoming school year. Additional letters will be mailed home later to inform you of preschool registration dates, acceptance letters with classroom assignment, and preschool orientation sessions.

Sincerely,

A handwritten signature in blue ink that reads "Jason Cox".

Jason Cox, Wayne County Pre-K Coordinator

Mailing Address:

Wayne County Schools

PO Box 70

Wayne, WV 25570

Office Phone: 304-272-5116 Ext. 340

Fax: 304-272-6500

Email: jcox@k12.wv.us



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

A. CHILD INFORMATION

HOME SCHOOL FOR KINDERGARTEN:

Last Name:		First Name:		Middle Name:	
Date of Birth:	SSN:	Select One:	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:	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:	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:	Select One:	Race:	Native	Birthplace:

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: Select One:	Does your child have a Birth to Three IFSP or School IEP? Select:



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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

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?	Select One:
Do you or any family members receive SSI payments (Supplemental Security Income)?	Select One:
Do you or any family members receive WIC vouchers (Women, Infants and Children)?	Select One:
Do you or any family members receive SNAP?	Select One:
Do you or any family members receive any other type of assistance?	Select One:

If so, please list:

Please indicate annual income range of your household:

\$0 – \$20,345 \$20,345– \$27,495 \$27,495– \$34,645 \$34,645– \$41,795 \$41,795– \$48,945
 \$48,945– \$63,245 \$63,245– \$70,395 Over \$70,395

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:

