

Child's name: \_\_\_\_\_

### **Raleigh County Universal PreK**

Raleigh County offers a voluntary preschool program for all children regardless of ability. To be eligible for Raleigh County PreK the child must be 4 years old prior to July 1 of the school year. Children who are 5 years old by July 1 should be enrolled in kindergarten. You will need to provide the following documents for enrollment:

1. Birth Certificate from the Office of Vital Statistics
2. Social Security Card
3. Proof of Income
4. Immunization Record (from your child's pediatrician)
5. Health Check form (from your child's pediatrician including speech/language, vision, and hearing screening)
6. Dental Check

The PreK classrooms in Raleigh County are listed on the application. Please choose 3 sites that will best meet your child's needs and the needs of your family. Your child's PreK site may or may not be in your "home school" area (the school your child will attend for kindergarten based on home address). Your choices will be considered before placement and no choices are guaranteed. All placements are based on need and there is absolutely no predetermined list at any site. Only applications that are filled out completely can be considered for placement. Applications turned in after the April 17, 2019 Expo should be turned in at a Raleigh County PreK site by April 26, 2019.

Here's what to expect:

1. Family needs to pick up PreK application packet.
2. Complete application forms TODAY AT THE EXPO.
3. While you are waiting for your PreK placement, be gathering enrollment documents.
4. You will be contacted by your child's school to notify you of selected location and the date you need to bring in your enrollment documents.
5. Your child's enrollment is pending until all documents are provided.

### **APPLICATIONS MUST BE TURNED IN AT THE INFORMATION DESK**

Late applications will be accepted. Choices are not guaranteed.

*Keep this page for your records!!!*

Child's name: \_\_\_\_\_

**Raleigh County  
Pre K Application**

**Child's Name** \_\_\_\_\_ **Male/ Female**  
Last First Middle Circle

**Date of Birth** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Directions to your home** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone Number (REQUIRED)** \_\_\_\_\_ **Secondary Phone Number** \_\_\_\_\_

**Ethnic Group:**

Black  American Indian/Alaska Native  Native Hawaiian/Pacific Islander  
 White  Middle Eastern  Asian  Biracial  Unspecified

**What is the primary language spoken in your home?** \_\_\_\_\_

**Family Information**

<b>Father</b>	<b>Mother</b>	<b>Legal Guardian/Stepparent (Other than Father or Mother)</b>
Name _____ Gender _____ Address _____ _____ Date of Birth _____ SS# _____ <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown <input type="checkbox"/> Confidential Race _____ Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino Tribe _____ Primary Language _____ Secondary Language _____ Marital Status _____ Phone: Home _____ Phone: Cell _____ Do you live in the home? Yes No	Name _____ Gender _____ Address _____ _____ Date of Birth _____ SS# _____ <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown <input type="checkbox"/> Confidential Race _____ Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino Tribe _____ Primary Language _____ Secondary Language _____ Marital Status _____ Phone: Home _____ Phone: Cell _____ Do you live in the home? Yes No	Name _____ Gender _____ Address _____ _____ Date of Birth _____ SS# _____ <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown <input type="checkbox"/> Confidential Race _____ Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino Tribe _____ Primary Language _____ Secondary Language _____ Marital Status _____ Phone: Home _____ Phone: Cell _____ Do you live in the home? Yes No

Child's name: \_\_\_\_\_

<p><b>Father is:</b> Employed, Training, School (Please Circle)</p> <p>Education Level</p> <p><input type="checkbox"/> 0-8</p> <p><input type="checkbox"/> 9-12 Non-Graduate</p> <p><input type="checkbox"/> High School Graduate/GED</p> <p><input type="checkbox"/> Some College/Certificate/Trade</p> <p><input type="checkbox"/> 2-4 Year College Graduate</p> <p><input type="checkbox"/> Post Graduate Degree</p> <p><input type="checkbox"/> Active Military</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Unknown</p> <p>Employer _____</p> <p>Work phone _____</p>	<p><b>Mother is:</b> Employed, Training, School (Please Circle)</p> <p>Education Level</p> <p><input type="checkbox"/> 0-8</p> <p><input type="checkbox"/> 9-12 Non-Graduate</p> <p><input type="checkbox"/> High School Graduate/GED</p> <p><input type="checkbox"/> Some College/Certificate/Trade</p> <p><input type="checkbox"/> 2-4 Year College Graduate</p> <p><input type="checkbox"/> Post Graduate Degree</p> <p><input type="checkbox"/> Active Military</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Unknown</p> <p>Employer _____</p> <p>Work phone _____</p>	<p><b>Legal Guardian is:</b> Employed, Training, School (Please Circle)</p> <p>Education Level</p> <p><input type="checkbox"/> 0-8</p> <p><input type="checkbox"/> 9-12 Non-Graduate</p> <p><input type="checkbox"/> High School Graduate/GED</p> <p><input type="checkbox"/> Some College/Certificate/Trade</p> <p><input type="checkbox"/> 2-4 Year College Graduate</p> <p><input type="checkbox"/> Post Graduate Degree</p> <p><input type="checkbox"/> Active Military</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Unknown</p> <p>Employer _____</p> <p>Work phone _____</p>
<p><b>Family Income:</b></p> <p><input type="checkbox"/> Under \$10,000</p> <p><input type="checkbox"/> \$10,001-\$15,000</p> <p><input type="checkbox"/> \$15,001-\$20,000</p> <p><input type="checkbox"/> \$20,001-\$25,000</p> <p><input type="checkbox"/> \$25,001-\$30,000</p> <p><input type="checkbox"/> \$30,001-\$40,000</p> <p><input type="checkbox"/> \$40,001-\$50,000</p> <p><input type="checkbox"/> Over \$50,000</p>	<p><b>Number of people in the household?</b></p> <p>_____</p>	<p><b>Do you receive:</b></p> <p><input type="checkbox"/> TANF</p> <p><input type="checkbox"/> Food Stamps/SNAP</p> <p><input type="checkbox"/> WIC</p> <p><input type="checkbox"/> SSI</p> <p><input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> CHIPS</p>

**Family Type: (please check all that apply)**

- Both parents living with child
- Single parent living with child       Single Male       Single Female
- Grandparent(s) living with child
- Foster Parent living with child    Is the child in foster care?       Yes       No
- Incarcerated parent(s)
- Multiple Adults living with child
- Other \_\_\_\_\_

**Is your current address a temporary living arrangement due to loss of housing or economic hardship?**

Yes       No

**Choose what best describes your situation:**

- Rent - HUD/Low Income Housing
- Rent - Unsubsidized
- Shelter / Transitional
- Homeless
- Motel
- Camper/Vehicle
- Living with relatives/friends
- Incarcerated
- Own
- Unknown

Child's name: \_\_\_\_\_

Does this child have an Individualized Education Program (IEP)?  Yes  No

If no, do you wish to be contacted by the Office of Special Programs because you are concerned that your child's development may be delayed?  Yes  No

If yes, please mark your area(s) of concern:  Speech  Developmental  Both

Will your child require transportation to and/or from the PreK site?  Yes  No

Does your child currently attend a childcare program?  Yes  No

If yes, where? \_\_\_\_\_

Do you have other children in your home attending school?  Yes  No If yes, where? \_\_\_\_\_

Do you require before and/or after school childcare? (childcare charges may apply at available sites and child must be 4 years old to participate)  Yes  No

Does your child have allergies?  Yes  No

If yes, be specific including food

\_\_\_\_\_

Does your child have a current medical diagnosis?  Yes  No

If yes, be specific

\_\_\_\_\_

Current medications your child is taking:

\_\_\_\_\_

Does your child have a regular doctor?  Yes  No

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Does your child have a regular dentist?  Yes  No

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

To the best of my ability and knowledge, the information on this form is correct. I understand that if any of this information changes, such as address, phone, employment information, income, number of persons in the family, etc..., I am to notify the school. I realize that this is a PreK application and that my child will need to register for Kindergarten at the appropriate time.

Signature of

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Child's name: \_\_\_\_\_

**Additional Household Members:**  
(complete for all other members living in the home)

<b>Name</b>	<b>Relationship To Head of Household</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Education Level</b>	<b>Marital Status</b> 1.Single 2.Married 3.Divorced 4.Separated 5.Partner 6. Widowed	<b>Ethnicity</b> 1.Non -Hispanic 2.Hispanic	<b>Race</b> 1.Black 2.Biracial 3.White 4. Alaskan Native/American Indian 5. Asian 6. Middle Eastern 7. Native Hawaiian/ Pacific Islander 8.Unspecified

Child's name: \_\_\_\_\_

**Raleigh County PreK Sites 2019-2020**

Indicate choices 1, 2, and 3	PreK sites in Raleigh County
	Beckley Elementary (offers after school child care)
	Bradley Elementary
	Central Head Start
	Clear Fork Elementary
	Coal City Elementary
	Cranberry Prosperity Elementary
	Crescent Elementary (offers after school child care)
	Daniels Elementary
	Fairdale Elementary
	Fairdale Head Start
	Ghent Elementary
	Hollywood Elementary (offers after school child care)
	Mabscott Elementary
	Marsh Fork Elementary
	Maxwell Hill Elementary (offers after school child care)
	Ridgeview Elementary (offers before and after school child care)
	Shady Spring Elementary (offers before and after school child care)
	Sophia Head Start
	Stanaford Elementary
	Stratton Elementary

\* If you select only one choice it will indicate that your second choice may be made by the PreK Core Team

Reason for choice (check all that apply):

1. \_\_\_ Daycare    2. \_\_\_ Transportation    3. \_\_\_ Same school sibling attends  
4. \_\_\_ Parent works at school    5. \_\_\_ Returning student    6. \_\_\_ Before/After School Care  
7. \_\_\_ Babysitter    8. \_\_\_ Other \_\_\_\_\_