



# WAYNE COUNTY BOARD OF EDUCATION UNIVERSAL PRE-K PROGRAM

## 2016-2017 SCHOOL YEAR ELIGIBILITY APPLICATION



PLEASE INDICATE YOUR FIRST AND SECOND PRESCHOOL SITE CHOICE: (\*INDICATES BEFORE AND AFTER CARE OFFERED ON SITE)

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

### A. 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

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 TWO 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:

Blank lines for directions to home.

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

Table with 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 questions about TANF, SSI, WIC, and other assistance, with YES/NO options.

If so, please list:

Please indicate annual income range of your household:

Table with income ranges: \$0-\$11,170, \$11,170-\$15,130, \$15,130-\$19,090, \$19,090-\$23,050, \$23,050-\$27,010, \$27,010-\$30,970, \$30,970-\$34,930, \$34,930-\$38,890, \$38,890-\$42,850, Over \$42,850.

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 signature lines for Parent/Guardian and Staff, and corresponding Date fields.