

Child's name: _____

Raleigh County Universal PreK 2022-2023

Raleigh County offers a voluntary preschool program for all children regardless of ability. To be eligible for Raleigh County PreK a 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.

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. Placements are based on need and there is no predetermined list at any site. Only applications that are filled out completely can be considered for placement. Documents are not taken at this time and will be collected by appointment and in person once your child is placed. You will receive a "Welcome Bag" at that time.

Here's what to expect:

1. Family needs to pick up PreK application packet.
2. Applications will be collected at all elementary schools in Raleigh County and all Head Start Centers on April 1, 2022, from 9:00- 12:00 in a drive by/drop off procedure. Additionally, applications can be dropped off anytime to the brown box at the Board of Education or mailed to the Board of Education at 105 Adair St. Beckley, WV 25801.
3. After April 8, you will be contacted by your child's school to notify you of placement and the date you need to bring in your enrollment documents.
4. While you are waiting for your PreK placement, gather enrollment documents. **DO NOT** include these documents with your application. They will be collected by appointment and in person once your child has been placed. You will receive a "Welcome Bag" from your placement location as you deliver documents. You will need the following documents for enrollment once your child has been placed:
 1. **Birth Certificate from the Office of Vital Statistics**
 2. **Social Security Card**
 3. **Proof of income**
 4. **Immunization Record (from your health care provider)**
 5. **Health Check (from your health care provider including speech/language, vision, and hearing screening)**
 6. **Dental Check**

APPLICATIONS MUST BE TURNED IN BY APRIL 1. PLEASE TURN IN APPLICATION WITH RESPECT FOR STATE AND LOCAL GUIDELINES FOR SAFETY

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 _____

Email 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

Father	Mother	Legal Guardian/Stepparent (Other than Father or Mother)
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 _____	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 _____	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	Do you live in the home? Yes No	Do you live in the home? Yes No

Child's name: _____

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

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 Camper/Vehicle
 Rent - Unsubsidized Living with relatives/friends
 Shelter / Transitional Incarcerated
 Homeless Own
 Motel 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 check all that apply: Speech Developmental Hearing Vision

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 _____

Health Insurance: No Yes Name of Insurance: _____

Does your child have a regular dentist? Yes No

Dentist _____ Phone _____

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)

Name	Relationship To Head of Household	Social Security Number	Date of Birth	Gender	Education Level	Marital Status 1.Single 2.Married 3.Divorced 4.Separated 5.Partner 6. Widowed	Ethnicity 1.Non -Hispanic 2.Hispanic	Race 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 2022-2023

Indicate choices 1, 2, and 3	PreK sites in Raleigh County
	Beckley Elementary
	Bradley Elementary
	Central Head Start
	Clear Fork Elementary
	Coal City Elementary
	Cranberry Prosperity Elementary
	Crescent Elementary
	Daniels Elementary
	Fairdale Elementary
	Fairdale Head Start
	Ghent Elementary
	Hollywood Elementary
	Mabscott Elementary
	Marsh Fork Elementary
	Maxwell Hill Elementary
	Ridgeview Elementary
	Shady Spring Elementary
	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 _____