

ETHNICITY INFORMATION

Native Language: _____ (household language)

EN=English SP=Spanish FR=French HI=Hindu JA=Japanese GF=German PT=Portuguese
IT=Italian PO=Polish HM=Hmong NA=Navajo TH=Thai AR=Arabic VT=Vietnamese
TA=Tagalog LA=Laotian RU=Russian CA=Cambodian KO=Korean CC=Chinese Cantonese CR= Creole (French)
CM=Chinese Mandarin OT=Other

Does your child speak a language other than English? YES NO If so, which language? _____

Does either parent/guardian speak a language other than English in the home? YES NO If so, which language? _____

Is student Hispanic/Latino? YES NO

From the racial categories below, circle one or more race with which you identify:

Asian Pacific Islander Afro-American White American Indian/ Alaskan Native

MEDICAL INFORMATION

Do you have any concerns about your child's health or development? YES NO

If yes, please describe: _____

I verify that my child has ongoing source of medical care with: _____

I verify that my child has ongoing source of dental care with: _____

Type of insurance: Medicaid CHIPS Private Other: _____

Please complete the requested information below. * The income information 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.

NUMBER OF FAMILY MEMBERS LIVING IN THE HOME: _____

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSEHOLD INCOME

**This information is used to determine if additional information is needed to ensure funding sources for preschool services. **

___ \$11,670-\$15,171

___ \$15,730-\$20,449

___ \$19,790-\$25,727

___ \$23,850-\$31,005

___ \$27,910-\$36,283

___ \$31,970-\$41,561

___ \$36,030-\$46,839

___ \$40,090-\$52,117

___ I do not wish to provide income.

In the past year, has anyone in your household received or been eligible for any of the following?

Supplemental Security Income (SSI)

___ TANF/WV Works

___ WIC

___ SNAP

___ WV Birth to Three

___ Mountain Heart

___ EHS

___ Day Care

___ Special Education Services

Housing

___ Own

___ Rent

___ HUD or Low Income

___ Shared Housing

___ Shelter

___ Homeless

___ Foster Care

___ Living with Family or Friends

Do you fall under the definition of HOMELESS as defined by the McKinney-Vento Homeless Assistance Act: YES NO

The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative accommodation's; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement, (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

Confidentiality Statement: This information is being requested on a voluntary basis by the Pre-K Collaboration Partners which may include but not limited to the Preston County Board of Education, Child Care and the North Central West Virginia Community Action Agency (NCWVCAA) Head Start. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need to know basis. Upon request, the Preston Collaborative Partners discloses education records without consent to officials of another school district in which a student seeks or intends to enroll or is already enrolled if the disclosure is for the purpose of the student’s enrollment or transfer. This includes disclosure of immunization records and other medical information to the applicable Pre-K Collaborative Partner for enrollment or placement purposes.

As a part of the application process, I, the undersigned parent/guardian certify that:

- The information provided is accurate to the best of my knowledge; and
- I understand that completing an application for my child to participate in the Preston County Collaborative Pre-K program is **NOT** a guarantee for the first choice of placement in a particular site or classroom, and that is determined based upon the Preston County Collaborative Pre-K Criteria Points.
- Any participant or potential participant of HS/EHS program who falsifies or misrepresents given information for the purpose of their child/themselves being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the HS/EHS program.

I further understand that:

- I will be made aware of my child’s placement recommendations as soon as determinations are available by the Board of Education;
- Any changes to the child’s place of residence/address, phone number or custodial status are to be reported, to the home school immediately.

Signature of Parent/Guardian

Date

Staff Signature

Agency

Date