

Voluntary Pre-School Registration

Clinton City Schools is now accepting applications for Voluntary Pre-K for the 2020-21 school year.

- Must be 4 years old by August 15, 2020
- Income Eligible Students Should Apply
- Classroom is housed at North Clinton Elementary

•

Contact Lori Collins @ 457-0159 with any questions.

Parents/Guardians must also provide:

1. Proof of residency
2. Birth Certificate or other proof of birth
3. Shot record
4. Physical upon acceptance
5. Driver's license of parent or guardian
6. Food stamp/SNAP/WIC certification if applicable



**Clinton City Schools
Voluntary Pre-Kindergarten
Application**

DATE: ___/___/___

PUPIL'S LEGAL NAME _____ PREFERRED NAME _____
LAST FIRST MIDDLE

Birth Date ___/___/___ (Must be 4 years old on or before August 15)

Gender: ___ Male ___ Female

Race: (Mark all that apply) ___ Asian ___ Black ___ White ___ Native American ___ Other

PUPIL'S PRIMARY ADDRESS _____

PRIMARY PHONE (____) _____ SECOND PHONE (____) _____

What is the first language this child learned to speak? ___ English _____ Other
 What language does this child speak most often outside of school? _____
 What language do people usually speak in this child's home? _____

PUPIL'S LEGAL GUARDIAN	2 ND LEGAL GUARDIAN
Name _____	Name _____
Address _____	Address _____
Relationship to child _____ <small>(Own, Step, Foster, other)</small>	Relationship to child _____ <small>(Own, Step, Foster, other)</small>
Date of Birth ___/___/___ Race _____	Date of Birth ___/___/___ Race _____
Highest level of education ___ HS diploma ___ GED ___ Tech School ___ Some College ___ AA/AS ___ BA/BS ___ MA ___ DR	Highest level of education ___ HS diploma ___ GED ___ Some College ___ AA/AS ___ BA/BS ___ MA ___ DR
Employer _____	Employer _____
Work Phone (____) _____	Work Phone (____) _____
Email _____	Email _____

If there are custody arrangements that will affect the school, we must have a copy of the legal documentation stating those arrangements. If either parent is not permitted to pick up the child, the school must have legal documentation restricting that parent's right to the child.

DO NOT Release my child to the following people:

Last Name	First Name	Relationship

Please list 3 names and phone numbers of people to notify in the event of an emergency.

Emergency Contact Name	Phone Number	Relationship to child
	(____) _____	
	(____) _____	
	(____) _____	

Within the last two years, has your child been served by:

An Individual Education Plan (IEP/IFSP) ____ 504 Plan ____ Early Head Start ____ A Speech Program ____
 Other ____ If yes to any of the above, please provide explanation or documentation.

FAMILY INFORMATION

Child lives with: Both parents____ One Parent____ Other (specify) _____

Current Daycare (home, daycare, sitter, relative) _____

Is your child the dependent of an active duty military member? __Y __N

If a recent death of a close family member has occurred, please list relationship to child: _____

Has family been homeless in the last 12 months (living in car, shelter, motel, campground, been evicted from housing)? __Y __N

Check any of the following events which have occurred in your immediate family during the past 2 years:

Death of Spouse	Military Service	Marriage	Retirement	Birth
Substance Abuse	Marital separation	Divorce	House fire	Family moved
Personal Injury	Domestic violence	Job Loss	Jail Term	Serious illness

BROTHERS AND SISTERS

NAME	SEX	DATE OF BIRTH	SCHOOL	GRADE LEVEL	Does this child live in the home? Y/N	Did this child attend Clinton City Pre-K? Y/N

Name(s) of ALL OTHER ADULTS in the Household	Relationship to Child
1. _____	_____
2. _____	_____
3. _____	_____

Total # of household members: _____

- I understand that submission of this application does not guarantee my child a spot into the Clinton City Pre-K Program.
- **NON-DISCRIMINATION POLICY:** No child will be discriminated against because of race, sex, color, national origin, religion, or disability.
- **STATEMENT OF CONFIDENTIALITY:** Any information shared with the school or your child's teacher will be kept confidential. This, and all information pertaining to students, will be kept in locked files.

I certify that all of the above information is true and correct. I certify that I am the legal custodian/legal guardian/legal parent of the child identified on this enrollment form.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

DEVELOPMENTAL AND FAMILY HISTORY

Child's Name _____ Today's Date _____

How did you hear about Clinton City Pre-Kindergarten?

Relative or friend _____ Newspaper _____ Other Agency _____ Other _____

PREGNANCY AND BIRTH HISTORY

Did mother have any health problems during pregnancy or delivery? Y ___ N ___ If yes, mark those that apply: ___ Toxemia ___

Diabetes ___ Premature Labor ___ C-Section ___ Other Complications

Please explain _____

Use of: ___ Tobacco ___ Alcohol ___ Drugs Please explain _____

Did your child have any health problems during the first year? ___ Y ___ N ___ If yes, make those that apply:

___ Birth Injury ___ Non-responsive ___ Failure-to-Thrive ___ Breathing Problems

___ Feeding Problems ___ Premature Birth ___ Other Please Explain _____

CHILD'S HEALTH AND MEDICAL INFORMATION

Has your child ever been hospitalized? ___ Y ___ N ___ If yes, please explain _____

Does your child have any chronic medical/health problems? ___ Y ___ N ___ If yes, mark that that apply:

___ Chronic Ear Infections ___ Sore Throats ___ Urinary Infection ___ High Temperatures

___ Skin Disease ___ Digestive Disorder ___ Asthma ___ Diabetes ___ Rheumatic Fever ___ ADD/ADHD

___ Other _____ Please explain _____

Does your child have a diagnosed or suspected mental illness or developmental delay? ___ Y ___ N ___

If yes, please explain: Diagnosis _____ Treatment _____

Doctor/Therapist _____

Does your child have allergies? ___ Y ___ N ___ If yes, please explain:

Allergen _____ Reaction _____ Allergen _____ Reaction _____

Allergen _____ Reaction _____ Allergen _____ Reaction _____

Has your child ever had a seizure? ___ Y ___ N ___ If yes, please explain _____

Does your child have difficulty hearing? ___ Y ___ N ___ If yes, please explain _____

Does your child have difficulty seeing? ___ Y ___ N ___ If yes, please explain _____

Does your child have difficulty speaking? ___ Y ___ N ___ If yes, please explain _____

Does your child take any regular medications? ___ Y ___ N ___

What medication? _____ Will s/he be taking them at home or at school? _____

CHILD'S PHYSICAL, PSYCHOLOGICAL, AND SOCIAL DEVELOPMENT

PHYSICAL DEVELOPMENT

At what age did you child: Crawl ___ Walk ___ Talk ___ Dress Self with Help ___ Dress Self Alone ___

SLEEP HABITS

Does your child have a regular bedtime? ___Y ___N

At what time does your child go to bed? ___ What time does s/he wake? ___ Does s/he nap ___Y ___N

EATING

Do you have any nutritional concerns? ___Y ___N If yes, please explain _____

Has a doctor prescribed any dietary restrictions for your child? ___Y ___N

If yes, please explain _____

TOILETING

Is your child toilet trained? ___Y ___N Does s/he need assistance? ___Y ___N

BEHAVIOR

Does your child exhibit any of the following behaviors on a regular basis (aside from occasional incidents)?

	YES	NO	EXPLANATION
Aggressiveness			
Resistance to Authority			
Tantrums			
Destructiveness			
Hyperactivity			
Short attention span			
Daydream			
Discipline			
Nervousness			
Depression/Sadness			
Fears/Anxiety			
Frequent crying			
Difficulty getting along with others			
Difficulty expressing himself			

Is there any additional information you would like us to know about your child?



For Office Use Only
Please Circle One
Income Eligible: Yes / No

If yes, and enrolled, student should be classified as (L) in student information system

2020-21

Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program.

Submission of this

application is not a guarantee of acceptance into the VPK program.

Name of Student: _____ Date of Application: _____

SSN of Student: _____ Date of Birth of Student: _____

Name of Applicant: _____ Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____ Cell Phone #: () _____

Part A - Family Information

Please list information for all other household members

Section 1

Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.			
2.			
3.			
4.			
5.			

Section 2

Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.	
2.	
3.	
4.	
5.	

Total # of household members: _____

Part B - Program Participation

Please check (√) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(√)	Early Head Start	(√)	Foster Care	(√)	Migrant	(√)	Families First (TANF)	Case #
	Head Start		Homeless		Food Stamps / EBT			

***If submitting proof of qualifying for any of the above programs, you do NOT need to complete Part C.**

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes							
A.	GROSS work income	D.	Pension(s)	G.	Veteran's Benefits	J.	SSI Disability
B.	Unemployment	E.	Retirement	H.	Child Support	K.	Other - please list ↓
C.	Workman's Comp	F.	Social Security	I.	Alimony		

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Total Annual (Yearly) Income						\$ -

Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.

<input type="checkbox"/>	Pay Stub / Verification of pay by employer	<input type="checkbox"/>	Retirement Documentation	<input type="checkbox"/>	Foster Care Reimbursement
<input type="checkbox"/>	W-2 Form	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	SSI Documentation
<input type="checkbox"/>	Income Tax Form 1040A or 1040	<input type="checkbox"/>	Veteran's Benefit Letter	<input type="checkbox"/>	TANF Documentation
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	AFDC / Public Assistance Payment
<input type="checkbox"/>	Workman's Compensation Documentation	<input type="checkbox"/>	Alimony Documentation	<input type="checkbox"/>	TennCare Verification
<input type="checkbox"/>	Pension Stubs	<input type="checkbox"/>	Other (Specify): →		

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: _____ SSN #: _____
 Signature of Applicant: _____ Date: _____

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information. Completed forms
 must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____
 Signature of LEA employee: _____
 Date Reviewed by LEA employee: _____