



**RAPPAHANNOCK COUNTY
PRESCHOOL PROGRAMS APPLICATION**
RCES – Preschool – 4 year olds



CHILD INFORMATION
Attach a copy of Birth Certificate

Child's Last Name	First Name:	Middle Name:	
Race:	Birthdate:	Age:	Boy <input type="checkbox"/> Girl <input type="checkbox"/>

PARENT/GUARDIAN INFORMATION

Mother/Guardian Last Name:	First Name:	Middle Initial:
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Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Relationship to child?
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Street address:	City:	State:	Zip:
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Home Phone: ()	Cell Phone: ()	Email:
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Occupation:	Employer:	Employer Phone: ()
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Father/Guardian Last Name: First Name:	Middle Initial:
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Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Relationship to child?
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Street address:	City:	State:	Zip:
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Home Phone: ()	Cell Phone: ()	Email:
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Occupation:	Employer:	Employer Phone: ()
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HOUSEHOLD INFORMATION

Total number of people living in the household: _____ *Please list the names of all people living in the household below.*

Name	Relationship to child	Date of Birth	Highest Level of Education

Primary language spoken _____ Secondary language spoken _____

MEDICAL INFORMATION

Please answer the following questions as honestly as possible. This portion must be filled out.

Does child have any allergies or medical alerts, please list: _____

Child's Physician:	Phone: ()	Insurance provider:
		Insurance #:
Child's Dentist:	Phone: ()	Insurance provider:
		Insurance #:
Child's Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Child's Physical less than 1 yr. ago? <input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME VERIFICATION

Household Income (gross): \$_____ per month or \$_____ per year (Please provide a copy with application of proof of income: W2, tax return, check stubs, letter from employer or award letter from SSI, SSDI, TANF, Child Support, Veterans Benefits, Social Security, Unemployment or Worker's Compensation)	Check all that apply: <input type="checkbox"/> Child Support <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> SS <input type="checkbox"/> I <input type="checkbox"/> FAMIS <input type="checkbox"/> VEC <input type="checkbox"/> Food stamps
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HOUSING

Is the family: Homeless Living with friends or relatives Living in overcrowded housing Moved 2 or more times in the last 6 months

FAMILY CHARACTERISTICS

Premature birth <input type="checkbox"/>	Low birth weight <input type="checkbox"/>	Child is in foster care <input type="checkbox"/>	Child was in foster care <input type="checkbox"/>
Chronic illness in family (physical, mental, emotional) <input type="checkbox"/>		Child abuse reported <input type="checkbox"/>	
Concern about developmental delays <input type="checkbox"/>	Incarcerated parent <input type="checkbox"/>	Child is potty trained <input type="checkbox"/> (not a requirement)	
Child has IEP <input type="checkbox"/> for: _____		Substance abuse reported in family <input type="checkbox"/>	
Outside Referral by <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> DSS <input type="checkbox"/> Other: _____			

Please describe any extenuating circumstances that you feel will be helpful in determining your child's eligibility for preschool:

IN CASE OF EMERGENCY

Name local friend / relative, not living at same address:	Relationship to child:	Home Phone: ()	Work Phone: ()
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Name local friend / relative, not living at same address:	Relationship to child:	Home Phone: ()	Work Phone: ()
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The above information is true to the best of my knowledge. I authorize Rappahannock County Schools to use this information to determine my child's eligibility for preschool. I understand that the above information will be maintained in strict confidence by staff, and I understand that it is my responsibility to notify Rappahannock County Public Schools regarding any changes to the information provided, (one or both parents/guardians please sign below).

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

Please return this application by May 1st each year to:

Fran Moore Krebsler, Pupil Services
 Rappahannock County Public Schools
 6 Schoolhouse Rd., Washington, VA 22747

Phone: 540-227-0023, ext. 3210
 FAX: 540.987.8896





