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| **RAPPAHANNOCK COUNTY** **PRESCHOOL PROGRAMS APPLICATION** Preschool – 3 and 4 year olds

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| **CHILD INFORMATION** Attach a copy of Birth Certificate  |
| Child’s Last Name:   | First Name:   | Middle Name:   |
| Race:  | Birthdate: Age: |   Boy Girl  |
| **PARENT/GUARDIAN INFORMATION**  |
|  Mother  Guardian Last Name:   | First Name:   | Middle Initial:   |
| Lives with child?   Yes  No  | Marital status: (check one)   Single  Married  Divorced   Widowed  Separated  | Relationship to child? \_\_\_\_\_\_\_\_\_\_ \*If guardian, document provided? Yes  Copy needed |
| Street address:  | City:  | State:  | Zip:  |
| Home Phone: ( )  | Cell Phone: ( )  | Email:  |
| Occupation:   | Employer:   | Employer Phone: ( )  |
| Father Guardian Last Name: First Name:   | Middle Initial:   |
| Lives with child?   Yes  No  | Marital status: (check one)   Single  Married  Divorced   Widowed  Separated  | Relationship to child? \_\_\_\_\_\_\_\_\_\_\*If guardian, document provided? Yes  Copy needed |
| Street address:  | City:  | State:  | Zip:  |
| Home Phone: ( )  | Cell Phone: ( )  | Email:  |
| Occupation:   | Employer:   | Employer Phone: ( )  |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

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| **MEDICAL INFORMATION**  |
| *Please answer the following questions as honestly as possible. This portion must be filled out.*  |
| Does child have any allergies, medical alerts or limitations noted?  No  Yes  Epi-pen  InhalerPlease list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Meds |
| Child’s Physician:   | Phone: ( )  | Insurance provider:  |
| Insurance #:  |
| Child’s Dentist:   | Phone: ( )  | Insurance provider:  |
| Insurance #:  |
| Immunizations current?  Yes  No  Copy provided | Child’s Physical Exam less than 1 yr. ago?   Yes  No  Copy of exam provided |
| **INCOME VERIFICATION**  |
| Household Income (gross): $\_\_\_\_\_\_ per month or $\_\_\_\_\_\_\_\_\_\_\_\_ per year. (Please provide proof of income with this application: 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)  Copy provided | Check all that apply:Child Support WIC TANF SSI FAMIS VEC Food stamps  |
| **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   | Low birth weight   | Child is in foster care   | Child was in foster care   |
| Chronic illness in family (physical, mental, emotional)   | Child abuse reported   |
| Concern about developmental delays   | Incarcerated parent   | Child is potty trained  (not a requirement)  |
| Child has IEP  for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Substance abuse reported in family   |
| Outside Referral by  Physician  Dentist  DSS  Vision 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: ( )  |
| Name local friend / relative, not living at same address:  | Relationship to child:   | Home Phone: ( )  | Work Phone: ( )  |
| *Please indicate if any of these apply:** There are court ordered protective measures in place for my child. No Yes 
* A current copy of the court order is provided with this application for the file. No Yes 

 By my signature affixed to this application, I agree to provide updates as evidence of date changes or changes in restrictions.*Please list the name of anyone who is restricted from picking up or having contact with your child.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of person to be called if this person arrives to pick up your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:1) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*2) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Please provide any additional notes below that have not been captured on this application previously:*Health or Medical Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Educational Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_All of the information provided 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. 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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |

* You may be eligible for additional assistance for other services. To find out, fill out the application on [commonhelp.virginia.gov](https://commonhelp.virginia.gov/).
* Only complete applications with required documents will be accepted. A birth certificate and income verification is required. Any incomplete applications will be returned.

  Please return this application by **May 1st each year to:**   Michelle Berta, Pupil Services Phone: 540-227-0023, ext. 3210 Rappahannock County Public Schools FAX: 540-987-8896  6 Schoolhouse Rd., Washington, VA 22747  Please do not write below this line. For office use only.  |
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