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| **RAPPAHANNOCK COUNTY APLICACIÓN  PARA LA PROGRAMA DE PREESCOLAR**  RCES – Preescolar – 4 años de edad     |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **INFORMACIÓN SOBRE EL NINO/NINA**  adjunte una copia del certificado del nacimiento | | | | | | | | | | | | | | Apellido del estudiante: | | | Primer nombre: | | | | | | | Segundo nombre: | | | | Raza: | | | Cumpleaños: | | | | | Edad: | |  Niño  Niña | | | | **INFORMACIÓN SOBRE LOS PADRES/GUARDIANAS** | | | | | | | | | | | | | | Apellido del madre: | | | | | | Primer nombre: | | | | Segundo nombre: | | | | Vive con  el niño/a?   Sí   No | Estado civil: (marque uno)   Soltera  Casada  Divorciada   Separada  Viuda | | | | | | | | | Relación con el niño/a? | | | | Dirección: | | | | | | Ciudad: | | Estado: | | | | Código postal: | | Teléfono de casa:  ( ) | | | | Celular:  ( ) | | | | Correo electrónico: | | | | | | Ocupación: | | | | nombre del empleador: | | | | Teléfono de trabajo:  ( ) | | | | | | Apellido del padre: | | | | | Primer nombre: | | |  | Segundo nombre: | | | | | Vive con  el niño/a?   Sí   No | Estado civil: (marque uno)   Soltero  Casado  Divorciado   Separado  Viudo | | | | | | | | | Relación con el niño/a? | | | | Dirección: | | | | | | Ciudad: | | Estado: | | | | Código postal: | | Teléfono de casa:  ( ) | | | | Celular:  ( ) | | | | Correo electrónico: | | | | | | Ocupación: | | | | Empleador: | | | | Teléfono de trabajo:  ( ) | | | | | | **INFORMACIÓN SOBRE EL HOGAR** | | | | | | | | | | | | | | Numero de todos que viven en el hogar: \_\_\_\_\_\_\_ *Por favor escriba los nombres de todas las personas que viven en el hogar.* | | | | | | | | | | | | | | Nombre | | Relación | | | | | Cumpleaños | | | | Educación | | |  | |  | | | | |  | | | |  | | |  | |  | | | | |  | | | |  | | |  | |  | | | | |  | | | |  | | |  | |  | | | | |  | | | |  | | |  | |  | | | | |  | | | |  | | | Primer idioma que hablan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Segundo idioma que hablan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **INFORMACIÓN MEDICA** | | | | | | | | | *Responda las siguientes preguntas con la mayor sinceridad posible. Esta porción debe completarse.* | | | | | | | | | Tiene su hijo alergias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Doctor: | | Teléfono  ( ) | | | Seguro salud: | | | | Numero: | | | | Dentista: | | Teléfono  ( ) | | | Persona que lo provee: | | | | Número del seguro: | | | | ¿Tiene las Vacunas?  Sí  No | | | | | ¿Examen físico menos de 1 año atrás?   Sí  No copia del examen | | | | **VerificaciÓn de su Salario** | | | | | | | | | Salario de hogar (bruto): por mes $\_\_\_\_\_\_\_\_\_\_ o por año $\_\_\_\_\_\_\_\_\_\_\_.  (Por favor, mande una copia de su salario).  Chequear las ayudas que recibe el niño/niña:  Manutención de los niños WIC  TANF SSI  FAMIS  VEC  Estampillas de comida | | | | | | | | | **InformaciÓn Acerca de la Familia** | | | | | | | | | Es la familia  sin casa  Viven con amigos o familiares  Casa superpoblada .  Se han mudado 2 o más veces en 6 meses | | | | | | | | | **Caracteristicas de la Familia** | | | | | | | | |  Nacimiento prematuro |  Bajo peso | |  Niño/a en orfanato o al cuidado de otras familias | | |  Niño/a estuvo en un orfanato o al cuidado de otras familias | | |  Enfermedades crónicas en la familia (mentales, físicas, emocionales) | | | | |  Reporte de abuso | | | |  Preocupación de crecimiento tardío | | | Padres en prisión  | |  Niño/a va al baño solo ( no es un requisito) | | | | Niño/a ha sido examinado por:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  abuso de sustancias reportado en la familia | | | Recomendado por  Doctor  Dentista  DSS  Otras personas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Por favor describa porque su niño/a les ayudaría a que su hijo entre al preescolar de infantas | | | | | | | | |  | | | | | | | | |  | | | | | | | | | **En Caso de Emergencia** | | | | | | | | | Nombre de amigo familiar que no vivan con ustedes: | | | | Relación con el niño/a: | | Teléfono:  ( ) | Teléfono de trabajo:  ( ) | | Nombre de amigo familiar que no vivan con ustedes: | | | | Relación con el niño/a: | | Teléfono:  ( ) | Teléfono de trabajo:  ( ) | | Toda la información es verdadera. Yo autorizo que la escuela Rappahannock use esta información para determinar la elegibilidad a preescolar. Yo entiendo que la información será mantenida en estricta confidencia por staff, y entiendo que es mi responsabilidad notificar la escuela si ha habido algún cambio (uno de los padres debe firmar).  **Firma:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fecha**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Firma:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fecha**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\_\_\_* | | | | | | | |   Por favor devuelva esta aplicación para el primero de mayo a**:**  Michelle Berta, Pupil Services  Rappahannock County Public Schools Phone: 540-227-0023, ext. 3210  6 Schoolhouse Rd., Washington, VA 22747 FAX: 540.987.8896 | |
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