



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



**CHILD INFORMATION**

Attach a copy of Birth Certificate

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

**PARENT/GUARDIAN INFORMATION**

<input type="checkbox"/> Mother <input type="checkbox"/> Guardian Last Name:	First Name:	Middle Initial:
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"/> Widowed <input type="checkbox"/> Separated	Relationship to child? _____ *If guardian, document provided? <input type="checkbox"/> Yes <input type="checkbox"/> Copy needed
Street address:	City:	State:      Zip:
Home Phone: (      )	Cell Phone: (      )	Email:
Occupation:	Employer:	Employer Phone: (      )
<input type="checkbox"/> Father <input type="checkbox"/> Guardian Last Name:	First Name:	Middle Initial:
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"/> Widowed <input type="checkbox"/> Separated	Relationship to child? _____ *If guardian, document provided? <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

**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  Inhaler  
Please list: \_\_\_\_\_  Emergency Meds

Child's Physician:	Phone: (    )	Insurance provider:
		Insurance #:
Child's Dentist:	Phone: (    )	Insurance provider:
		Insurance #:
Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy provided	Child's Physical Exam less than 1 yr. ago? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> Copy provided	Check all that apply: <input type="checkbox"/> Child Support <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> FAMIS <input type="checkbox"/> VEC <input type="checkbox"/> 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 <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"/> Vision <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: (    )
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](http://commonhelp.virginia.gov).

Please return this application by **May 1<sup>st</sup> 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

Please do not write below this line. For office use only.