

**FAYETTE COUNTY PRE-K PROGRAM  
SITE SELECTION FORM 2021-2022**

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_  
*Last*
*First*
*Middle*

Physical Address: \_\_\_\_\_

Directions to your home: \_\_\_\_\_  
 \_\_\_\_\_

Home School: \_\_\_\_\_  
*(where your child will attend Kindergarten based on school zones)*

Indicate with an X your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices for a Pre-K site and answer the questions below. **You MUST select three sites for your application to be processed.**

Pre-K Site <i>(You must select three sites)</i>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Ansted Elementary			
Ansted Head Start			
A Place to Grow **			
Divide Elementary			
Fayetteville Pre-K-8			
Fayetteville Head Start			
Kimberly Head Start*			
Meadow Bridge Elementary			
New River Primary			
Oak Hill Head Start			
Page Head Start*			
Scarbro Head Start*			
Starting Points**			
Valley Pre-K-8			

Please answer all questions in this section. This information is necessary for accurate placement for the Pre-K Program.

- If necessary, will you be able to transport your child to any of your selected preschools? \_\_\_ YES \_\_\_ NO
- Does your child need before care? \_\_\_ YES \_\_\_ NO
- Does your child require after care? \_\_\_ YES \_\_\_ NO
- Did your child attend Pre-K last year? \_\_\_ YES \_\_\_ NO  
If yes, where? \_\_\_\_\_
- Does your child have a sibling who attends your 1<sup>st</sup> choice site? \_\_\_ YES \_\_\_ NO
- Does your child have an IEP? \_\_\_ YES \_\_\_ NO

\*Please note that these locations are five days a week class rooms.  
 \*\* Please note that these locations offer Child Care.

**For Office Use Only:**

Date application was received: \_\_\_\_\_

- \_\_\_ Universal Pre-K Application
- \_\_\_ Birth Certificate
- \_\_\_ Proof of Residence
- \_\_\_ Income Verification
- \_\_\_ Immunization Records
- \_\_\_ Health Check Form
- \_\_\_ Health History Form
- \_\_\_ Proof of Dental Exam

Site Assigned to: \_\_\_\_\_

Additional Notes:

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Transportation Notes:

## Family Income & General Information

### Family Information

Parental Status <i>(check one)</i>	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID <i>(if applicable)</i>
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Family Income

Income Verified by	Verification Date	TANF Status	SSI
		<input type="checkbox"/> Yes <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No

  

Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			

Income Notes

### General Information

Has your child received Birth to Three services? \_\_\_ YES \_\_\_ NO

Is your child receiving services from outside agencies? \_\_\_ YES \_\_\_ NO

Does your child have an IEP? \_\_\_ YES \_\_\_ NO

Do you have any concerns about your child's development? \_\_\_ YES \_\_\_ NO. If yes, please explain: \_\_\_\_\_

**Please sign to indicate you understand and agree to each of the following:**

- My child must attend the Pre-K program regularly in accordance with the county attendance policy.
- Transportation to and from school is not guaranteed.
- Pre-K application process is **NOT COMPLETE** until all required documentation is submitted.
- Fayette County Pre-K is available to 4-year olds who reside in **Fayette County**.
- To the best of my ability and knowledge, the information on this form is correct. I understand that it is my responsibility to report any changes to this information immediately.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff completing the application: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Child/Adult (Non-Applicant) \***

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient		

**Additional Child/ Adult (Non-Applicant) \***

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient		

**Additional Child/Adult (Non-Applicant) \***

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient		

**Additional Child/Adult (Non-Applicant) \***

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient		

**Additional Child/ Adult (Non-Applicant) \***

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient		

**Additional Child / Adult(Non-Applicant) \***

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient			

**Additional Child/Adult (Non-Applicant) \***

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient			

## Fayette County Pre-K Program Application 2021-2022

### Applicant

First	Middle	Last	Suffix	Nickname	Birthday	Gender	Home County
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home	
				<input type="checkbox"/> Not Eligible			
				<input type="checkbox"/> On Medicaid			
				<input type="checkbox"/> Potentially			
Dental Coverage		Dental Coverage #		Dentist/Dental Home			

### Primary Adult

First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		If teen parent, subsidized?	
	<input type="checkbox"/> Master's					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Email Address: \_\_\_\_\_

### Secondary or Other Adult

First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		If teen parent, subsidized?	
	<input type="checkbox"/> Master's					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Email Address: \_\_\_\_\_

### Family Living Address

Started Living at Date    Living Address    Address Line 2    ZIP    City    State    County

### Family Mailing Address

Name as living?    Started Using Date    Mailing Address    Address Line 2    ZIP    City    State

Is Yes  No

Phone Number(s)

Type (check one)

Cell  Home  Work  Other

Cell  Home  Work  Other

Note (extension or best time to call)

Opt In for Text Messages

Yes  No

Yes  No