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| **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: | | | |  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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?  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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