

## MORGAN COUNTY UNIVERSAL PRE-K CHECKLIST

Child must be 4 years old before June 30<sup>th</sup>

**IMPORTANT:** Please return all registration paperwork to EPIC Head Start/Pre-K at the address listed below. Registration staff - HS Family Advocates - GERRI HAINES AND KIM EASTON take care of Pre-K Registration for all Morgan County Pre-K / Head Start applicants. **Please call ahead to make an appointment.** Office hours are 8:30am to 3:30pm, M-F. Outside of office hours, and any time after June 1<sup>st</sup>, you may leave paperwork in the RED drop box by the front door of the address below / fax to the number below / send it to the email address below. (Do not leave paperwork at other schools or the board of education.)

**EPIC HEAD START/PRE-K  
50 MYERS ROAD  
BERKELEY SPRINGS, WV 25411**

**PHONE: 304-258-5335  
FAX: 304-258-0638  
EMAIL: MorganCountyHS@gmail.com**

**Make sure you have submitted a COMPLETED PACKET, including all items listed below:**

- \_\_\_\_\_ Registration Packet (all forms must be filled out completely)
- \_\_\_\_\_ Proof of income – a current SNAP benefit statement or - include all household income. IE: SNAP benefits statement, current pay stub(s) or W-2/tax form(s); and/or statements for all the following that you or your child receive: child support, alimony, SSI, TANF, WV Works.

### **A copy of your child's:**

- |                                       |   |
|---------------------------------------|---|
| _____ State Birth Certificate         | _____ Physical - must be current and <b>not</b> expire before the first day of school |
| _____ Social Security Card/number     | _____ Dental - must be current and <b>not</b> expire before the first day of school   |
| _____ Medicaid/Medical Insurance Card |   |
| _____ Immunization Record             |   |

### **Criteria for class placement:**

- |                                   |   |
|-----------------------------------|---|
| • 100% completed packet submitted | • Additional services needed                |
| • Geographical location           | • Daycare / pick up/drop off location needs |
| • Transportation needs            | • Miscellaneous factors                     |
| • Need of before/after care       |   |

### **NOTES:**

Parent/Guardian Initials \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

# Morgan County Schools Pre-K and Head Start – Application Requirements Check-off

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (Age as of 6/30 \_\_\_\_\_)

- PRE-K     
  HEAD START     
  OVER INCOME HEAD START (CURRENT IEP IN PLACE)

**REQUIRED DOCUMENTS FOR PRE-K / HEAD START REGISTRATION:** (Check off each item upon completion)

(\*\* denotes that the child/family may not have/need these items)

\_\_\_\_ STATE BIRTH CERTIFICATE

- application.  
 affidavit

\_\_\_\_ PHYSICAL FORM

current & signed by doctor or  
 \_\_\_\_\_ appointment date

\_\_\_\_ \*\*TB TEST

\*If child lived/visited outside the US.

\_\_\_\_ \*\*COURT DOCUMENTS

(custody or guardianship /adoption /  
 protection order)

\_\_\_\_ DENTAL FORM

appointment date  
 current & signed by dentist.

\_\_\_\_ DEMOGRAPHICS

\_\_\_\_ BUS APPLICATION

\_\_\_\_ SOCIAL SECURITY CARD

number on application

\_\_\_\_ DENTAL PROGRAM  
 PERMISSION

\*Medicaid or Chips recipients only-  
 without a dental or dental home.

\_\_\_\_ SCREENING PERMISSION

\_\_\_\_ INCOME VERIFICATION FORM

SNAP RELEASE SIGNED

\_\_\_\_ MEDICAID / INSURANCE CARD

copy

\_\_\_\_ IMMUNIZATION RECORD

COPY  incomplete/needs follow-up

\_\_\_\_ INCOME DOCUMENT(S) COPY

\_\_\_\_ SELECTION CRITERIA

**VACCINATION REQUIREMENTS FOR PRE-K ENTRY:** (Check box for each dose completed)

DPT- Series of 4           
 (Diphtheria, Pertussis, Tetanus)  
 (Pentacel, Pederix, Kinrix)

Varicella- 1 dose        
 (Chicken Pox) (Proquad)

Polio- Series of 3          
 (IPV)  
 (Pentacel, Pederix, Kinrix)

Hepatitis B- Series of 3          
 (Pederix)

MMR- 1 dose        
 (Measles, Mumps, Rubella) (Proquad)

Lead Blood score \_\_\_\_\_

HCT/HGB score \_\_\_\_\_

**VACCINATIONS BELOW ARE HIGHLY RECOMMENDED, BUT NOT REQUIRED FOR WV HEAD START / PRE-K ENTRY:**

\*Hepatitis A – 2 doses

\*H1b - 1-4 doses

\*PCV - 1-4 dose

**NOTES:**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

2024-2025

Morgan County Universal Pre-K Registration Form

Student ID # \_\_\_\_\_

\*Child- Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Age \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ County of Residence \_\_\_\_\_

\*Proof of Residency: Morgan County Tax Receipt \_\_\_\_\_ or WV Driver's License # \_\_\_\_\_

\*Parent /Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address: \_\_\_\_\_ Primary Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Secondary Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

\*Parent /Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address: \_\_\_\_\_ Primary Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Secondary Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Provide a phone number for the Automated Call System: \_\_\_\_\_

Directions to your home from the nearest main road \_\_\_\_\_

\_\_\_\_\_

Race: \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Multi-Race \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islands \_\_\_\_\_ Hispanic Origin \_\_\_\_\_ American Indian/ Alaskan Native \_\_\_\_\_ \*\*Language Spoken at Home: \_\_\_\_\_

Medical conditions / allergies: \_\_\_\_\_

Medication(s) taken on a regular basis: \_\_\_\_\_

Is your child potty trained? YES \_\_\_\_\_ NO \_\_\_\_\_

Has your child attended WV Birth to Three, EHS, or another Early Intervention Programs? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, name of program: \_\_\_\_\_

Does your child have a professionally diagnosed disability? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Check if you have any concerns about your child's: \*Health \_\_\_\_\_ \*Development \_\_\_\_\_ \*Speech \_\_\_\_\_ \*Hearing \_\_\_\_\_ \*Vision \_\_\_\_\_  
\*Mental Health/Behavior \_\_\_\_\_ \*Other \_\_\_\_\_

**Approximate GROSS family income. Please provide a paystub, W-2 tax form, SNAP statement, or proof of income.**

\_\_\_ Yearly \_\_\_ Monthly \_\_\_ Semimonthly \_\_\_ Bi-weekly \_\_\_ Weekly \$ \_\_\_\_\_ (approx. combined household income)

Do you receive: YES / NO - Child Support \$ \_\_\_\_\_ YES / NO - Alimony \$ \_\_\_\_\_

Foster Child? YES / NO Do you or your child receive: TANF? YES / NO SSI? YES / NO SNAP? YES / NO

\*\*Including the child applicant, how many people are in your immediate family & living with you? \_\_\_\_\_

**Bus Transportation** – this is a request and does not guarantee transportation. Bus Stop locations are based on the location of all applicants requesting transportation consideration. Door to Door pick up and drop off are never guaranteed.

Yes \_\_\_\_\_, I am requesting transportation from a central location/bus stop. No \_\_\_\_\_, I will transport my child to/from school.

**Pre-K classroom/site locations-**

**\*Site/Class placement is based on the child’s living address, child’s daycare location, transportation needs, specific needs identified by placement committee. \*Teacher/Classroom/Site requests are not permitted and will not be accepted.**

Pre-K/Head Start Berkeley Springs- 5 full days - Transportation may be available from central locations/bus stops.

Pre-K/Head Start Great Cacapon– 5 full days - Transportation may be available from central locations/bus stops in Great Cacapon and Paw Paw.

Little Learner’s Village/Head Start/Pre-K on Oakland Road - 5 full days - Transportation may be available from central locations/bus stops. Wrap-around care may be available through Little Learner’s Village Daycare. Parents must enroll separately with LLV.

Widmyer Pre-k – 5 full days. Transportation may be available from central locations/bus stops.

**Wrap-Around Care** (Oakland Road Center location only)

\*If your child is currently enrolled in the Little Learners Village Daycare, will you be participating in wrap-around care once enrolled in Head Start/Pre-K? YES \_\_\_\_\_ NO \_\_\_\_\_

\*Do you live near the Little Learners Village Daycare and have a need for before/after school daycare? YES \_\_\_\_\_ NO \_\_\_\_\_  
\*If yes, please ask for their contact information to discuss this with them directly.

**Screenings Permissions / Health Information Agreement:**

\_\_\_\_\_ (Parent/Guardian- INITIALS) - I give permission for my child, who is enrolling in Head Start /Pre-k/ Morgan County Schools, to participate in screenings for hearing, vision, speech, language, and development, each school year. I have been provided a pamphlet of information that explains the screenings and the screening process.

\_\_\_\_\_ (Parent/Guardian INITIALS) – I agree to provide Morgan County EPIC Head Start/Pre-k/ Morgan County Schools current documentation of a physical exam, dental exam and immunization records for my child, including updated forms every 12 months for physicals, and every 6 months for dentals. I further agree to complete and provide documentation of all referrals/follow-up requested.

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

**OFFICE USE ONLY:**

Type and place of birth certificate: \_\_\_\_\_ Age verified by: \_\_\_\_\_ Age as of June 30: \_\_\_\_\_

Eligibility Approved \_\_\_\_\_ Head Start Pre-K Placement \_\_\_\_\_ Date \_\_\_\_\_

As required by federal law and regulations, the Morgan County Board of Education does not discriminate on basis of race, color, religion, disability, sex, national origin, and/or familial status.

**Early Head Start/Head Start/Pre-K Family Demographics**

**CONFIDENTIALITY STATEMENT:** Information shared with Head Start staff will be kept strictly confidential unless its release is authorized in writing. These forms will be maintained in locked files.

Date: \_\_\_/\_\_\_/\_\_\_

Child's Last Name: \_\_\_\_\_

FA Worker: \_\_\_\_\_

**Family Composition**

List Adults (Head of Household first), then children oldest to youngest. Put a \* by the Head Start enrollee.

Name	DOB	Gender	Race	Language: Primary/ Secondary	Highest Grade	School/Training Employment Type & Location	Relationship to enrollee	Health Concerns

**Family Type:**

- Two Parent Family
- Single Parent Family (mother figure only)
- Single Parent Family (father figure only)
- Single Parent Family (mother figure only) living with partner
- Single Parent Family (father figure only) living with partner

- Other relative (single)
- Other Relatives (2 parent)
- Foster Family (single)
- Foster Family (2 parent)
- Other Family type (2 parent)

Parents' English Ability (Check all that apply.):  very well  well  not well  not at all  
Child's Ethnicity:  Caucasian  Black  Hispanic  Asian  Other \_\_\_\_\_

Primary Occupational Status (If two-parent family, please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Full-time (more than 34 hours per week) | <input type="checkbox"/> Unemployed                       |
| <input type="checkbox"/> Part-time                               | <input type="checkbox"/> With past employment history     |
| <input type="checkbox"/> Seasonal – Non-Agricultural             | <input type="checkbox"/> With no previous job experience  |
| <input type="checkbox"/> Seasonal – Agricultural                 | <input type="checkbox"/> Unable to work due to disability |
| <input type="checkbox"/> Employed and in school                  | <input type="checkbox"/> Active Military                  |
| <input type="checkbox"/> Training program with salary            | <input type="checkbox"/> Veteran                          |
| <input type="checkbox"/> Training program without salary         | <input type="checkbox"/> Retired                          |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Homemaker                        |

- In School
- Towards high school diploma/GED
  - Towards trade/business qualification
  - Towards college degree
  - Towards postgraduate degree
  - In school and employed
  - Other

Types of Services or Financial Assistance Received (mark all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> No services received                                  | <input type="checkbox"/> Unemployment insurance       |
| <input type="checkbox"/> Medical financial assistance (i.e. Medicare/Medicaid) | <input type="checkbox"/> Public housing assistance    |
| <input type="checkbox"/> Food Stamps   | <input type="checkbox"/> Emergency program assistance |
| <input type="checkbox"/> Public assistance/Welfare (i.e. TANF/AFDC) *          | <input type="checkbox"/> LIEP                         |
| <input type="checkbox"/> WIC   | <input type="checkbox"/> Child Support/Alimony        |
| <input type="checkbox"/> Supplemental Security Income (SSI)                    | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Foster Care/Adoption subsidy                          |   |

Housing Payment Arrangement:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Own House    | <input type="checkbox"/> Exchange Services for housing | <input type="checkbox"/> Receive subsidized housing |
| <input type="checkbox"/> Rent Housing | <input type="checkbox"/> Make no payment for housing   | <input type="checkbox"/> Other: Specify _____       |

Type of Housing:

- |                                    |  |  |  |
|------------------------------------|--|--|--|
| <input type="checkbox"/> House     | <input type="checkbox"/> Mobile home/trailer | <input type="checkbox"/> Homeless/no housing | <input type="checkbox"/> Migrant housing |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Community shelter   | <input type="checkbox"/> M/Hotel room        | <input type="checkbox"/> Other: _____    |

Family currently has means of transportation:  Yes  No

Primary mode(s) of transportation used (mark all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Private vehicle (car, truck, van) | <input type="checkbox"/> Public transportation (bus, subway, taxi) |
| <input type="checkbox"/> Friend or relative's vehicle      | <input type="checkbox"/> Other: _____                              |

Child to be cared for by someone other than the head of household in addition to participating in Head Start:

Yes  No

Day Care Provider(s) (mark all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Older sibling 12-                  | <input type="checkbox"/> Adult non-relative in non-relative's home |
| <input type="checkbox"/> Older sibling 12 +                 | <input type="checkbox"/> Childcare center                          |
| <input type="checkbox"/> Relative                           | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Adult non-relative in child's home | <input type="checkbox"/> Not arranged yet                          |

Do you receive a subsidy for child care; example – Mountainheart?  Yes  No

# Tentative Bus Application

Yes, I am requesting bus consideration  
 No Bus requested, I am self transporting

<b>Pick up &amp; drop off location:</b> <input type="checkbox"/> Home <input type="checkbox"/> Child Care Center/Daycare <input type="checkbox"/> Private Sitter
---

Site: _____
Teacher: _____

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_

## HOME INFORMATION

Parent(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: # \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

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

## CHILD CARE CENTER/DAYCARE/PRIVATE SITTER INFORMATION

Child Care Center/Private Sitter: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Directions to Child Care Center/Private Sitter: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

**\*\*Disclaimer\*\*** This form DOES NOT guarantee bus transportation. This is a request for bus consideration.

Over Income \_\_\_\_\_

SELECTION CRITERIA  
EPIC HEAD START CHILD YEAR \_\_\_\_\_

Child \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_

Professional referral source \_\_\_\_\_

- +500 Child is 4 years old on or before June 30<sup>th</sup>
- +250 Child completed EHS program
- +150 Temporary living situation
- +50 No water, electric, indoor plumbing, or heat
- +50 Child has professionally diagnosed disability
- +50 Foster child
- +50 Grandparents/other relatives/guardians have physical custody or guardianship
- +50 Child abuse/neglect case with DHHR
- +50 Alcohol/drug abuse in immediate family reported
- +50 Domestic abuse reported
- +50 Receives public assistance (TANF, WV WORKS, SNAP, SSI)
- +50 Teenage parent(s) at time of enrollment
- +50 Professional or agency referral
  
- +25 Parent deceased
- +25 Parent in prison or jail
- +25 Parent/caretaker has physical, learning, or psychological disabilities
- +25 Child has chronic medical conditions/illness/health concerns
- +25 Child is exposed to second hand smoke
- +25 Two or more EHS/Head Start eligible children in home
- +25 English is a second language
- +25 No access to/limited transportation
  
- +10 Developmental delays/disabilities suspected
- +10 Child has no medical/dental home and/or insurance
- +10 Child is three years old on or before June 30<sup>th</sup>
- +10 Child was formerly enrolled in HS
- +10 Parents working or in training and in need of child care assistance
- +10 Single parent family
- +10 Unemployed family
  
- +5 No telephone
- +5 Parent(s) did not graduate from high school
- +5 Parent(s) needs assistance in establishing paternity, custody, child support
- +5 Child removed from child care due to behavior issues
- +5 Child needs more opportunities for peer interaction and socialization
- +5 Parents are unable to participate in parent meetings or Head Start classes



# EPIC INCOME AND ELIGIBILITY VERIFICATION DOCUMENTATION FORM

CHILD'S NAME: _____	D.O.B: _____
DATE OF VERIFICATION: _____	

CIRCLE AMOUNT PER: YEAR, WEEK (52), MONTH (12), SEMI-MONTHLY (24), BI-WEEKLY (26)

Income Tax Form	
W-2 form(s)	
TANF/WV Works	
SSI	
SNAP	
Social Security Benefits – (circle type) Death, Retirement, Disability	
Unemployment Compensation	
Worker's Compensation	
Pay Stubs (source)	
Verified by employer (name)	
Foster Care	
Child Support	
Other/Zero Income Comment	

TOTAL ANNUAL INCOME: \$ \_\_\_\_\_

EHS/HS EMPLOYEE SIGNATURE: \_\_\_\_\_

EHS/HS MANAGER/SPECIALIST SIGNATURE: \_\_\_\_\_  
(Must be signed by manager or specialist before placement.)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

FOR OFFICE USE: # in family _____	Maximum income allowable _____	Is the child eligible to participate in the program? <b>YES</b> <b>NO</b>
Conducted: _____ In person interview _____ Telephone interview (If interview was not done in person, please attach documentation.)		
Check the category of eligibility (check only one):		
_____ 100% (income at or below 100%) _____ 130% (income between 100-130%)		
_____ Foster Child _____ Temporary Living Situation (attach verification) _____ Public Assistance (TANF, SSI, SNAP)		
_____ Over Income		
_____ Professionally diagnosed disability _____ Professionally diagnosed health impairment		
_____ Referral from Birth to Three with one or more clinically determined delays _____ An exception approved by the management team		

MORGAN COUNTY BOARD OF EDUCATION  
HOME LANGUAGE SURVEY

School \_\_\_\_\_ Date \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian phone number \_\_\_\_\_

The West Virginia Department of Education requires school districts to identify all students whose dominant language is **not** English. The purpose of this form is to provide the schools with information to help identify students who might be in need of assistance in English when English is not the primary language spoken at home. Follow-up questions from Morgan County Schools' Title III office may be necessary.

Please answer the following questions:

1. Is English the primary language spoken in the home?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
2. Is English the language most often spoken by the child?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
3. Is English the language the child spoke first?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
4. If no to any of the above, which language? \_\_\_\_\_

Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian

.....  
\*\*Attention Morgan County Schools\*\*

The completed form must be sent to:

Danelle Smith, Title III Secretary  
Morgan County Board of Education  
247 Harrison Avenue  
Berkeley Springs, WV 25411

2024-2025  
STUDENT RESIDENCY

1. Is your current address a temporary living arrangement? Yes \_\_\_ No \_\_\_
2. Is this temporary living arrangement due to the loss of housing or economic hardship? Yes \_\_\_ No \_\_\_
3. Is your student awaiting foster care placement? Yes \_\_\_ No \_\_\_

If you answered YES to any of the above questions, please complete the remainder of this form and forward to the school principal. If you answered NO, to all three questions you may stop here.

School: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Student Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ WVEIS Student ID#: (if known) \_\_\_\_\_

Parent/Legal Guardian(s) Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

3. The student lives with: \_\_\_ 1 parent \_\_\_ 2 parents \_\_\_ 1 parent and another adult \_\_\_ a relative, friend, or another adult

4. Where is the student living now? (Check one)  
\_\_\_ in a shelter \_\_\_ in a motel/hotel \_\_\_ in a car \_\_\_ in a camper or campsite  
\_\_\_ with more than one family in a house or apartment  
\_\_\_ with friends or family members (other than parent/guardian)  
\_\_\_ a public or private place not ordinarily used as a regular sleeping accommodation  
\_\_\_ none of the above

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jeromy Duelle, Director of Attendance, Homeless Liaison – Office of Student Services – Phone (304) 258-2430 (ext. 2037)  
Morgan County Schools – 247 Harrison Avenue – Berkeley Springs, WV 25411

CONFIDENTIALITY IS ESSENTIAL FOR THIS PROGRAM.