

**2025-2026**

**Morgan County Universal Pre-K Registration Form**

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

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

Social Security Number: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Age \_\_\_\_ (as of 6/30)

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: \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

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

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

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

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

**\*Simple directions to your home from the nearest main road** \_\_\_\_\_

**\*Phone number for Automated Call System:** \_\_\_\_\_

**\*Important information about your child:**

**Race:**

\_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/ Alaskan Native

\_\_\_\_ Black/African American \_\_\_\_\_ Pacific Islands

\_\_\_\_ Multi-Race \_\_\_\_\_ Hispanic Origin

\*Primary Language Spoken at Home: \_\_\_\_\_

\*Medical Conditions \_\_\_\_\_ \*Food Allergies \_\_\_\_\_

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

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

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

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

Does your child have a professionally diagnosed disability? YES \_\_\_\_\_ NO \_\_\_\_\_ (Diagnosis: \_\_\_\_\_)

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

I have concerns about my child's: (check all that apply) \*Health \_\_\_\_\_ \*Development \_\_\_\_\_ \*Speech \_\_\_\_\_ \*Hearing \_\_\_\_\_

\*Vision \_\_\_\_\_ \*Behavior/Mental Health \_\_\_\_\_ \*Other \_\_\_\_\_

**Provide proof of income- 1040, W-2, 1099, current paystub(s), SNAP statement, child support and/or alimony statements.**

\$ \_\_\_\_\_ approximate household income received: Yearly \_\_\_\_\_ Monthly \_\_\_\_\_ Semimonthly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Weekly \_\_\_\_\_

\*Do you receive: **Child Support-** YES \_\_\_\_\_ (\$ \_\_\_\_\_/month) NO \_\_\_\_\_ **Alimony-** YES \_\_\_\_\_ (\$ \_\_\_\_\_/month) NO \_\_\_\_\_

\*Do you or your child receive: **TANF-** YES \_\_\_\_\_ NO \_\_\_\_\_ **SSI-** YES \_\_\_\_\_ NO \_\_\_\_\_ **SNAP-** YES \_\_\_\_\_ NO \_\_\_\_\_

\*Is the enrolling child in Foster Care, Kinship Care, WVDHS custody, or another type of legal guardianship? 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, and 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 that parents must enroll in 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) (ask for LLV contact information if you answer yes to either of these)

\*If your child is **currently enrolled** in the Little Learners Village Daycare, will you be participating in wrap-around care once your child is enrolled in Head Start/Pre-K? YES \_\_\_\_\_ NO \_\_\_\_\_ \*if YES, please contact LLV to register for this service.

\*Do you live near the Little Learners Village Daycare on Oakland Rd and have a need for before/after school daycare?  
YES \_\_\_\_\_ NO \_\_\_\_\_ \*If YES, please contact LLV to register for this service.

**Health Information Agreement:**

\_\_\_\_\_ (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-ups 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.

## MORGAN COUNTY UNIVERSAL PRE-K CHECKLIST

### IMPORTANT:

Please submit all registration paperwork to EPIC Head Start/Pre-K as registration for all Morgan County Pre-K / Head Start is managed by their Family Advocates - Gerri Haines and Kim Easton. Please call before stopping to drop off or pick up any paperwork. Office Hours are 8:30 AM to 3:00 PM, Monday through Friday.

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

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

Outside of office hours, or after June 1<sup>st</sup> you may:

- **NOT drop off paperwork at any other school or the Board of Education.**
- Leave paperwork in the **RED drop box** located by the front door.
- Fax paperwork to **304-258-0638**
- Email paperwork to [MorganCountyHS@gmail.com](mailto:MorganCountyHS@gmail.com)

**Be sure to submit any unchecked items listed below as soon as possible to ensure your registration is complete.**

- \_\_\_\_ Registration Packet (all forms must be filled out completely)
- \_\_\_\_ Proof of income – a current SNAP benefit statement/letter, or current pay stub(s), or W-2/tax form(s), and statements for all the following that you or your child receive: child support, alimony, SSI, TANF, WV Works. **\*Include income from both parents if living together w/ child.**
- \_\_\_\_ Proof of Residency- WV driver's license w/ current address or Morgan County tax receipt.

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

- |  |   |
|--|---|
| ____ State Birth Certificate (or affidavit ____) | ____ Physical - <b>not to</b> expire before the first day of school (appointment date: _____) |
| ____ Social Security Card (write on application) | ____ Dental - <b>not to</b> expire before the first day of school (appointment date: _____)   |
| ____ Medicaid/Medical Insurance Card             |   |
| ____ Immunization Record                         |   |

### **Criteria for class placement, decided by the placement committee:**

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

### **NOTES:**

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