

Dear Parents,

Below is information about eligibility criteria and some tips that will make the Voluntary Pre-K Program (VPK) registration process easier:

Eligibility

- **Primary Eligibility:** The VPK Program is primarily for four-year-old, income-eligible children whose primary residence is Bledsoe County.
- **Age Qualification:** To meet the primary eligibility requirement, a child must be 4 years old by August 15th of the current school year.
- **Income-Based Qualification:** Families must meet income guidelines to be considered for primary eligibility. You can check to see if your family qualifies using the chart on the second page of this document.
- **Acceptance Priority:** Children who meet the age and income eligibility criteria will be accepted into the program first.
- **Additional Acceptance Criteria:** If spots are available after **September 15th**, the district may accept:
 - Three-year-old income-eligible children (see the chart on the next page for income eligibility)
 - Four-year-old over-income children
 - Three-year-old children with Individual Education Plans (IEPs) through Special Education

*****Three-year-old over income children who do not have an IEP will not be eligible for the VPK program this year.*****

- If your child does not meet the primary eligibility requirements, but meets one of the additional acceptance criteria, he/she will be placed on a waiting list. The district will contact you in the event that seats are available and your child is accepted into the program. Please note that this will not happen before September 15th.

Tips for Registration

- **Bring Your Child for Screening:** On the day of registration, please bring your child along for the screening process. This will include activities to assess their readiness for pre-K and help us tailor our program to meet their needs.

- **Fill Out Packet Ahead of Time:** Although this is not mandatory and packets will be available during registration, it is much easier on you and your child if you complete this ahead of time. Packets are available in the office of each elementary school and at the Board of Education. The registration packet is included in this document if you would like to print it off at home.
- **Please Bring All Required Documents, Including:**
 - Proof of residency in the county (e.g., utility bill, lease agreement)
 - Certified Copy of Birth Certificate
 - Immunization Records
 - Record of Physical- Must be within the last year
 - Food Stamp Case Number (if applicable)
 - Proof of Income (check stub or tax information)

If you have questions or concerns, please contact Kristy Walker at the Board of Education- kristywalker@bledsoecountyschools.org or 423-447-2914

2024 US Health and Human Services Poverty Guidelines					
*Annual Income levels reflect 185% of the 2024 US Health and Human Services Poverty Guidelines					
Household Size	*Annual Income	Monthly	Month	Every two weeks	Weekly
1	\$27,861.00	\$2,321.75	\$1,160.88	\$1,071.58	\$535.79
2	\$37,814.00	\$3,151.17	\$1,575.58	\$1,454.38	\$727.19
3	\$47,767.00	\$3,980.58	\$1,990.29	\$1,837.19	\$918.60
4	\$57,720.00	\$4,810.00	\$2,405.00	\$2,220.00	\$1,110.00
5	\$67,673.00	\$5,639.42	\$2,819.71	\$2,602.81	\$1,301.40
6	\$77,626.00	\$6,468.83	\$3,234.42	\$2,985.62	\$1,492.81
7	\$87,579.00	\$7,298.25	\$3,649.13	\$3,368.42	\$1,684.21
8	\$97,532.00	\$8,127.67	\$4,063.83	\$3,751.23	\$1,875.62
For each additional person, add:	\$9,953.00	\$829.42	\$414.71	\$382.81	\$191.40

This chart is to be used when reviewing the Pre-K Income Eligibility application to determine if family meets income qualifications for "economically disadvantaged". Families making at or below the annual income amount, based on household size, meet the income eligibility criteria for participation in the Voluntary Pre-k program for the 2024-2025 school year. Verification must include total income of all household family members as indicated on Pre-K Income Eligibility Application.



**Bledsoe County Schools
PRE-K**

REGISTRATION



**If you have questions, please contact Kristy Walker
at the Board of Education**

423-447-2914

kristywalker@bledsoecountyschools.org

BRING THE FOLLOWING

- A child who will be 4 years old by August 15th.
- Proof of Residency (gas, water, electric bill)
- Certified Copy of Birth Certificate
- Record of Physical (Must be within the last year)
- Immunization Record
- Food Stamp Cdse # if applicable
- Proof of Income (check stub or tax information)

PLEASE NOTE

Four-year-old students who meet the income-eligibility guidelines will be accepted into the program first.

Pre-K Registration Form

Child Information:

Child's Full Name: _____

Date of Birth: _____

Will your child be 4 years old by **August 15th 2024**? Yes/No

Gender: Male / Female

Physical Home Address: _____

Mailing Address (if different): _____

City: _____

State: _____

Zip Code: _____

If your child is 4-years-old (4-years old by August 15, 2024) and income-eligible, we will contact you during the summer. Please make sure the information you share is a good way for us to reach you. If your child is NOT a 4-year-old income-eligible child, you will be contacted in September if seats are available. If seats are not available, your child will be placed on a waiting list and you will be contacted if or when a spot becomes available.

Contact Information #1:

Parent/Guardian Name: _____

Contact Number: _____

Email Address: _____

Preferred Contact Method: Text/Call/Email

Contact Information #2:

Parent/Guardian Name: _____

Contact Number: _____

Email Address: _____

Preferred Contact Method: Text/Call/Email

Pre-K Registration Form

Transportation Information

For district planning purposes, we need to collect the following information about how your child will arrive and leave school each day.

Transportation Method **AM:** Bus/Car

- If you chose bus, please give the address for morning pick-up:

Transportation Method **PM:** Bus/Car

- If you chose bus, please give the address for afternoon drop-off:

Does your child have a sibling who currently rides a bus? Yes/No
If yes, what bus does the sibling ride? Bus #_____



For Office Use Only
Please Circle One
Income Eligible: Yes / No
<small>If yes, and enrolled, student should be classified as (L) in student information system</small>

2024-2025

Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program. Submission of this application is not a guarantee of acceptance into the VPK program.

Name of Student: _____	Date of Application: _____
SSN of Student: _____	Date of Birth of Student: _____
Name of Applicant: _____	Relationship to Student: _____
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Home Phone #: () _____	Work Phone #: () _____ Cell Phone #: () _____

Part A - Family Information

Please list information for all other household members

Section 1

Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.			
2.			
3.			
4.			
5.			

Section 2

Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.	
2.	
3.	
4.	
5.	

Total # of household members: _____

Part B - Program Participation

Please check (√) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(√)	(√)	(√)	(√)	(√)	Case #			
	Early Head Start		Foster Care		Migrant		Families First (TANF)	
	Head Start		Homeless		Food Stamps / EBT			

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes							
A.	GROSS work income	D.	Pension(s)	G.	Veteran's Benefits	J.	SSI Disability
B.	Unemployment	E.	Retirement	H.	Child Support	K.	Other - please list ↓
C.	Workman's Comp	F.	Social Security	I.	Alimony		

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Total Annual (Yearly) Income						\$ -

Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.

<input type="checkbox"/> Pay Stub / Verification of pay by employer	<input type="checkbox"/> Retirement Documentation	<input type="checkbox"/> Foster Care Reimbursement
<input type="checkbox"/> W-2 Form	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI Documentation
<input type="checkbox"/> Income Tax Form 1040A or 1040	<input type="checkbox"/> Veteran's Benefit Letter	<input type="checkbox"/> TANF Documentation
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Child Support	<input type="checkbox"/> AFDC / Public Assistance Payment
<input type="checkbox"/> Workman's Compensation Documentation	<input type="checkbox"/> Alimony Documentation	<input type="checkbox"/> TennCare Verification
<input type="checkbox"/> Pension Stubs	<input type="checkbox"/> Other (Specify): →	

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: _____ SSN #: _____
 Signature of Applicant: _____ Date: _____

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information. Completed
 forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____
 Signature of LEA employee: _____
 Date Reviewed by LEA employee: _____

Bledsoe County Pre-K Background Information

Name: _____ Birthdate: _____

Child is currently living with (Check all that apply): Natural mother and natural father Natural mother Natural father Grandparent Step-parent Other relative, specify: _____
 Foster Parent Boyfriend/girlfriend of parent Homeless

Total number of people in household? _____

Does your child receive books from Imagination Library (Dolly Parton)? Yes No

Did your child receive services from Tennessee Early Intervention Program (TEIS)? Yes No

Do you or your child receive SSI (Social Security Income)? Yes No

Does your family receive food stamps? Yes No If Yes: Case # _____

Does your child have a parent who has been killed in war or missing in action? Yes No

Transportation Plan for Child: Ride bus _____ Parent Transport: _____ Unsure: _____

Are there any short term family crisis currently occurring with your family? Yes No
If so, what are they? (Examples might be recent death of a family member, loss of job, recent divorce)

Are there any long term crisis conditions present in the family? Yes No
(Examples might include a chronic mental or physical illness or a disabled family member.)

Developmental History:

Health problems during pregnancy: _____

Premature? Yes No Birthweight? _____

Has the child had health problems resulting in hospitalization? Yes No

If yes, describe: _____

Has the child ever had a serious head injury? Yes No If yes, describe:

Has the child had chronic ear infections? Yes No Have tubes been inserted? Yes No

Has the child had problems with vision or need glasses? Yes No

Does the child have allergies? Yes No If so, what? _____
 food allergies seasonal allergies asthma other

(If your child has food allergies, we must have documentation from an allergy specialist in order to make accommodations.)

Please check any behavioral problems you have with your child:

- | | |
|--|---|
| <input type="checkbox"/> Too active | <input type="checkbox"/> Under active/sits around too much |
| <input type="checkbox"/> Poor attention span | <input type="checkbox"/> Goes from one activity to another |
| <input type="checkbox"/> Wets the bed | <input type="checkbox"/> Has urine/bowel accidents during the day |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Stares off into space |
| <input type="checkbox"/> Has temper tantrums | <input type="checkbox"/> Acts like a younger child |
| <input type="checkbox"/> Doesn't care for own needs | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Complains about health | <input type="checkbox"/> Needs too much help with dressing, hygiene |
| <input type="checkbox"/> Can't entertain self | <input type="checkbox"/> Has few or no friends |
| <input type="checkbox"/> Has poor social skills | <input type="checkbox"/> Fights and argues |
| <input type="checkbox"/> Poor eye contact | <input type="checkbox"/> Stays isolated, doesn't socialize |
| <input type="checkbox"/> Bullys other children | <input type="checkbox"/> Gets obsessed with certain interests |
| <input type="checkbox"/> Refuses to comply with requests | <input type="checkbox"/> Eats too much or too little |
| <input type="checkbox"/> Seems sad | <input type="checkbox"/> Says "I hate myself" |
| <input type="checkbox"/> Is rude and ungrateful | <input type="checkbox"/> Makes threats against others |
| <input type="checkbox"/> Hits self, hurts self | <input type="checkbox"/> Whines, clings and cries |

Is there any additional information you would like to share about your child?

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The following documents are required:

___ Certified Copy of Birth certificate

___ Proof of Residency (gas, water, electric bill, etc..)

___ Record of Physical (within the last year)

___ Immunization Record

___ *Food Stamp Case Number (if applicable)

___ Proof of Income (check stub or tax information)

If you do not have these on the day of registration, please email them to kristywalker@bledsoecountyschools.org or drop them off at the Bledsoe County Board of Education – 478 Spring Street

*If you do not know your food stamp case number, you can call DHS to get it- 423-447-2193