





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

**Classroom location ranking: Parents must indicate 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice – (1<sup>st</sup> being the most desired location) Pre-K classroom placement is determined based on a point system. You are not guaranteed your 1<sup>st</sup> choice. Every child will be offered a Pre-K spot somewhere in the County. Each Pre-K location provides Pre-K services (M-TH)**

- \_\_\_\_\_ Beverly Elementary
- \_\_\_\_\_ Coalton Elementary
- \_\_\_\_\_ George Ward Elementary
- \_\_\_\_\_ Jennings Randolph Elementary

- \_\_\_\_\_ Midland Elementary
- \_\_\_\_\_ North Elementary
- \_\_\_\_\_ Third Ward Elementary

**\*Do you need before and after school child care? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**\*Do you have any concerns about your child's health or development? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**\*Directions to Home: (Be as specific as possible) \_\_\_\_\_**

**\*\*INCOMPLETE PACKETS MAY RESULT IN NOT GETTING 1<sup>ST</sup> CHOICE\*\***  
**\*\*NO GUARANTEE FOR 1<sup>ST</sup> CHOICE\*\***

### 2024-25 Randolph County Universal PRE-K Registration Folder

AN ASSIGNMENT TO A SITE CANNOT BE MADE UNTIL ALL PARENT BOXES ARE CHECKED, CERTIFICATES VERIFIED, AND A FINAL REVIEW IS MADE BY A DESIGNATED RANDOLPH COUNTY UNIVERSAL PRE-K STAFF MEMBER. **NO EXCEPTIONS WILL BE MADE TO THIS RULE.**

Attendance Area School \_\_\_\_\_ (Home school)

- \* **Parents:** Place a *"Certified of Live Birth"* from the West Virginia State Department of Vital Statistics located in Charleston, WV, inside. (Certificates from Hospitals and County Courthouses are NOT acceptable. Children born outside West Virginia must also have a certified copy from the Department of Vital Statistics/State Capitol from the state where they were born.) **Students must be 4 years old on or before June 30, 2024. Certificate of Live Birth is required for the completion of the packet.**
- \* **Parents:** Place *Certificate of Immunization* from a physician or health department inside. **Certificate of Immunization is required for the completion of the packet.**
- \* **Parents:** Place completed *Health Check Physical Form* signed by a physician. **Health Check Physical Form is required for the completion of the packet.** (Exception: If your child turns 4 after April 15, 2024, you may turn in the Health Check Form after the birthdate. Completed forms MUST be received before school begins).
- \* **Parents:** Include copies of court orders awarding custody of the child if parents are separated or divorced.

**\*\*Call 304-636-2363 to finalize your application. Signature will be completed when meeting with FRC.**

\_\_\_\_\_

(Signature of Parent or Guardian)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature of Staff Member)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature of Case Worker)

\_\_\_\_\_

(Date)

<p align="center"><b>Information Received At Application:</b></p> <p>_____ Certificate of Live Birth</p> <p>_____ Health Check</p> <p>_____ Immunization Record</p> <p>_____ Dental Exam</p> <p>_____ Blood Lead</p> <p>_____ TB Test (if WV resident less than 4 months)</p>
---

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  In-person interview  Telephone interview

If phone interview, please explain why: \_\_\_\_\_

**HOMELESS (Please read the following definition to applicant and answer question)** The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

**Applicant feels their living situation meets the definition of homeless? (circle one)** yes no (If yes, complete the Homeless Identification Determination Form )

**FINANCIAL INFORMATION (Answer each section below)**

**1. INCOME BASED ON (Income Verifications must represent 12 month period unless family receives TANF on a regular basis or currently receiving SSI)**  
\_\_\_\_ Current Situation (TANF, Homeless, Foster Care, SNAP or SSI); \_\_\_\_ Last Calendar Year; \_\_\_\_ Previous 12 months

**2. OTHER ELIGIBILITY (Please circle yes or no by each category)**

<b>TANF (Temporary Assistance for Needy Families)</b>	yes	no	<b>SSI (Supplemental Security Income)</b>	yes	no
<b>Meets McKinney-Vento Definition of Homeless</b>	yes	no	<b>Child is Foster Child</b>	yes	no
<b>SNAP (Supplemental Nutrition Assist. Program)</b>	yes	no			

(Complete sections 3 and 4 only if you did not answer yes to any questions in Section 2-Categorically Eligible.)

**3. VERIFICATIONS USED TO DETERMINE INCOME ELIGIBILITY (Circle yes or no by each category)**

<b>1040 TAX RETURN</b>	yes	no	Amount _____	Year of return _____
<b>W-2 FORM(s)</b>	yes	no	Amount _____	Year on W2 _____
<b>PAY STUBS</b>	yes	no	Amount _____	Date of paystubs _____
<b>Pay Envelope</b>	yes	no	Amount _____	Date of Envelope _____
<b>SIGNED EMPLOYMENT STATEMENT</b>	yes	no	Amount _____	Date _____
<b>UNEMPLOYMENT</b>	yes	no	Amount _____	Dates Received _____
<b>WORKER'S COMPENSATION</b>	yes	no	Amount _____	Dates Received _____
<b>CHILD SUPPORT</b>	yes	no	Amount _____	Frequency _____
<b>SOCIAL SECURITY DISABILITY</b>	yes	no	Amount _____	Frequency _____
<b>SOCIAL SECURITY SURVIVOR BENEFITS</b>	yes	no	Amount _____	Frequency _____
<b>OTHER CASH INCOME</b>	yes	no	Amount _____	Frequency _____

**TOTAL GROSS ANNUAL INCOME** \_\_\_\_\_ **HS/EHS FAMILY UNIT [Total Adults: \_\_\_\_ ] [Total Persons <18: \_\_\_\_ ]**

**4. CERTIFICATION OF PARTIAL OR NO INCOME COMPLETED** yes no (Complete the Certification of Partial or No Income if applicant cannot provide any or one complete year of income. Attach to Application)

As a part of the application process, I, the undersigned parent/guardian certify that:

1. The information provided is accurate to the best of my knowledge.
2. I understand that completing this application for my child to participate in the Preschool program is not a guarantee of placement in a particular Preschool site or classroom and that this is determined based upon a combination of factors, rather than simple parent preference.

I further understand that:

1. I will be made aware of my child's placement recommendation via U.S mail as soon as determinations are available;
2. It is *my* responsibility to accept or decline, *in writing*, said placement recommendation in accordance with timelines set forth in order to secure the slot for my child; *and*
3. Any changes to the child's place of residence/address, phone number or custodial status are to be reported immediately.

\*Any participant or potential participant of the HS/EHS program who falsifies or misrepresents given information for the purpose of their child/themselves being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the HS/EHS program.

\_\_\_\_\_  
[Signature of Parent/Guardian]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Signature of Staff]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Signature of Case Worker (If applicable)]

\_\_\_\_\_  
[Date]