

**DAVISS COUNTY
PRESCHOOL/HEAD START APPLICATION
2018 - 2019**

Only completed applications will be accepted. Please fill out information on both sides.

CHILD'S NAME: _____ CHILD'S SOCIAL SECURITY #: _____ *

First Middle Last

CHILD'S MOTHER: _____ MOTHER'S DRIVER'S LICENSE #: _____

CHILD'S FATHER: _____ FATHER'S DRIVER'S LICENSE #: _____

CHILD LIVES WITH: _____ RELATIONSHIP: _____ FOSTERCARE: Yes _____ No _____

ADDRESS: _____ Email Address: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL NUMBER: _____ ALTERNATE: _____

CHILD'S DATE OF BIRTH: _____ RACE _____ GENDER: MALE _____ FEMALE _____

CHILD'S PRIMARY LANGUAGE: _____ SECONDARY LANGUAGE: _____

ELIGIBILITY REQUIREMENTS:**

Please note: Head Start is a 6 hour per day program. Parents are responsible for transportation.

Age 3- Head Start Qualifications:

1. Must be 3 before August 1, 2018.
2. Must be income eligible.
3. 3 yrs olds with diagnosed delay or disability are eligible for preschool after their 3rd birthday.

Age 4- Preschool Qualifications:

1. Must be 4 before August 1, 2018.
2. Must be income eligible.
3. 4 yrs old with diagnosed delay or disability.

_____ My child has been diagnosed with a Speech/Social/Cognitive/Motor Disability (if yes, attach eval papers)

_____ If my child is over income I would like to receive information regarding the Fee-Based Preschool Program.

I suspect my child may have a disability or special need and would like to have them screened in one or more of the following areas: _____ Social _____ Cognitive _____ Motor _____ Speech

Describe Concerns: _____

Preschool Orientation Notices are mailed to parents after the close of the current school year during the month of July. Orientation information states the date, time and location of orientation. It also lists the documents that are needed before the child is able to start the Preschool Program.

Has your child attended Preschool / Head Start in the past: YES: _____ NO: _____

If yes, list school attended: _____

TRANSPORTATION INFORMATION:

Children who are in the 4 year old Preschool Program will receive transportation if they live on an existing preschool route.

PICK-UP AND DROP – OFF LOCATION MUST BE THE SAME LOCATION:

Pick – up/ drop off location: _____

I prefer to transport my child to school: _____

*Social Security Number is optional.

**** Kentucky guidelines state that all At Risk-Children are eligible for Preschool Services. At-risk is defined as meeting state income guidelines or having a disability (as defined by the Individuals with Disabilities Education Act) such as Speech, Motor, Cognitive, Physical or Social/Emotional Development. All students who apply and are over income will be screened for a delay upon parent request.**

PLEASE LIST ALL CHILDREN LIVING IN THE HOUSEHOLD: (INCLUDE CHILD APPLYING FOR PRESCHOOL)

LAST NAME	FIRST NAME	DATE OF BIRTH	SCHOOL ATTENDING
1.			
2.			
3.			
4.			
5.			

INCOME INFORMATION:

FOOD STAMP #: _____ MEDICAL CARD #: _____ K-TAP CASE #: _____

PLEASE LIST ALL ADULTS LIVING IN THE HOUSEHOLD:

First Name	Last Name	Gross Monthly Income (BEFORE DEDUCTIONS)	Monthly KTAP, Child Support, KINSHIP Care, or Alimony	Monthly Pension, Retirement, SSI or Social Security	Other Monthly Income (BEFORE DEDUCTIONS)	Total Monthly Income
1.						
2.						
3.						
4.						

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct. The Food Stamp number or K-TAP number is correct and that all income is reported. I understand that this information is being given for the receipt of state and federal funds, that school officials will verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: _____ DATE: _____

Please return this application to:
DAVIESS COUNTY PUBLIC SCHOOLS
ATTENTION: PRESCHOOL DEPT. P. O. BOX 21510
OWENSBORO KY 42304-1510.

REVISED 11/18 WSA

FOR OFFICE USE ONLY:

AGE AS OF AUGUST 1: _____ SCHOOL DISTRICT: _____ SCHOOL ATTENDING: _____

INCOME INFORMATION: HEAD START: YES ___ NO ___ KERA PRESCHOOL: YES ___ NO ___

APPROVED: _____ REASON: _____ DATE: _____

DENIED: _____ REASON: _____ DATE: _____

NEEDS SCREENING: _____ REASON: _____ DATE: _____

MIGRANT ENROLLMENT: Yes ___ No ___ STATUS: _____