Washington County Schools
Early Childhood Program Application Packet
Checklist of Required Documents

(Please turn in completed application packet by March 20, 2019, to the Washington County Board of Education Office. All documents listed below are required to be submitted before your child will be assigned to a preschool session)

THE FOLLOWING FORMS MUST BE TURNED IN BEFORE YOUR CHILD WILL BE ASSIGNED TO A PRESCHOOL SESSION:

(Included in packet)

☐ Early Childhood Program Intake Form

☐ Household Income Verification Form for Kentucky State Funded Preschool Eligibility

☐ Tuition Based Preschool Interest Form

☐ Washington County Childcare Interest Form

☐ Child’s Physical Examination Form – must include a lead screener
  (Filled out and signed by the doctor at completion of the physical exam)

/Documents you will provide)

☐ Verification of household income (2018 income tax return or current (within the past two months’) pay stubs

☐ Copy of Utility Bill (Electricity, gas, home phone) for proof of residence

☐ Child’s Birth Certificate (Official document from Frankfort)

☐ Child’s Most Recent Valid Immunization Record

☐ Eye Exam (Must be completed by optometrist/ophthalmologist)
WASHINGTON COUNTY EARLY CHILDHOOD PROGRAM

ELIGIBILITY REQUIREMENTS

Children who meet the following criteria are eligible for the Early Childhood Program:

1. Resident of the Washington County School District and meets one of the following criteria:
   - 4 year old student who will turn 5 AFTER August 1, 2019 (Birthdate falls between 08-02-2014 and 08-01-2015) who:
     - has an educational disability
     - meets income eligibility guidelines
     - desires tuition based preschool if space is available
   
   OR

   - 3 year old student who has an educational disability

   - If a student is currently enrolled or has been accepted by Head Start their placement will remain in Head Start for the upcoming year.

REQUIREMENTS FOR ENROLLMENT:

Each child must have the following items on file before they can begin preschool. A preschool session will not be assigned until all necessary paperwork has been submitted:

- **A copy of a legal birth certificate.** This must be the official state copy from the Department of Vital Statistics (the hospital record of birth is not acceptable for school purposes).
- **A Kentucky Certificate of Immunization.** This must be valid and up to date. It will be kept on file at the school at all times.
- **Physical Examination.** A copy of a current (March 1, 2019 or later) physician’s medical examination (must include a lead screener) must be provided. (Note – TB Skin Tests are not required for preschool enrollment)
- **Proof of Washington County Residence.** Example – a current utility bill, which is mailed to your residence, not to a P. O. Box.
- **Eye Exam.** Performed by an optometrist or ophthalmologist
WASHINGTON COUNTY EARLY CHILDHOOD PROGRAM INTAKE FORM
(Please complete and return to the Washington County Board of Education Office by Friday, March 20, 2019)

School Year: 2019-2020  School Attending: ___________  PS Session Preference (Check One): ☐ Morning  ☐ Afternoon

Student's Full Name: ___________________________  Birth Date: ___________  Race: ___________
First  Middle  Last

Student Social Security #: ______________________  Gender: _______  County and State of Birth: ______________________________

Student's Address:
Street Address
City, State, Zip Code

Home phone: ______________________  Cell phone: ______________________  Student lives with: ______________________

Do you plan to utilize WC School District's bus transportation for your child during the school year? ☐ Yes  ☐ No

Family Information:
Father/Guardian: ___________________________  Mother: ___________________________
Address: ___________________________________  Address: ___________________________
Phone: ___________  Cell: ___________  Phone: ___________  Cell: ___________
Email: ___________________________  Email: ___________________________
Employer: ___________________________  Employer: ___________________________
Work phone: ___________________________  Work phone: ___________________________

Medical Information:
Allergies or special medical problems: ___________________________
Special services needed: ___________________________
Student's doctor: ___________________________  Doctor’s Address: ___________________________

Language Survey:
Country of origin: ___________________________  First language your child learned to speak: ___________________________
Language student speaks most often: ___________________________  Primary language used at home: ___________________________

Emergency Information: In case you cannot be located, list the names and phone numbers of three people who can take responsibility for your child in the event of an emergency or serious illness:

1. ___________________________  Phone #: ___________________________
2. ___________________________  Phone #: ___________________________
3. ___________________________  Phone #: ___________________________

This information will be shared by Preschool and Head Start to ensure all opportunities available to your child are considered. The Washington County School System has my permission to obtain whatever medical services that may be needed for my child in case of accident or serious illness. I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

Signature of parent/guardian: ___________________________  Date: ___________________________
Dear Parent/Guardian:

Thank you for beginning the process for determining if your child is eligible to attend the state funded preschool program. The state funded preschool program is an intervention program, provided to families who meet income eligibility guidelines and/or whose child is identified with a developmental delay or disability. Each family interested in their child attending the state funded preschool program must complete a household income verification form.

1. **WHOM SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who do not support, who do not share income with you or your children and who pay a pro-rated share of expenses), do not include them.

2. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

3. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

4. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

5. **WHAT DOCUMENTS CAN I PROVIDE TO VERIFY MY INCOME?** Individual Income Tax Form 1040, W-2 forms, pay stubs dated within the last month, written statements from employers, or documentation showing current status of recipients of public assistance.

If you have other questions or need help, call 859-336-5470.

Sincerely,

Jason Simpson, Assistant Superintendent/DoSE/Preschool Director

The Washington County Board of Education does not discriminate on the basis of race, color, national origin, sex, age or disability in employment or provisions of services.
**INSTRUCTIONS FOR APPLYING**

<table>
<thead>
<tr>
<th>Part 1: All Household Members (a household member is any child or adult living with you): All applicants should complete this part. List the name of each household member, the name of the school each child attends and the child’s grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF YOUR CHILD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS.</strong></td>
</tr>
<tr>
<td>Part 2: Check the appropriate category.</td>
</tr>
<tr>
<td>Part 3: Skip this part.</td>
</tr>
<tr>
<td>Part 4: Sign the form.</td>
</tr>
<tr>
<td><strong>IF YOU HAVE FOSTER CHILD(REN) ONLY, FOLLOW THESE INSTRUCTIONS. YOU DO NOT NEED TO FILL OUT A SEPARATE FORM FOR EACH FOSTER CHILD IN YOUR HOUSEHOLD. (IF THERE ARE BOTH FOSTER CHILDREN AND NON-FOSTER CHILDREN IN YOUR HOUSEHOLD, FOLLOW THE INSTRUCTIONS BELOW FOR ALL OTHER HOUSEHOLDS).</strong></td>
</tr>
<tr>
<td>If all children in the household are marked as foster children in Part 1:</td>
</tr>
<tr>
<td>Part 2: Skip this part.</td>
</tr>
<tr>
<td>Part 3: Skip this part.</td>
</tr>
<tr>
<td>Part 4: Sign the form.</td>
</tr>
<tr>
<td><strong>ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:</strong></td>
</tr>
<tr>
<td>Part 2: Skip this part.</td>
</tr>
<tr>
<td>Part 3: Follow these instructions to report total household income from this month or last month.</td>
</tr>
<tr>
<td>• Section 1—Name: List all household members who have income.</td>
</tr>
<tr>
<td>• Section 2—Gross Income and How Often It Was Received: List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.</td>
</tr>
<tr>
<td>o Earnings from work: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should only be reported for self-owned business, farm, or rental income.</td>
</tr>
<tr>
<td>o Welfare, Child Support, Alimony: List the amount each person receives and check the box to tell us how often.</td>
</tr>
<tr>
<td>o Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits) and disability benefits: List the amount each person receives and check the box to tell us how often they receive it.</td>
</tr>
<tr>
<td>o All Other Income: List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income received weekly, every other week, twice a month or monthly. Do not include income from KTAP, SNAP, WIC, federal education benefits and foster care payments received by your family from the placing agency.</td>
</tr>
<tr>
<td>o If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.</td>
</tr>
<tr>
<td>Part 4: An adult household member must sign the form. Please include your address and phone number in the event the Preschool Coordinator has a question about your information.</td>
</tr>
</tbody>
</table>
## HOUSEHOLD INCOME VERIFICATION FORM

The State Funded Preschool Program is available to children who are 4 years old on or before August 1 and whose family income is 160% poverty or less; and children who are 3 or 4 years old with an identified disability. To determine income eligibility, please complete, sign and return this application to the Washington County Board of Education Office.

### PART 1. ALL HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Names of all people living in your household (First, Middle Initial, Last)</th>
<th>School the child attends, or indicate “NA” if household member is not in school</th>
<th>Grade Level</th>
<th>( \text{Check if a foster child (legal responsibility of welfare agency or court)} )</th>
<th>( \text{Check if NO income} )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant or a runaway, check the appropriate box.

- HOMELESS  [ ]
- MIGRANT [ ]
- RUNAWAY [ ]

### PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS).

List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

<table>
<thead>
<tr>
<th>1. NAME (List only household members with income)</th>
<th>2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) Jane Smith</td>
<td>Earnings from work before deductions.</td>
</tr>
<tr>
<td>$200</td>
<td>Weekly</td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

An adult household member must sign the form.

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: ___________________________ Print name: ___________________________ Date: ___________________________
Address: ___________________________ City: ___________________________ State: __________ Zip Code: __________
Phone Number: ___________________________ Cell Phone Number: ___________________________
Privacy Notice
The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

CHECKLIST

☐ Have you included all your children as household members?

☐ For each household member receiving income, is the frequency checkbox checked?

☐ Have you signed the application?

---

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Year Household size: ______

Eligibility: 160% poverty□ Special Education□ Head Start□ Over Income□

Reason (160% poverty; Special Education; Head Start (if applicable); Over Income): ______________________________

Preschool Coordinator: ______________________________ Date: ______

Secondary Signature: ______________________________ Date: ______
Tuition Based Preschool Interest Form

Currently Washington County offers limited spots for tuition-based Preschool students. The current cost is $10 per day for half-day class. Please indicate if you would be interested in your child attending the Washington County Preschool Program as a tuition based student if they are not otherwise eligible. Checking “yes, you are interested”, does not obligate you in any way.

_____ Yes, I would be interested in my child attending the Preschool Program as a tuition-based student.

_____ No, I would not be interested in my child attending the Preschool Program as a tuition-based student.

Child’s Name: ____________________________________________

Parent/Guardian Signature: __________________________________


WASHINGTON COUNTY CHILDCARE INTEREST FORM

STUDENT’S NAME:

________________________________________________________________________

If your child were enrolled in the half-day Early Childhood Program, would you be interested in childcare at school for the other half of the day? This form does not commit you to enrolling your child in the school’s childcare center. It is to gather information so the Childcare director can follow up with you with further information regarding Washington County Schools’ Childcare program.

_____ Yes, I would be interested in ½-day childcare opposite preschool.

_____ Yes, I would be interested in childcare between 3:00 and 6:00 PM.

_____ Yes, I would be interested in childcare on non-school and summer days.

_____ No, I would not be interested in ½ day Childcare.

Please check below the days that you are interested in your child attending childcare each week:

Monday     Tuesday     Wednesday     Thursday     Friday

**If you marked yes, please provide the information below and the Childcare Director will contact you:

Your Name:_____________________________________________________________________

Phone Number:____________________________________ Best time to reach you:_________
PREVENTATIVE HEALTH CARE EXAMINATION FORM – INITIAL ENTRY (PRESCHOOL/HEAD START)
(To Be Completed By Physician Conducting The Examination)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: ___________________________ Date of Birth: ___________________________

Social Security Number: ________________________ Date of Birth: ________________________

Parent or Guardian Name: ___________________________

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM

MEDICAL HISTORY

Seizures: ___________________________________________________________

Chronic Illnesses: ____________________________________________________

Allergies: __________________________________________________________

Medications: ________________________________________________________

Significant Historical Information: ______________________________________

PHYSICAL EXAM:

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
<th>General Appearance</th>
<th>Height: _____</th>
<th>Weight: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HEENT</td>
<td>Hearing: R: _____</td>
<td>L: _____</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skin</td>
<td>Vision: R: _____</td>
<td>L: _____</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neck</td>
<td>Blood Pressure:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chest</td>
<td>STRABISMUS/AMBLYOPIA SCREEN</td>
<td>Abnormal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart</td>
<td>Optional: HCT/HGB : _____ (required for Head start)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Genitalia</td>
<td>Optional: UA:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extremities – Back</td>
<td>Lead: _____ (required for Head Start)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neuro</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain abnormal exam: __________________________________________________________

Recommendations:  

No Restrictions/Normal Exam  

Restrictions and suggestions to school: _______________________________________________

Age appropriate and suggested anticipatory guidance (health assessments):

☐ Discuss injury prevention with parents:

☐ Bicycle Safety    ☐ Car Seat Belts    ☐ Memorization of Name, Address, and Phone Number

☐ Advise the child not to go with or accept anything from strangers and feel free to say “NO” to strangers

☐ Emphasize the importance of dental care

☐ Discuss mental health issues

Signed: ___________________________ Date: ___________________________

(Physician/ARNP/PA/EPSDT Provider)

Address: ___________________________ Phone #: ___________________________

Kentucky Department of Education