

Student Name: _____ School: _____

Family Information

Parent and or Guardian Information (List ALL adults living in the household)

Name of adult	Race	Relationship	Age	Highest Grade completed	Legal custody of child? (Y/N)

Siblings or other in the household

Name of child	Race	Relationship to applicant	Age	School Attending

Income Documentation

Name of Person receiving income	How often income is received?	Gross amount of income a year	Place of employment	Documentation? (Y/N?)

How many total in the family _____

Check all that the family receives and providing proof with application:

W2 ___ Current Pay Stub ___ Child Support documentation ___ Disability/ Social Security Letter ___ TANF Letter ___

SSI Award _____ 1040 Tax Form _____ Declaration of zero Income _____

Does your family receive:

___ SNAP ___ WIC ___ Medicaid ___ Child Care Subsidy Case Worker: _____

Student Information

Please check ALL that apply— you may also give details within items.

Child has educational IEP (Individualized Educational Plan)	At least one Parent did not graduate from high school
Child has speech IEP	Parent is incarcerated
Child has a diagnosed disability from a doctor	Parent enrolled in school part-time or full-time
Child has a chronic illness or medical issue (diabetes, asthma, seizures, heart problem)	Parent deployed in military
Child has allergies (please list)	Parent is a sex offender
Child is in foster care	Parent has a disability or health issues
Child is being raised by grandparents, aunts, uncles, or other family members	Parent has substance abuse history
Grandparents have legal custody of child	Parent is unemployed
Child has no contact with one or more parents	Single parent working fulltime
Child's parents are divorced or separated	Parent has a mental illness (Bipolar, schizophrenia, etc.)
Child has limited English	Parent has an emotional disorder (depression, anxiety, etc..)
Child has been abused (physically, sexually, or emotionally)	Parent has ADD, ADHD, or ODD
Child is in counseling (Where _____)	Deceased parent
Sibling has a disability	Terminal Illness in the family (Who _____)
Domestic Violence is in the home	Family receives TANF– Temporary Assistance for Needy Family
Family has moved at least 2 times in the last year	Teen mother or father at time of child's birth
Family is homeless (lacks a fixed, permanent residency)	Any other concerns (please list)

Is your child potty trained and can they clean themselves, if they have an accident?

Has your child ever been referred to or evaluated by a school system or facility for special education, speech, infant education, or preschool services? If so, when, where, and what was the result?

Explain any concerns you have regarding your child including: sleeping, eating, speech, behavior, and social interaction.

Additional Information that may be important about the child or family situation.



Bedford County Preschool Application

A collaboration between Lyn-CAG Head Start and Bedford County Public Schools



Child's Name: _____

I understand that I am putting in a joint application and my child can be placed into Lyn-CAG Head START OR Bedford County Preschool. I understand that I do not have a choice in which program that my child is placed. I also understand that if I do not qualify for the free programs offered, that my child may be given the option to have a play date for the tuition base Preschooler Learning Together (PLT) Role Model Program. Children must meet certain qualifiers for this program.

I also understand that I am obligated to :

- Provide all missing documentation
- Contact us if any information changes
- Attend mandatory orientation in July or August
- Participate in home visits
- Attend at least 2 family events
- Make attendance a priority

I certify that, to the best of my knowledge, the information provided in the application is true and accurate. I understand that if any of the information changes or is found to be incorrect, I am obligated to notify Bedford County School immediately. I understand that falsifying information such as family income, number of children, number in my household, or relationship may result in rejection of this application.

I also understand that completing an application does not guarantee my child placement in the preschool program. Notification of acceptance will begin in May and continue throughout the summer months. Failure to provide all required documentation including birth certificate, proof of residency, proof of income, and updated physical and immunization, may jeopardize preschool acceptance.

Lyn-CAG and Bedford County Public Schools do not discriminate on the basis of race, color, national origins, sex, disability, or age in programs or activities.

Legal Guardian's Name (Print) _____

Legal Guardian's Signature: _____

Date: _____