**Family Information**

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

Student Name: Click to enter the child’s full name.

School: Choose the assigned elementary school.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of adult | Race | Relationship | Age of Adult | Highest Grade completed | Legal custody of child? (Y/N) |
|  Click here to enter text. |  Click here. |  Click here to enter text. | Enter age. | Click here. |  Click here. |
|  Click here to enter text. |  Click here. |  Click here to enter text. | Enter age.  | Click here.  |  Click here. |
|  Click here to enter text. |  Click here. |  Click here to enter text. | Enter age. | Click here.  |  Click here. |
|  Click here to enter text. |  Click here. |  Click here to enter text. | Enter age. | Click here.  | Click here.  |
|  Click here to enter text. |  Click here. |  Click here to enter text. | Enter age.  | Click here. | Click here.  |

**Siblings or others in the household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child | Race | Relationship to applicant |  Age | School Attending |
|  Click here to enter text. | Click here. |  Click here to enter text. | Choose  |  Click here to enter text. |
|  Click here to enter text. | Click here. |  Click here to enter text. | Choose  | Click here to enter text.  |
|  Click here to enter text. | Click here. |  Click here to enter text. | Choose  | Click here to enter text.  |
|  Click here to enter text. | Click here. |  Click here to enter text. | Choose  |  Click here to enter text. |
|  Click here to enter text. | Click here. | Click here to enter text.  | Choose |  Click here to enter text. |

**Income Documentation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Person receiving income** | **How often income is received?** | **Gross amount of income a year** | **Place of employment** | **Documentation? (Y/N?)** |
| Click here to enter text. | Choose an item. | Click here. | Click or tap here to enter text. | Click here. |
| Click here to enter text. | Choose an item. | Click here. | Click or tap here to enter text. | Click here. |
| Click here to enter text. | Choose an item. | Click here. | Click or tap here to enter text. | Click here. |

**How many total in the family:** Click here.

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 [ ]

Case Worker: Click here to enter text.

**Does your family receive:** [ ]  SNAP [ ] WIC [ ] Medicaid [ ] Child Care Subsidy

|  |  |
| --- | --- |
|[ ]  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) Click or tap here to enter text. |[ ]  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? Click or tap here to enter text. |[ ]  Deceased parent |
|[ ]  Sibling has a disability  |[ ]  Terminal Illness in the family Who? Click or tap here to enter text. |
|[ ]  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) Click or tap here to enter text. |

**Is your child potty trained and can they clean themselves, if they have an accident?** Yes or NoClick or tap here to enter text.

**Has your child ever been referred to or evaluated by a school system or facility for special education, speech, infant education, or preschool services?** Yes or No **If so, when, where, and what was the result?**Click here to enter text.

**Explain any concerns you have regarding your child including: sleeping, eating, speech, behavior, and social interaction.** Click here to enter text.

**Additional Information that may be important about the child or family situation.** Click or tap here to enter text.

**Student Information**

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

![imagesCA0A130E[1]]()

**Bedford County Preschool Application**

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

Child’s Name: Click here to enter the 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, and 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: Click or tap here to enter text.

Legal Guardian's Signature: Please type in your name.

  **Typing in your name constitutes your signature as if actually signed by you in writing.**

Date: Click here to enter a date.