

2021-2022 JOINT PRESCHOOL APPLICATION FORM
FAYETTE COUNTY PRESCHOOL / COMMUNITY ACTION COUNCIL HEAD START
 Visit www.fcps.net/preschool for details about how to submit this application
 and the additional required documents or call 859-381-4105 for assistance.

PRESCHOOL STUDENT INFORMATION *To update information after enrolled, contact the teacher.

Child's Last Name(s) (As listed on legal birth certificate)		First Name	Middle Name (if it applies)	Date of Birth	Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address			Apartment #	City	Zip	
Is Transportation Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	List special transportation devices, if applicable.		Transportation Address (If pick-up/drop-off address is different than home)			
Are there siblings attending a FCPS Elementary School or Site? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, what elementary or site?						
Session Preference <input type="checkbox"/> AM <input type="checkbox"/> PM Blank indicates no preference	If your primary language is <u>other than English</u> , please write the language name: _____ When possible, would you like us to use a language interpreter for phone calls? <input type="checkbox"/> No <input type="checkbox"/> Yes		Did you complete an Online Registration? If yes, what was your assigned OLR number? <input type="checkbox"/> No <input type="checkbox"/> Yes, OLR number: _____		Number of people in household (used to determine income eligibility) # of Adults: ____ # of Children: ____	
Ethnicity (Check all blocks that apply.) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White					Is the student Hispanic/Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have concerns about your child's development? <input type="checkbox"/> No <input type="checkbox"/> Yes, briefly describe.			Does your child have a medical condition/allergy? Describe also on Student Health Form <input type="checkbox"/> No <input type="checkbox"/> Yes, briefly describe.			

PARENT/GUARDIAN INFORMATION *To update information after enrolled, contact the teacher.

Parent/Guardian Last Name		First Name	Phone	Alternate Phone
Relationship to child	Home Address		Apt #	Email Address
Parent/Guardian Last Name		First Name	Phone	Alternate Phone
Relationship to child	Home Address		Apt. #	Email Address

CHECK HERE IF YOU ARE NOT INTERESTED IN BEING INCLUDED IN THE FIRST 5 LEX INITIATIVE EMAIL LIST SERVE. VISIT www.first5lex.com TO LEARN MORE ABOUT THE MISSION OF FIRST 5 LEX. TOGETHER WHEN WE READ, TALK AND PLAY WITH OUR CHILDREN, WE SET THEM UP FOR SUCCESS.

EMERGENCY CONTACT OTHER THAN PARENT *To update information after enrolled, contact the teacher.

Last Name		First Name	Phone	Alternate Phone
Relationship to child	Home Address		Apt. #	City

Parent/Guardian Signature: _____ Date: _____

Preschool Staff Intake Signature: _____ Date: _____

FOR OFFICE USE ONLY: FAMILY'S RECEIVED REQUIRED DOCUMENTS: CALCULATE INCOME ON PROGRAM WORKSHEET

Correct Age	Yes	Birthdate:			
Custody papers (if it applies)	Yes	See PLP tab in IC and/or check with teacher for most current information.			N/A
Legal Identity Proof	Yes	Legal Birth Certificate	Affidavit (30 day date: _____)	Passport	Immigration Docs
Tests/Exams (if it applies)		TB Skin Test (if born or travelled outside the US)	HS CLASS ONLY: Dental	HS CLASS ONLY: Lead Test	
Immunization Certificate	Yes	Exp. Date:			
Physical Exam	Yes	Exam Date:			
Eye Exam	Yes	Exam Date:			
Address Proof	Yes	Parent/Guardian's Deed or Current Lease	Parent/Guardian's Utility Bill	RA with Photo ID	
Household Income Proof	Yes	2019 W-2	Current Paystub	Assistance Document	Other
Additional Income Proof	Yes	2019 W-2	Current Paystub	Assistance Document	Other

