

2020-2021 Check List for Rogersville City School Preschool Program

Name _____ Class _____

_____ 2020-2021 Application on File

_____ Registration Form

_____ Proof of Residency (utility bill or lease agreement)

_____ TN State Physical/ Immunization Form Appointment Date _____

_____ Birth Certificate with State Seal Ordered: Yes or No

_____ Social Security Card Ordered: Yes or No

_____ Legal Documents: (Custody papers or parenting plan, Foster care, Divorce, Guardianship, etc.) If Applicable

_____ Migrant Survey

_____ Military Survey

_____ Home Language Survey

_____ Parent's Driver's License

_____ Proof of Income (last year's tax form and last paycheck stub)

_____ Free/Reduced Meal Application

_____ Pre-K Handbook & Attendance Contract

_____ Walking Field Trip Permission Slip

_____ Permission to Photograph Form

_____ Kindergarten Readiness Screening

_____ Moved to Waiting List

Enrollment Date: _____

Emergency Contact Information:

1. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____
City State Zip

Place & Address
of Employment/School: _____
City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

2. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____
City State Zip

Place & Address
of Employment/School: _____
City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

3. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____
City State Zip

Place & Address
of Employment/School: _____
City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

Physician Contact Information:

Name of Physician: _____ Phone: _____

Address: _____
City State Zip

Background Information:

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experiences with Others:

What are some of the ways the child plays at home? _____

Does he/she play with children from other families? _____ How? _____

Does he/she react when he/she does not get his/her own way? _____

Is the entire family together for any time during the day? _____

Eating Habits:

At what time does the child eat breakfast? _____ Lunch? _____ Dinner? _____

Between-meal Snacks? _____ Does the child feed himself/herself? _____

What is the child's general attitude toward eating? _____

If the child refuses to eat, how is this handled and by whom? _____

Food Favorites: _____

Food Dislikes: _____

Food Allergies: _____

If the child is an infant, use a separate sheet for information about the formula, bottle schedule, etc.

Sleep Habits:

Has own room: _____ Shares room with: Other Children Parents

At night sleeps from _____ to _____ Average Hours of Sleep Per Night: _____

Naps from _____ to _____ Average Hours of Naps: _____

Attitude toward going to bed: _____

If there is difficulty, how is this handled? _____

Habits associated with going to bed? _____

Is bed wetting an issue? _____ At nap time? _____ At night? _____

If yes, how is the situation handled? _____

Toilet Habits:

Time at which child is taken to the bathroom? _____

Can the child take themselves? _____ Time of bowel movement? _____ Regular? _____

Constipated? _____ Does the child tell you when he/she needs to go and does he/she go willingly? _____

Can he/she manage his/her clothes at the toilet? _____ What words does he/she use for:

Urinating: _____ BM: _____

Speech and Physical Growth:

The child talks: Well Fairly Well Not Very Well Not at All

Does anyone read to the child? _____ How regularly? _____ At what age did the child creep? _____

Crawl? _____ Walk? _____ Which of the following words would you use to describe the child (check all that apply):

active quiet thin average weight heavy tall average height short friendly unfriendly

Is there any other information you think we should have about the child? _____

Ongoing Medical Care:

Does the child have any medical diagnosis that requires ongoing care? _____

If yes, explain what type of care is administered at home and by whom? _____

Are you requesting that this care be provided at the facility? Yes No If yes, describe the care required: _____

(Request a doctor's statement for any specified requests for care at the facility).

THIS SECTION IS TO BE COMPLETED AFTER YOUR CHILD IS ACCEPTED INTO OUR PROGRAM

Parent Declarations:

I received a summary of the licensing requirements.

I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).

I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: _____

I received a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.

I authorize the agency to transport my child as specified in the transportation plan section (see page 1).

Signature of Parent(s)/Guardian(s)

Date

Date of Child's Withdrawal: _____ Reason for Withdrawal: _____

This form/information shall be maintained for one year after date of disenrollment.

Information on this form shall be updated annually or as needed to ensure the protection of the child.

Date of last update with parent's initials:



For Office Use Only
Please Circle One
Income Eligible: Yes / No
If yes, and enrolled, student should be classified as (L) in student information system

2020-21
Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program.

Submission of this application is not a guarantee of acceptance into the VPK program.

Name of Student: _____ Date of Application: _____

SSN of Student: _____ Date of Birth of Student: _____

Name of Applicant: _____ Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____ Cell Phone #: () _____

Part A - Family Information

Please list information for all other household members

Section 1

	Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.				
2.				
3.				
4.				
5.				

Section 2

	Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.		
2.		
3.		
4.		
5.		

Total # of household members: _____

Part B - Program Participation

Please check (✓) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(✓)		(✓)		(✓)		(✓)		Case #
	Early Head Start		Foster Care		Migrant		Families First (TANF)	
	Head Start		Homeless		Food Stamps / EBT			

*If submitting proof of qualifying for any of the above programs, you do **NOT** need to complete Part C.

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes

A.	GROSS work Income	D.	Pension(s)	G.	Veteran's Benefits	J.	SSI Disability
B.	Unemployment	E.	Retirement	H.	Child Support	K.	Other - please list ↓
C.	Workman's Comp	F.	Social Security	I.	Alimony		

Name of Adult	Employer (if applicable)	Source of Income Code (see list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Total Annual (Yearly) Income						\$ -

Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.

Pay Stub / Verification of pay by employer	Retirement Documentation	Foster Care Reimbursement
W-2 Form	Social Security	SSI Documentation
Income Tax Form 1040A or 1040	Veteran's Benefit Letter	TANF Documentation
Unemployment Compensation	Child Support	AFDC / Public Assistance Payment
Workman's Compensation Documentation	Alimony Documentation	TennCare Verification
Pension Stubs	Other (Specify): →	

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: _____

SSN #: _____

Signature of Applicant: _____

Date: _____

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information.

Completed forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____

Signature of LEA employee: _____

Date Reviewed by LEA employee: _____

Parents Name: _____ Child's Name _____

Does your family receive :

- _____ food stamps
- _____ Families First

Where does your child stay at night?

- _____ Home/Apartment owned or rented by the parent(s)/guardian(s)
- _____ With a relative or friend (family does not have a residence & cannot afford housing)
- _____ In a shelter
- _____ In a motel
- _____ In an automobile
- _____ A campsite
- _____ In housing that is inadequate (no electricity, running water, etc.)

Please check any of the following that describe your family:

- _____ Single Parent
- _____ Grandparent or other non-parent raising child
- _____ Foreign-born parent (ELL). If so, does the student speak English? _____
- _____ Incarcerated Parent. If so, is the parent still incarcerated? _____
- _____ Foster Family
- _____ Child has disability(ies)
- _____ Is a person in your household employed?
- _____ Is the child in your care due to abuse or neglect?

Please check any of the following that applies to your family:

- _____ Large family size (four or more children)
- _____ Teen parent
- _____ Poor parental physical and mental health

2020 US Health and Human Services Poverty Guidelines

*Annual income levels reflect **185%** of the 2020 US Health and Human Services Poverty Guidelines (<https://aspe.hhs.gov/poverty-guidelines>), equivalent to reduced priced lunch criteria.

Household Size	*Annual Income	Monthly	Twice per Month	Every two weeks	Weekly
1	\$23,606.00	\$1,967.17	\$983.58	\$907.92	\$453.96
2	\$31,894.00	\$2,657.83	\$1,328.92	\$1,226.69	\$613.35
3	\$40,182.00	\$3,348.50	\$1,674.25	\$1,545.46	\$772.73
4	\$48,470.00	\$4,039.17	\$2,019.58	\$1,864.23	\$932.12
5	\$56,758.00	\$4,729.83	\$2,364.92	\$2,183.00	\$1,091.50
6	\$65,046.00	\$5,420.50	\$2,710.25	\$2,501.77	\$1,250.88
7	\$73,334.00	\$6,111.17	\$3,055.58	\$2,820.54	\$1,410.27
8	\$81,622.00	\$6,801.83	\$3,400.92	\$3,139.31	\$1,569.65
For each additional person, add:					
	\$8,288.00	\$690.67	\$345.33	\$318.77	\$159.38

This chart is to be used when reviewing the Pre-K Income Eligibility application to determine if family meets income qualifications for “economically disadvantaged”. Families making at or below the annual income amount, based on household size, meet the income eligibility criteria for participation in the Voluntary Pre-k program for the 2020-21 school year. Verification must include total income of all household family members as indicated on Pre-K Income Eligibility Application.

THIS CHART MAY NOT BE USED FOR ELIGIBILITY FOR FREE or REDUCED PRICED LUNCH PROGRAM.

Meeting Income eligibility requirements does not guarantee acceptance into the VPK program due to limited space and the possibility of more students applying than seats available.