

School Year: 2022-2023

# Head Start/Preschool Application

Date: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Birthdate: _____	Verified: YES NO	Source: _____
BirthPlace _____		

Ethnicity: is your child Hispanic/Latino: \_\_\_\_\_

Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Student Race: *check all that apply*  White  Black or African American  Asia

Native Hawaiian or other Pacific Islander  American Indian or Alaskan Native

Disability Status: (circle one)	None	Suspected	Diagnosed	First Steps Participant
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Parents/Guardians: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_ Receive text: yes no

Email Address: \_\_\_\_\_

Homeless: YES NO	FOSTER: YES NO	SSI: YES NO	TANF (Public Assistance): YES NO
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### How to Calculate Income

List the members in the home and income. (Monthly x12, Weekly x52, Biweekly x26, 2xmonth x24)

Family Members Full Name	Education Level	Social Security Number	Relationship to Child	Birthdate	Income	Frequency (weekly, biweekly, 2xmonthly, monthly, annual)	Total Income	Source
			Applicant					

Total Annual Income: _____	Verified by: (Circle One) W2 Check stub Tax return Letter
Other: _____	Verifying Staff Signature: _____

**WIC: YES NO      SNAP: YES NO      Subsidized Housing: YES NO**

**Medical Insurance** \_\_\_\_\_ **ID Number** \_\_\_\_\_

**Dental Insurance** \_\_\_\_\_ **ID Number** \_\_\_\_\_

**Dental Home** \_\_\_\_\_

**Medical Home** \_\_\_\_\_

**Transportation Needs**

**Will your child need transportation? \_\_\_\_\_ Please give directions to home and place of pickup and drop off.** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

Name	Phone Number

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School or Center Preference if Eligible**

- Big Creek** \_\_\_\_\_
- Burning Springs** \_\_\_\_\_
- Goose Rock** \_\_\_\_\_
- Hacker** \_\_\_\_\_
- Manchester** \_\_\_\_\_
- Oneida** \_\_\_\_\_
- KCEOC Island Creek** \_\_\_\_\_

**KCEOC Paces Creek** \_\_\_\_\_

*Please mail completed Application along with Proof of Income to: Alene Stivers Clay County Board of Education, 128 Richmond Road, Manchester, KY 40962. Applications must be received by May 31, 2022. Completed applications can also be emailed to : [alene.stivers@clay.kyschools.us](mailto:alene.stivers@clay.kyschools.us)*

