

**PRESCHOOL REGISTRATION FORM**  
**FOR Russell COUNTY SCHOOLS**

**FOR SCHOOL USE ONLY**

2024-2025

KSI Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
\_\_\_\_ NT - Non Transported  
\_\_\_\_ T1 - Over 1 mile twice daily  
\_\_\_\_ T2 - Under 1 mile twice daily  
\_\_\_\_ T3 - Over 1 Mile Once Daily  
\_\_\_\_ T4 - Under 1 Mile Once Daily  
\_\_\_\_ T5 - Handicapped-Special Vehicle

(Official name on birth certificate)

Child's Name \_\_\_\_\_ Name Child is called at Home \_\_\_\_\_  
Last First Middle

Social Security Number (optional) \_\_\_\_\_ County of Residence \_\_\_\_\_  
Child's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(County home is located)

Home Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_  
(If different from above) (List Street or road name)

Child's Place of Birth \_\_\_\_\_  
County State

Name and Address of after School Care (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Last School Attended \_\_\_\_\_ In what County? \_\_\_\_\_

Name(s) of Person(s) Child lives with \_\_\_\_\_  
(Parent(s)/Step-parent/Grandparent/Guardian/Foster Parent)

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_  
(If different from above)

(Check any that apply to student)  
Child's Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_ White (not Hispanic) \_\_\_\_\_ Black (not Hispanic) \_\_\_\_\_  
Hispanic \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_  
Date of Birth \_\_\_\_\_ American Indian or Alaskan \_\_\_\_\_ Other \_\_\_\_\_

If a language other than English is spoken in the home please list: \_\_\_\_\_

Will child ride a school bus? Morning & Afternoon \_\_\_\_\_ Morning Only \_\_\_\_\_ Afternoon Only \_\_\_\_\_  
Not at All

Distance child lives from school \_\_\_\_\_ mile(s)

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
First Last Maiden

Mother's Address \_\_\_\_\_  
(List if different from child's address listed above)

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Address \_\_\_\_\_  
(List if different from child's address listed above)

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Check (if applicable)

\_\_\_\_ Parents separated \_\_\_\_\_ Mother deceased  
\_\_\_\_ Parents divorced \_\_\_\_\_ Father Deceased

Number of Brothers \_\_\_\_\_ Older \_\_\_\_\_ Younger  
Number of Sisters \_\_\_\_\_ Older \_\_\_\_\_ Younger



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# RUSSELL COUNTY SCHOOLS

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Dear Parent/Guardian:

Thank you for beginning the process for determining if your child is eligible to attend the state funded preschool program. The state funded preschool program is an intervention program, provided to families who meet income eligibility guidelines and/or who's child is identified with a developmental delay or disability. Each family wishing for their child to attend the state funded preschool program must complete a household and income form.

1. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
2. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
3. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
4. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.
5. WHAT DOCUMENTS CAN I PROVIDE TO VERIFY MY INCOME? Individual Income Tax Form 1040, W-2 forms, pay stubs dated within the last month, written statements from employers, or documentation showing current status of recipients of public assistance.

If you have other questions or need help, call **270-343-3191**.

Sincerely,

Sandra Dick DoSE, Preschool Coordinator

## INSTRUCTIONS FOR APPLYING

**Part 1:** All Household Members (a household member is any child or adult living with you): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If your child is **HOMELESS, A MIGRANT OR A RUNAWAY**, follow these instructions.

**Part 2:** Check the appropriate category.

**Part 3:** Skip this part.

**Part 4:** Sign the form.

If you have **FOSTER CHILD(REN) ONLY**, follow these instructions. You do **not** need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

If all children in the household are marked as foster children in Part 1:

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form.

**ALL OTHER HOUSEHOLDS**, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from **this month or last month**.

- **Section 1—Name:** List all household members who have income.
- **Section 2—Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
  - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
  - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
  - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
  - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.
  - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** An adult household member must sign the form. Please include your address and phone number in the event the Preschool Coordinator has a question about your information.

## HOUSEHOLD AND INCOME FORM

The State-Funded Preschool Program is available to children who are 4 years old on or before August 1 and whose family income is 160% poverty or less; and, the program is available to children who are 3 or 4 years old with an identified disability. To determine income eligibility, please complete, sign and return this application to **[your school district]**.

### PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of welfare agency or court) If <u>all</u> children listed below are foster children, skip to Part 4 to sign this form.	Check if NO income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

### PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is HOMELESS, MIGRANT, OR A RUNAWAY, check the appropriate box.

HOMELESS  MIGRANT  RUNAWAY

**PART 3. TOTAL HOUSEHOLD GROSS INCOME** (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "every 2 weeks", "monthly")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / <u>monthly</u>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____

### PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

An adult household member must sign the form.

*I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Privacy Notice**

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-Discrimination Statement:** In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

### CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the application?

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

*Annual Income Conversion:* Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice A Month  Month  Year Household size: \_\_\_\_\_

Eligibility: 160% poverty \_\_\_ Special Education \_\_\_ Head Start \_\_\_ Over Income \_\_\_

Reason (160% poverty; Special Education; Head Start (if applicable); Over Income): \_\_\_\_\_

Preschol Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ yrs \_\_\_\_\_ months Preferred Language: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Prescribed Medications to be taken daily at school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Significant Historical Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCREENING RESULTS:

Height: \_\_\_\_\_ ft \_\_\_\_\_ inches Weight \_\_\_\_\_ BMI: \_\_\_\_\_ BMI% \_\_\_\_\_ B/P: \_\_\_\_\_

Vision	Right 20/ _____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/ _____	Failed <input type="checkbox"/>		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
		Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Optional: Hct/HGB: \_\_\_\_\_ Lead: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

- Gross dental (teeth and gums)  Normal  Abnormal Refer/Tx: \_\_\_\_\_
- Head/scalp/skin  Normal  Abnormal Refer/Tx: \_\_\_\_\_
- Eyes/Ears/Nose/Throat  Normal  Abnormal Refer/Tx: \_\_\_\_\_
- Chest/Lungs/Heart  Normal  Abnormal Refer/Tx: \_\_\_\_\_
- Abdomen  Normal  Abnormal Refer/Tx: \_\_\_\_\_
- Scoliosis assessment  Normal  Abnormal Refer/Tx: \_\_\_\_\_



This child has the following problems that may impact the educational experience:

- Vision
- Hearing
- Speech/Language
- Physical
- Social/Behavioral
- Cognitive

Specify: \_\_\_\_\_

- This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary): \_\_\_\_\_

(Please Check One)

- This child may participate fully in school activities including physical education.
- This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) \_\_\_\_\_

**ANTICIPATORY GUIDELINES**

Discussed and/or handout given

**SCHOOL READINESS**

- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

**MENTAL HEALTH**

- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV, computer

**NUTRITION AND PHYSICAL ACTIVITY**

- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains, dairy

- 60 minutes of exercise/day

**ORAL HEALTH**

- Regular dentist visits
- Brushing/Flossing
- Fluoride

**SAFETY**

- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Additional comments or recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_  
Physician/APRN/PA/EPSTDT Provider

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

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

Telephone: \_\_\_\_\_

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: \_\_\_\_\_

Date of Vision Examination: \_\_\_\_\_

IDENTIFYING INFORMATION

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

CASE HISTORY

Date of Exam: \_\_\_\_\_

Ocular History: Normal or Positive for: \_\_\_\_\_

Medical History: Normal or Positive for: \_\_\_\_\_

Drug Allergies: NKDA or Allergic to: \_\_\_\_\_

Family Ocular and Medical History:  Amblyopia  Strabismus  Glaucoma  Diabetes

Other: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Refraction with cycloplegic? (Please indicate one.)  YES  NO

	OD	OS
Unaided Acuity	20/	20/
Best Corrected Acuity	20/	20/

Type of Examination	Normal	Abnormal	Notable to Assess
External Exam (eye and adnexa)			
Internal Exam (media, lens, fundus, etc)			
Neurological Integrity (pupils)			
Binocular Function (stereopsis)			
Accommodation and convergence			
Color Vision			

Diagnosis:

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other: \_\_\_\_\_

Recommendations:

1 Glasses prescribed:  YES  NO

2 \_\_\_\_\_

3 \_\_\_\_\_

Age appropriate and suggested anticipatory guidance (health assessments):

- Educate (parents/patients) about eye/vision disorders and needed vision care
- Counsel (parents/patients) regarding eye safety
- Stress importance of early, preventative eye care
- Recommend re-examination, as appropriate

Signed: \_\_\_\_\_  
Optometrist/Ophthalmologist

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

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

Telephone: ( ) \_\_\_\_\_