

2026-2027 JOINT PRESCHOOL APPLICATION FORM**FAYETTE COUNTY PUBLIC SCHOOLS PRESCHOOL / COMMUNITY ACTION COUNCIL HEAD START**Scan the QR code or visit www.fcps.net/preschool for details about how to submit this application and the additional required documents. You may also call 859-422-0304 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 ☐ Male ☐ Female
Home Address			Apartment #	City	Zip
Is Transportation Needed? ☐ Yes ☐ 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?	☐ No	☐ Yes. If yes, what elementary or site?			
Session Preference ☐ AM ☐ 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? ☐ No ☐ Yes		Did you complete an Online Registration? If yes, what was your assigned OLR number? ☐ No ☐ Yes, OLR #:	Number of people in household (used to determine income eligibility) # of Adults: ____ # of Children: ____	
Ethnicity (Check all blocks that apply.) ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander ☐ Black/African American ☐ Asian ☐ White					Is the student Hispanic/Latino? ☐ No ☐ Yes
Do you have concerns about your child's development and would like to request a Special Education screening? ☐ No ☐ Yes, briefly describe.			Does your child have a medical condition/allergy? ☐ No ☐ 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: _____