

Welcome to Kanawha County Schools Preschool 2020-2021

Must Be 4 Years-of-Age BEFORE July 1st 2020 to Qualify (Senate Bill 186)

Does Student have a Serious Medical Condition? YES/NO Condition: _____

Does the student have the State Birth Certificate Yes/No? _____

Student Name: (Last, First, Middle) _____

Birthdate: _____ Age: _____ Race: _____ Gender: Male / Female

Physical Address _____

City, State & Zip Code: _____

Mailing address _____

Preschool Center Requested: _____

Is child care needed? Yes__ No__ / Daycare Attending _____

Is transportation needed? Yes ____ No ____

Siblings: _____ School Attending: _____

Email Address Required: _____

Parent Information

Mother/Guardian Name: _____ Phone # _____

Place of Employment: _____ Work # _____

Email Address: _____

Father/Guardian Name: _____ Phone # _____

Place of Employment: _____ Work # _____

*****I understand that the above documentation is necessary in completion of enrollment. I attest that the completed information and submitted application are factual and correct. A state certified birth certificate, required immunization record and completed application MUST be received before final enrollment. I also understand KCS Preschool cannot guarantee enrollment based on needs at each site. Each location has a specific amount of designated vacancies. If choice does not have a vacancy, then an alternate site will be offered.

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Print Staff Name _____ Date _____

Staff Use Only

Returning _____

HS: __ PK: __ OES: __

Staff Initial: _____

_____ Online Application (kcs.preschoolsteps.org) _____

_____ State Certified Birth Certificate _____

_____ Head Start Eligibility Verification Form _____

_____ Copy of income verification (tax form, SSI, TANF, pay stub, etc.) _____

_____ Custody/ Guardianship/Foster Parents Documentation _____

Nurses Only:

_____ Immunization Record Meets required for initial enrollment _____

Up to date: _____ Needs: _____

_____ Physical Date: _____

_____ Lead Level _____ Hemoglobin Level _____

_____ Dental Date: _____

_____ HIPPA/FERPA (Signed by parent) _____