

2020 – 2021 FIRST STEP PRESCHOOL PRE-REGISTRATION

PART 1 – TO BE COMPLETED BY PARENT/GUARDIAN: PLEASE PRINT CLEARLY

Child's Legal Name: _____

Child's Birth Date: (m/d/year): _____ Age: _____ Child's Gender: Male _____ Female _____

Ethnicity: (check only one) _____ American Indian/Alaska Native _____ Asian _____ White
_____ Black or African American _____ Native Hawaiian or other Pacific Islander

Names of Parents/Guardians: _____

Legal Guardian's/Parent's Home Address: _____ Apt/Unit # _____

City: _____, VA Zip Code: _____

Phone (include area code): Cell # _____ Home # _____

Hispanic _____ Non-Hispanic _____

If this child has been in Even Start or Head Start, check which: Even Start: _____ Head Start: _____
Give location: _____ Dates attended: _____
(Written documentation from Even/Head Start will be required.)

Language spoken at home: English _____ Other _____ List Country/Native Language: _____

Has your child had problems with: (check all that apply) Speech _____ Vision _____ Hearing _____ Behavior _____
If yes, please describe: _____

List any medical conditions your child has: _____

Is your child currently in (check if yes): _____ PEEP _____ Speech? Does your child have an IEP? _____ Yes _____ No

Is this child in foster care? _____ Yes _____ No Does the child have a parent who is incarcerated? _____ Yes _____ No

Does the child have a parent deployed? _____ Yes _____ No

Parent/Guardian Education Level: _____ Some High School _____ High School Graduate/GED _____ College

Homeless: _____ Yes _____ No Number of family members living in your household: _____

Parent(s)/ Guardian(s) Yearly Income (before taxes): _____ (SEE BACK)

Email Address – Must have for communication during school closure: _____

Office Use Only:

Factors _____

**Automatically meets criteria _____ Yes _____ No

Criteria Score _____

School Zone: _____

I certify that all of the above information is true and correct and that all income is reported (if submitted). I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program.

(Signature of Parent/Guardian (Required for Consideration)

Date

(PLEASE TYPE YOUR FULL NAME IN LIEU OF A SIGNATURE.)

I verify that I have examined ALL information: _____

Staff Signature

Date

STUDENT NAME: _____

Unemployment/Stay –at-Home Parent Verification

(Only to be filled out if you are unemployed)

I certify that I am unemployed. I understand that with this preschool application, I should submit my unemployment/weekly benefits statement and proof of any other income that I receive (i.e. child support, SSI, disability). I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program.

(Signature of Parent/Guardian (Required for Consideration)

Date

(PLEASE TYPE YOUR FULL NAME IN LIEU OF A SIGNATURE.)

I verify that I have examined ALL information.

No verification was provided.

Staff Signature

Date

STUDENT NAME: _____

Head Start: If you are interested in being contacted by *Head Start* for possible entrance into their preschool program, please check below. Your application may be shared with them.