

# Tazewell County Preschool Partnership Application

Return Application to your local school or Head Start Center or mail application to:  
 Education Support Coordinator, P O Box 188, North Tazewell, VA 24630, 276-988-5583

Child No.:

(program use only)

**A Selection Committee will determine if your child is eligible for Tazewell Co. Pre-K or CVCA Head Start.**

Child's legal name: Last: _____ First: _____ Middle: _____			Date of Birth: _____	Child: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name(s): 1) _____ 2) _____			Child lives with: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Grandparent (Check One) <input type="checkbox"/> Foster <input type="checkbox"/> Other (List relation): _____	
Mailing address: City: _____ State: _____ Zip: _____			Number in family _____ Total number in household _____ Total number of children by age: 0-3 _____ 4-5 _____	
Physical Address: City: _____ State: _____ Zip: _____			Was child referred to program? Yes <input type="checkbox"/> No <input type="checkbox"/> By Whom _____	
Directions to Home:			Any Specific family need or Crisis? Yes <input type="checkbox"/> No: (If yes check explain below)	
Parent/Guardian: Place of Employment 1) _____ 2) _____			<input type="checkbox"/> Abuse/Neglect; explain _____	
Phone: Home/Message ( ) _____ Phone: Other ( ) _____			<input type="checkbox"/> Serious Child Health Problem _____	
Child type of insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS <input type="checkbox"/> Other: _____			<input type="checkbox"/> Referral From Other Agency Professional _____	
Is anyone in the family receiving SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No, Who? _____			<input type="checkbox"/> High Risk (Diagnosed Mental or physical Illness, Disabled, etc.) _____	
Do you receive the following assistance? <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF			<input type="checkbox"/> Family Crisis (Loss of income, Terminal Illness, Death) _____	
Housing: <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Live with Friends <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Past/Present Incarceration (Jail) of one or more parent(s) _____	
			<input type="checkbox"/> Other: _____	
			Highest level of Parent Education _____	
			Does child have a <b>diagnosed</b> disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe disability) _____	
			Is there a brother/sister already enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give first/last name and school/location) _____	

**Please fill in the application completely and provide the following information:  
 Proof of Birth Certificate, Proof of Residence, and All Household Income Verification.**

**Parent/Guardian Signature** \_\_\_\_\_

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

**Teacher/Staff Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Program Use Only:

Verifications:	Birth Certificate #: _____ ST: _____	Residence Verified with: _____	Copy of Income: _____ <input type="checkbox"/> Document Viewed <input type="checkbox"/> Attached
	Verified By: _____ Date _____		

Application Received From:  RVES  RES  CBES  NTES  TES  SES  DPS  AVES  TCPS  RHS  THS  CJHS  CVCA  Other: \_\_\_\_\_

**Only Color Application will be accepted, no copies or faxes.**

2010-2011

FC003



## Acknowledge of Tazewell County Preschool Partnership

Clinch Valley Community Action's Head Start and Tazewell County Public School's Pre-K programs have formed the Tazewell County Preschool Partnership. The Tazewell County Preschool Partnership is working together to locate, recruit, and serve eligible three and four year old children in Tazewell County. Our goal is to provide them with comprehensive health, nutritional, developmental, educational, and social services; to form family partnerships to strengthen the family; and to form community partnerships that recognize that the welfare of children is a community concern.

Your child's application will be processed and then reviewed by screening committee. The committee is made up of representatives from CVCA Head Start and Tazewell County Public Schools System. A Selection Committee will determine your child is eligible for either the Head Start or the Pre-K program based on the guidelines of the programs.

I hereby, acknowledge that I have received information and an explanation of the Tazewell County Preschool Partnership.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature  
(HS Staff or TCPS Staff)

\_\_\_\_\_  
Date

I hereby, acknowledge that I have received information and an explanation of the application process and that a selection committee will determine my child's eligible for either the Head Start or the Pre-K program based on the guidelines of the programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature  
(HS Staff or TCPS Staff)

\_\_\_\_\_  
Date

I hereby, acknowledge that I have received information and an explanation of the waiver placement form that will allow special placement consideration based on my work or school schedule.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature  
(HS Staff or TCPS Staff)

\_\_\_\_\_  
Date