

School Zone \_\_\_\_\_



# POWHATAN COUNTY PRESCHOOL APPLICATION-2019-2020

**Head Start \_\_\_\_\_ VPI \_\_\_\_\_ Both \_\_\_\_\_**

Children must be 3- or 4-years old by September 30, 2019. Application does not guarantee enrollment in the programs. All information provided is confidential and is used in determining eligibility.

**CHILD'S NAME** \_\_\_\_\_ Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_

Child lives with \_\_\_\_\_

Parent/Guardian#1 \_\_\_\_\_ Age \_\_\_\_\_ Educational level \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian#2 \_\_\_\_\_ Age \_\_\_\_\_ Educational level \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

**\*IF CHILD LIVES WITH SOMEONE OTHER THAN PARENTS, PLEASE COMPLETE THIS SECTION:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Educational level \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE LIST ALL OTHER MEMBERS OF HOUSEHOLD:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to child \_\_\_\_\_

Total number of people in household \_\_\_\_\_

**HOUSEHOLD INCOME (VERIFICATION WILL BE NEEDED):**

*Circle one:*

Total income of parents/guardians before taxes \$ \_\_\_\_\_ (weekly / monthly / yearly)

Other income \$ \_\_\_\_\_ from: *(Please check all that apply)*

\_\_\_ child support \_\_\_ unemployment \_\_\_ severance pay \_\_\_ alimony \_\_\_ other compensation

\_\_\_ disability (who receives and reason) \_\_\_\_\_

Check if you are receiving other assistance: \_\_\_ TANF \_\_\_ Food Stamps \_\_\_ WIC

\_\_\_ Medicaid \_\_\_ Child Support \_\_\_ Foster Care \_\_\_ Homeless \_\_\_ SSI

\_\_\_ Subsidized adoption \_\_\_ Other--specify: \_\_\_\_\_

