

**Morgan County Universal Pre-K  
Pre-Registration Information Form**

**Student ID #** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Age \_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ County of Residence \_\_\_\_\_

Proof of Residency: \_\_\_\_\_ Morgan County Tax Receipt \_\_\_\_\_ WV Driver's License \_\_\_\_\_

Parent /Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Unlisted Y N

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Parent /Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Unlisted Y N

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Please provide a phone number for automated call system: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Directions to Home: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Race:

\_\_\_\_ White                      \_\_\_\_ Asian                      \_\_\_\_ American Indian/ Alaskan Native  
\_\_\_\_ Black/African American    \_\_\_\_ Pacific Islands  
\_\_\_\_ Multi-Race                      \_\_\_\_ Hispanic Origin

**In case of emergency and parents are unavailable call:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List any chronic medical conditions: allergies, illnesses, or write none: \_\_\_\_\_  
\_\_\_\_\_

Medication received on a regular basis: \_\_\_\_\_

Is your child potty trained? YES \_\_\_\_ NO \_\_\_\_

Concerns about your child's (YES/NO) \_\_\_\_ Health \_\_\_\_ Development \_\_\_\_ Speech \_\_\_\_ Hearing \_\_\_\_ Vision

List any past problems with mental health, development, or any diagnosed disabilities: \_\_\_\_\_  
\_\_\_\_\_

Attended WV Birth to Three or other early intervention programs? YES \_\_\_\_ NO \_\_\_\_

If YES, name of program: \_\_\_\_\_

Does your child have an IEP? YES \_\_\_ NO \_\_\_ Does your child have an IFSP? YES \_\_\_ NO \_\_\_

**Approximate gross family income: Please provide current pay stub or W2.**

Yearly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_ Weekly: \$ \_\_\_\_\_

Foster Child? YES \_\_\_\_\_ NO \_\_\_\_\_ Does child receive TANF? YES \_\_\_\_\_ NO \_\_\_\_\_  
Does child receive SSI? YES \_\_\_\_\_ NO \_\_\_\_\_

**Pre-Kindergarten Sites:**

**Placement will be based upon:**

- 1. Needs of the child and family
- 2. Child's geographic location and transportation needs

**Little Learner's Village/Head Start on Fairfax Street** – 5 full days - Children currently registered at this site will have first priority. No transportation is provided. Wrap-around care is available.

**Little Learner's Village/Head Start on Oakland Road** - 5 full days - Transportation may be available from central locations. Wrap-around care may be available.

**Pre-K/Head Start Berkeley Springs**- 5 full days - Transportation may be available from central locations.

**Pre-K/Head Start Great Cacapon**– 5 full days - for children from Paw Paw and Great Cacapon. Transportation may be available from Great Cacapon & Paw Paw.

**Widmyer Elementary** – 5 full days. Transportation may be available from central locations.

**Transportation**

\_\_\_\_\_ I will transport my child.

\_\_\_\_\_ I need transportation from a central location in the fall of 2019.

**Do you have a need for Child Care? YES \_\_\_ NO \_\_\_**

**Do you have a need for Wrap-Around (Before and After School) Care? YES \_\_\_ NO \_\_\_**

If you need wrap-around care, call 304-258-8001 to make sure space is available. Check your preferred site:

\_\_\_\_\_ Little Learner's Village/Head Start - Fairfax Street

\_\_\_\_\_ Little Learner's Village/Head Start - Oakland Road

**Children fully registered by July 1, 2019, will receive tentative placement information by July 30, 2019.**

**All new students enrolling in Morgan County Schools will participate in screenings for hearing, vision, speech, language, and development. Parents/guardians will be informed if the student results indicate a need for further assessment.**

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

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

**For office use only:**

Type and place of birth certificate: \_\_\_\_\_ Age verified by: \_\_\_\_\_ Age as of June 30, 2019: \_\_\_\_\_  
Eligibility Approved \_\_\_\_\_ Head Start \_\_\_\_\_ Pre-K \_\_\_\_\_ Placement \_\_\_\_\_ Date \_\_\_\_\_

**As required by federal law and regulations, the Morgan County Board of Education does not discriminate on basis of race, color, religion, disability, sex, national origin, and familial status.**