



Martinsville City Public Schools
Preschool Application
2018 - 2019



Please check below the program for which you are applying.

WEE 3 Program (My child will be 3, but not 4, on or before September 30, 2018)

VPI Program (My child will be 4, but not 5, on or before September 30, 2018)

Are you a resident of the City of Martinsville? **Yes** **No**

*Please note – if you are not a resident of the City of Martinsville, your child does not qualify for the MCPS Preschool Program. Out of Zone requests are not accepted for preschool students.

Child's Full Name _____
Last First Middle

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Date of Birth: _____ Gender: Male Female

What is the student's first language? _____

What is the primary language spoken at home? _____

Does the student speak any language other than English? Yes No

If yes, what language(s)? _____

What is the student's preferred language when speaking:

with family? _____

with friends? _____

Please list child's siblings:

Name: _____	Age: _____	School/Daycare: _____
Name: _____	Age: _____	School/Daycare: _____
Name: _____	Age: _____	School/Daycare: _____
Name: _____	Age: _____	School/Daycare: _____

Student Information

Is your child completely toilet trained? (even when napping) <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Explain:
Has your child previously attended a preschool or daycare program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Does your child have any diagnosed emotional or behavioral issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Explain:
Does your child have any diagnosed medical conditions such as asthma, allergies, diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Explain:
Has your child been found eligible for special Education or speech services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Explain:
Do you know of any students related to your child who are applying for the MCPS preschool program (brother/sister, cousin, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Explain:

Do you have any concerns about your child’s development in any of the following areas? Please explain any areas of concern.

- Physical Development _____
- Vision _____
- Speech _____
- Does your child speak in sentences of at least four words most of the time? Yes No
- Hearing _____
- Behavior _____

If you have any other concerns about your child’s development that have not been previously indicated, please tell us about those concerns below.

Family Information

Mother/Guardian Information	Father/Guardian Information
<input type="checkbox"/> Mother or <input type="checkbox"/> Guardian (select one)	<input type="checkbox"/> Father or <input type="checkbox"/> Guardian (select one)
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell phone:	Cell phone:
Date of Birth:	Date of Birth:
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Employer:	Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Employer:
Last grade completed/GED?	Last grade completed/GED?

Marital Status: Married Separated Divorced Single Widowed

If parents are divorced, who has legal custody of the child? _____

Child lives with: Both Parents Mother Father Guardian _____

*Must provide custody order

Number of Adults in Household: _____ Number of Children in Household: _____

In the chart below, list the names/ages of parents/guardian and children in the household. All income of parents/guardians MUST be listed. Your application will not be reviewed if this section is not complete. Proof of income for each parent, guardian and/or legal custodian of the child named on this application is required.

Names of Parent/Guardian and Children in Household		Gross MONTHLY Earnings from Work (before deductions)		MONTHLY Welfare, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Earnings from any other Income
Household Members (Include Children)	Age	Job 1	Job 2			

Please check all that apply

- Social Services is involved in the family (does not include food stamp cases)
Name of Case Worker _____
- Government Assistance services received
(Case numbers MUST be listed in order to process application)
 - SNAP (food stamps) Case Number _____ (not card number)
 - TANF Case Number _____
 - Medicaid/FAMIS Case Number _____

Does your child have medical insurance coverage? Yes No

If yes, please indicate coverage type

- Medicaid FAMIS Private Insurance Provider Name _____

*Please indicate Medicaid/FAMIS number above

- Homeless
- Moved two or more times in the past year
- Parent(s) had difficulty reading and/or learning in school
- Parent receives or has received mental health services
- Parent/Guardian has a serious physical condition which requires ongoing medical care
- Parent or Guardian currently incarcerated

Admission to the Martinsville City Public Schools Preschool Program is determined by level of need. Areas of need are evaluated and scored based on the information you provide on this application. Therefore, all parts of the application must be completed in order for the application to be reviewed. Space is limited. Once the program is full, students not accepted to the program will be placed on a waiting list, and will be called if space becomes available.

You will be notified of acceptance to the MCPS Preschool Program by mail. *If your mailing address is different from your home address please be sure to indicate that on the application. Acceptance letters are generally mailed by Mid-June. Please notify the office if you have any changes in contact information.

Parental Agreement

Martinsville City Public Schools offers this family focused, school-readiness preparatory program for families who qualify. This program is optional and is a privilege for those to which it is offered. The purpose of the program is to offer children the opportunity to prepare for kindergarten in a full day, public school environment. In order to participate in this program, the following guidelines must be followed.

Attendance and Transportation

- The school day begins at 8:00 a.m. Students may arrive no earlier than 7:55 a.m. The school day ends at 2:30 p.m. Car riders must be picked up by 2:35 p.m. CECC does not offer after-school childcare.
- Bus transportation – Preschool only buses transport students to/from school. Parents are required to be at the bus stop to receive your child daily. Students will not be allowed to get off the bus without an authorized adult at the bus stop and will be returned to the school. Excessive returns to school can put your child’s preschool enrollment in jeopardy.
- After 5 unexplained absences per month, the family’s participation in the program will be jeopardized and a meeting with the teacher and/or Director will be scheduled.
- After 5 tardies per month, a meeting with the teacher and/or Director will be scheduled.

Family Involvement

- Parents agree to have at least one home visit (at the address where the student resides) with the teacher each school year.
- Parents are required to attend scheduled parent-teacher conferences and parent/child/family events throughout the school year.
- Parents are required to cooperate with the school in handling any discipline or learning problems that may arise.
- Parents are required to report any changes of address and/or phone number to the school immediately.
- Parents are expected to conduct themselves in a professional and respectful manner at all times. Disruptive and/or disrespectful behavior of the parent may result in your child’s removal from the program.

By signing this application, I agree that:

- All information provided is true and accurate to the best of my knowledge.
- The administrators of Clearview Early Childhood Center have my permission to verify any of the information provided on/with this application.
- I understand that all information will remain confidential and will only be released to necessary personnel.
- If my child is accepted to the MCPS Preschool Program at Clearview Early Childhood Center, I will adhere to the policies and guidelines of MCPS and CECC.

Signature _____

Date _____

**Please return the completed application and required documents to:
Clearview Early Childhood Center
800 Ainsley Street
Martinsville, VA 24112**

Martinsville City Public Schools

Ethnicity and Race Questionnaire

Student's Name: _____ School: _____ Grade: _____

Please answer **BOTH** Question 1 and Question 2. If both questions are not answered school personnel are required to select one for both.

Question 1: Is this student Hispanic or Latino? (choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish culture or origin, regardless of race)

Question 2: What is the student's race? (choose one or more)

- American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America [including Central America], and who maintains tribal affiliation or community attachment)
- Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- Black or African American (a person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
- White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Parent/Guardian Signature _____

Date: _____

Student Signature _____

Date: _____

Completed by School Designee _____

Date: _____

Title _____

***Information must be kept securely for 3 years from the date obtained.**