



Please return/mail the completed application to:
 Nicholas County Community Action -Head Start
Attn: Christy Skaggs
 1205 Broad Street
 Summersville, WV 26651
 Phone: 304-872-1162 ext. 119
 Fax: 304-883-2036
 Email: cskaggs@ncapwv.org

Nicholas County Early Learning Collaborative

Preschool Application 2021-22

Child's Name: _____ Center Preference: 1.) _____
First, Middle, Last

Child's date of birth: _____ 2.) _____

3.) _____
(See Pg. 2 for list of available sites)

Items needed for a complete application include the following:

Proof of Income

Copy of Insurance or Medical Card

Copy of State Certified Birth Certificate

Copy of Social Security Card

Shot Record

Proof of Physical Address (i.e. copy of utility bill, copy of personal tax receipt, each showing physical address)

Physical Form

Dental Examination Form

***Any application that is submitted as incomplete will delay your child's placement into a Nicholas County Early Learning Center classroom. All documents must be submitted at the time of the application.**

I understand that completion of this application DOES NOT guarantee this child's placement in WV Pre-K, or in your placement of choice.

 Signature

 Date

Location of Application: _____

Nicholas County Early Learning Eligibility Application 2021-22

Will before and/or after school childcare be required? (Not available at all sites) Yes No

If transportation is not available, can you provide transportation to and from site? Yes No

All sites are full day (approximately 6 hours), Tuesday-Friday

Birch River Friends-R-Fun (Child Care available)

Cherry River Mt. Lookout

Panther Creek Summersville

Gauley River

Child's Name: _____ **Date of Birth:** _____
First, Middle, Last

Gender: Male Female **Child's Social Security #:** _____

Mailing Address: _____
Address City State Zip

Physical Address: _____
Address City State Zip

Mother's Name: _____ **Phone:** _____

Mother's Date of Birth: _____

Father's Name: _____ **Phone:** _____

Father's Date of Birth: _____

Guardian's Name (if applicable): _____ **Phone:** _____

Parent/Guardian Email: _____

Guardian's Relationship to Child: Foster Parent Grandparent Other (documentation required)

If other, please explain: _____

Alternate Contact (please list two): _____
Name Phone Number Relationship to child

Name Phone Number Relationship to child

Imagination Library:

Nicholas County participates in Dolly Parton's Imagination Library Program. Your child will receive one free book per month mailed to your home address. All children in Nicholas County birth to fifth birthday are eligible to participate in this program. It is supported by the NCBOE along with WVDE Campaign for Grade Level Reading Initiative. You can never get enough books into the hands of young children! ☺ Children ages birth to age five are eligible.

Please enroll my child in Imagination Library; I understand it is free of charge.

My child has younger siblings to be enrolled into the Imagination Library Program, list name(s) and birthdate (s): _____

MEDICAL HISTORY 2021-22

Child Name: _____ Information completed by: _____

Does your child have any of the following? Check all that apply.

ADHD, ADD, or other behavioral problems _____

Asthma _____

Seizures _____

Diabetes _____

Food allergies _____

Medication allergies _____

Other allergies _____

Stomach or bowel problems _____

Physical impairments such as Cerebral palsy, Muscular Dystrophy, or Spina Bifida, etc. _____

Heart Problems/ Defect _____

Kidney or Bladder problems _____

Hearing, Vision, or Speech problems _____

Other health problems _____

Medications currently taking: _____

Hospitalizations: _____

Serious accidents: _____

*******School Health Use Only*******

Notes: _____

