



**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 2022-23

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 2022-23**

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

**These sites are full day (approximately 6 hours), four days per week, Monday Tue, Thur, Fri**

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

Cherry River  Mt. Lookout  Panther Creek

**These sites are full day (approximately 6 hours), five days per week, Monday-Fri**

Gauley River  Summersville

**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.

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 2022-23**

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: \_\_\_\_\_  
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