



Knox Co. Preschool & KCEOC Head Start 17/18 Application/Screening Date for all locations

May 12, 2017 9 AM—2 PM

At Union College Ramsey Center
High Street (old hospital) Barbourville

Children who are age 3 or 4 by August 1 including children with special needs are eligible for Head Start. Children who are age 4 by August 1 or are age 3 with a disability are eligible for Knox Co. Preschool.

Parents will complete one application for both programs.

Application are available at elementary schools and head start centers to fill out and bring with you to registration

If available, please bring the following to registration:

Eye Exam Social Security Card (optional)

Proof of Income (check stub, W-2 or tax returns)

Birth Certificate

Physical Exam

Immunization Certificate

We encourage all children to apply for KCEOC Head Start/Knox Co. Preschool, including children that are homeless and children with disabilities.

What is preschool screening?

Preschool screening is a free service offered by the Knox County Public Schools in collaboration with the KCEOC Head Start Program and is one way of finding and seeking help for preschool age children with special needs.

KCEOC classroom transportation services are provided when possible. Knox County Preschool provides transportation services to students residing in the Knox County School

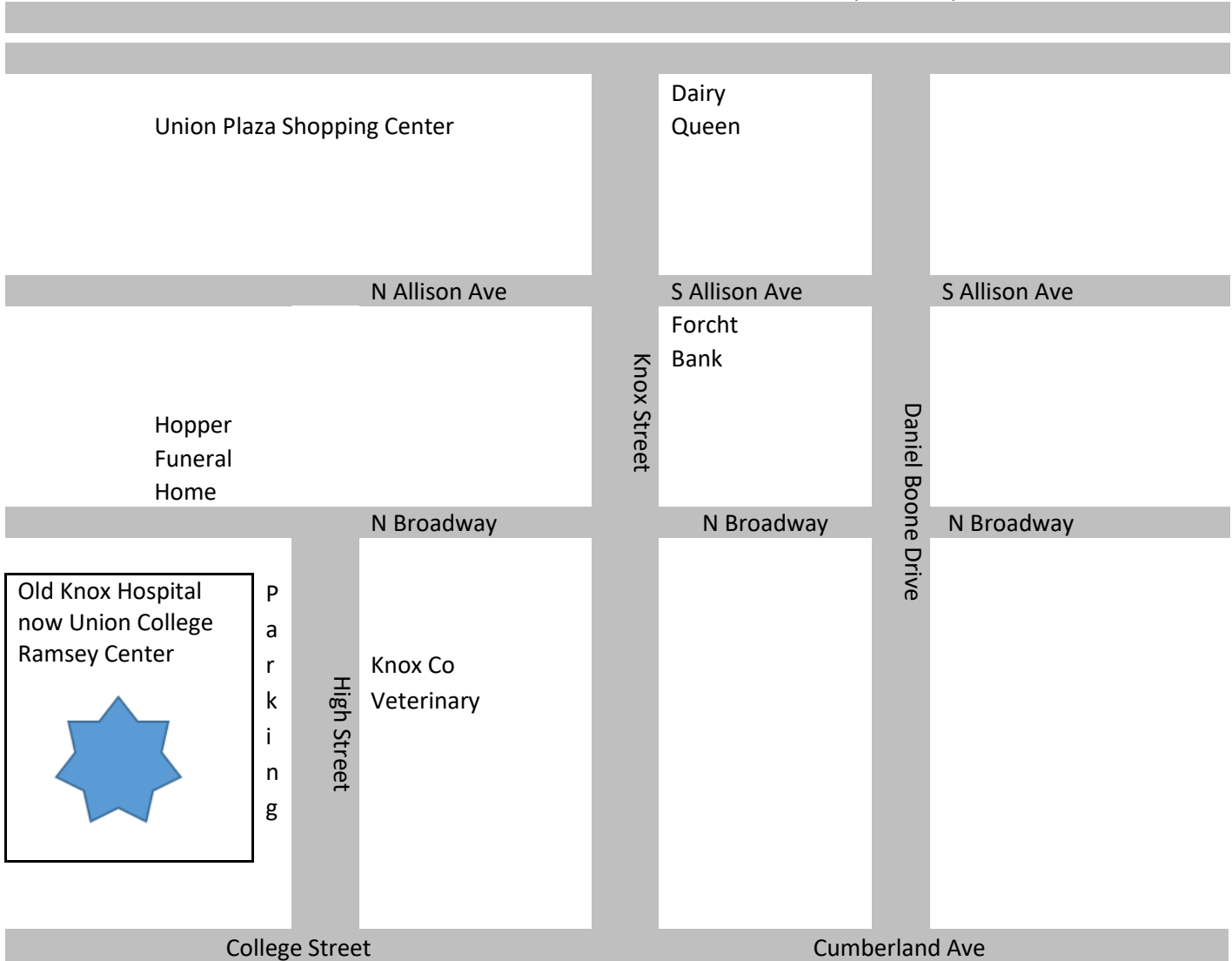
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Preschool sign up Location

HWY 25 E - Cumberland Gap Parkway



Total Annual Income: _____ Verified by: (Circle One) W2 Check stub Tax return Letter

Other: _____ Verifying Staff Signature: _____

Does your child have a medical card? (Circle One) YES NO

Medical Car number: _____

Previous School(s) or Program(s) Attended

Name of School or Program	Dates Attended

Additional Information: _____

Transportation Needs

Will your child need transportation? _____ If yes, please give directions to place of pickup and drop off.

Emergency Contacts:

Name	Phone Number

Parent Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE. This section is to be completed staff.

Child is Eligible for: (Circle One)

Early Head Start Head Start Pre School Over Income for Both Programs

EHS/HS Eligibility Type: (Circle One)

Income Public Assistance SSI Homeless Foster Over
EHS/HS Classroom Name: _____

Pre School Eligibility Type: (Circle One)

Income

Pre School Name: _____

Over Income for Both Programs:

Parent Choice of program: (if applicable) _____

Staff person completing this section: _____

Knox County Preschool Parent Survey 2016-2017

Child Name: _____ **School:** _____

Parent Name: _____ **Phone number:** _____ **Date:** _____

Ethnicity (Check All that Apply) American Indian/Alaska Native ___ Asian ___ White ___ Native Hawaiiin/Other Pacific Islander ___ Black/African American ___ Is this student Hispanic/Latino? ___yes ___no

PARENT NEEDS ASSESSMENT

Please complete BOTH PAGES of this survey.

1. Your preschool class will hold monthly Parent Workshops. Check which you would prefer. _____ daytime meetings. _____ evening meetings.
2. Will you need transportation to attend the workshops? ___ Yes ___ No
3. Are you interested in observing in the classroom to learn how best to help my child at home. ___ Yes ___ No
4. Are you interested in becoming a classroom volunteer. _____ Yes _____ No

SECTION I PARENT TRAINING
PLEASE CHECK ALL TOPICS OF INTEREST

- _____ "A Day at Preschool" - What will my child do at school?
- _____ How to Teach Your Child At Home
- _____ Educational Testing/Screening - What does it tell us?
- _____ Behavior Management
- _____ Diet and Nutrition
- _____ How to Help Your Child Develop Emotionally
- _____ Location and Using School and Community Resources
- _____ How to Build Your Child's Self Esteem
- _____ Child Abuse and Neglect
- _____ What's Next?... "Transition to Kindergarten"
- _____ Parenting classes (STEPS and Bowdoin).
- _____ Money Management
- _____ New and Expectant Parents (birth to two years old)
- _____ ADHD Support Group
- _____ Single Parents Support Group
- _____ Baby Sitting Skills for Teens
- _____ Mental Health Follow - up groups for parents
- _____ Home Safety / How to Child Proof Your Home
- _____ Diet and Nutrition
- _____ Parent and Child Activities and Crafts:
 - Seasonal Crafts
 - Make It and Take It Parent / Child Activities
 - Reading Night
 - Homework Help
- _____ Other _____
- _____

SECTION II EDUCATION

Would you like to receive information about continuing your education through a GED program or other adult education program? _____

SECTION III SOCIAL SERVICES AND HEALTH NEEDS

1. Does your child have a medical card? _____ Yes _____ NO

Passport ID: _____

2. Does your family need help in any of the following areas:

SERVICE	NEED HELP	NO HELP NEEDED
K-TAP		
FOOD STAMPS		
MEDICAL INSURANCE		
UNEMPLOYMENT INS.		
SSI		
WIC		
FAMILY RESOURCE CENTER		
MIGRANT PROGRAM		

3. Do you have problems/concerns in which you need assistance? Please explain below.

_____ Medical _____

_____ Vision _____

_____ Hearing _____

_____ Dental _____

_____ Nutritional _____

_____ Other _____

Childcare

Does your child receive childcare before or after attending preschool? _____ Yes _____ No

Do you need assistance in locating childcare for your child? _____ Yes _____ No