

FCPS PreK and Early Head Start Application

The application is the first step of the process. Your application is not complete until we receive the following information:

1. Birth Certificate, income, proof of living address within Fairfax County and
2. Conduct a family interview

Within 7 – 14 business days after you submit this form, an FCPS staff member will contact you to support the next steps in the application process. If your child is found eligible, then you will submit all necessary registration and health documents.

Child Applicant Information					
First	Middle	Last	Suffix	Date of Birth Month/Day/Year	Gender
Race		Hispanic	Does your child have any of the following?	Is there anything else you want to tell us about your child?	
<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Speech delay <input type="checkbox"/> physical impairment <input type="checkbox"/> Developmental concern <input type="checkbox"/> Health concerns	_____ _____ _____	

Family Information				
Family Size	Benefits Received (Check all that apply)	Is there a custody order in place?	Is your Family Experiencing homelessness?	Transportation
_____ (Check one) <input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family	<input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> TANF/VIEW <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	FCPS transportation is not guaranteed for PreK students. For Early Head Start parents are <i>required</i> to provide transportation. If bus services are unavailable, are you or a family member able to transport your child? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Family Experiences (Check all that apply)				
Has your child or family experienced any of the following events?				
<input type="checkbox"/> Military stressors such as deployment, parent loss, injury <input type="checkbox"/> Parent incarceration <input type="checkbox"/> Physical/sexual/psychological abuse <input type="checkbox"/> Exposure to substance abuse disorder <input type="checkbox"/> Any other experiences you feel may be traumatic for your child		<input type="checkbox"/> Serious accident or life-threatening illness <input type="checkbox"/> Sudden or violent loss of family member <input type="checkbox"/> Exposure to family or community violence <input type="checkbox"/> Refugee or war experiences <input type="checkbox"/> None of the above		

Primary Parent or Legal Guardian Information						
First	Middle	Last	Suffix	Date of Birth Month/Day/Year	Gender	
Email Address: (Your email is very important for us to communicate with you. Please write clearly.)						
Living Address			Apt #	City	ZIP	State
						VA
						Fairfax
Phone Number(s) Must be a 10-digit number		Type (check one)			Note (extension/best time to call)	opt in for Text Messages
Cell		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	Primary Language		Primary Language Proficiency	English Language Proficiency
<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Relationship to Child	Check all that apply:	
<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Less than high school graduate <input type="checkbox"/> Advanced degree or baccalaureate degree <input type="checkbox"/> Associate degree, vocational school, or some college		<input type="checkbox"/> Full Time <input type="checkbox"/> Training or in Schools <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adoptive/Step <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	<input type="checkbox"/> Resides with applicant <input type="checkbox"/> Teen Parent <input type="checkbox"/> Active-Duty Military	

Secondary Parent or Legal Guardian Information					
First	Middle	Last	Suffix	Date of Birth Month/Day/Year	Gender
Email Address:					

Secondary Parent or Legal Guardian Information Continued						
Living Address	<input type="checkbox"/> Same Address as above	Apt #	City	ZIP	State	County
Phone Number(s)		Type (check one)			Note (extension/best time to call)	opt in for Text Messages
Cell		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	Primary Language		Primary Language Proficiency	English Language Proficiency
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Relationship to child	Check all that apply:	
<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Less than high school graduate <input type="checkbox"/> Advanced degree or baccalaureate degree <input type="checkbox"/> Associate degree, vocational school, or some college		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		<input type="checkbox"/> Training or in Schools <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adoptive/Step <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	<input type="checkbox"/> Resides with applicant <input type="checkbox"/> Teen Parent <input type="checkbox"/> Active-Duty Military

Additional Child Dependents							
First Name	Last Name	Gender	Date of Birth	Does this child live with you?		Applying for this child?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Emergency Contacts		
First	Last	Phone Number
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Statement of Certification:	
I understand that as an applicant for this program, I must provide information on my income. I understand that program staff reserves the right to review this information and to make eligibility determinations for this program. I certify that the information provided by this application is true and accurate to the best of my knowledge. I understand that if I knowingly provide false/conflicting information, my child will be found ineligible for the FECEP/Head Start/Early Head Start program.	
Parent or Legal Guardian Consent/Signature:	Date:
_____	_____

Mail, Fax, Drop-off, or E-Mail this application to:
 Alan Leis Early Childhood Center - 7423 Camp Alger Ave Falls Church, VA 22042
 English Line: 703-208-7900 / Spanish Line: 703-208-7901
 Fax: 703-208-7941
fcpsprekoffice@fcps.edu

* To apply Online, visit us at www.fcps.edu/PreK

For Office Use: Application received from
 Leis walk in Blue Mailbox Pony Email
 Other _____