

School Personnel
Must Complete
This Box When
Folder Is Complete.

Parent Returning
Packet Must Initial.

_____ Date folder was returned. _____ Time folder was returned. _____ Initials of person receiving folder. _____ Initials of person returning folder.
 _____ Information complete on front, back, and inside of folder.
 _____ Free & Reduced Price School Meals Family Application form.
 _____ State birth certificate received. Or _____ Proof of ordering birth certificate. **STUDENT MUST BE 4 YEARS OLD PRIOR TO AUGUST 31, 2012.**
 _____ Up-to-date immunization record with the required immunizations completed. Completed form is required.
 _____ Completed comprehensive physical form signed from a physician within the last 365 days or proof of future appointment. Completed form is required.
 _____ Attendance Area (Home school) verified.

2012-2013 Harrison County Universal PRE-K Registration Folder

NO REGISTRATION FOLDER CAN BE ACCEPTED AND AN ASSIGNMENT TO A SITE CANNOT BE MADE UNTIL ALL PARENT BOXES ARE CHECKED, CERTIFICATES VERIFIED, AND A FINAL REVIEW IS MADE BY A DESIGNATED HARRISON COUNTY UNIVERSAL PRE-K PLAN PARTNER.

NO EXCEPTIONS WILL BE MADE TO THIS RULE.

Attendance Area School _____ (Home school)

- * **Parents:** Place a *“Certified Birth Certificate”* or official evidence of request from the West Virginia State Department of Vital Statistics located in Charleston, WV, inside. It must be an *original*, not a copy! (*Certificates from hospitals and county courthouses are not acceptable. Children born outside West Virginia must also have a certified copy from the Department of Vital Statistics/State Capitol from the state where they were born.*) **Students must be 4 years old prior to August 31, 2012. Certified Birth Certificate or proof of ordering is required for the completion of the packet.**
- * **Parents:** Place *Certificate of Immunization* from a physician or health department inside. **Certificate of Immunization is required for the completion of the packet.**
- * **Parents:** Place completed *Comprehensive Physical Form* signed by a physician within the last 365 days or proof of future appointment. **The Comprehensive Physical Form is required for the completion of the packet.**
- * **Parents:** Include copies of total court orders awarding custody of the child, if parents are separated or divorced.

INCOMPLETE PACKETS WILL NOT BE CONSIDERED.

*Parents must indicate 1st, 2nd, and 3rd choice below for packet to be complete. *All locations are subject to change. *No transportation will be provided if student is out of area.

School/Location	Parent Choice 1, 2, or 3	Location of After School Care	Provides Bus Transportation
Adamston			HCBE
Anmoore			HS
Big Elm			HCBE
Clarksburg/ Frederick Street			HS
Cubby's <i>Child Care ONLY</i> <i>Child Care Charges Apply</i>			No Bus Provided
Glen Elk			HS
Kidz Count <i>Child Care Charges May Apply</i>			No Bus Provided
Lasting Impressions <i>Child Care ONLY</i> <i>Child Care Charges & Parental Background Check Apply</i>			No Bus Provided
Lost Creek			HCBE
Lumberport			HCBE

School/Location	Parent Choice 1, 2, or 3	Location of After School Care	Provides Bus Transportation
Lumberport Off-site			HS
Madonna <i>Child Care Charges May Apply</i>			No Bus Provided
Mother Goose <i>Child Care ONLY Child Care Charges Apply</i>			No Bus Provided
North View			HCBE
Norwood			HCBE
Salem			HCBE
Shinnston			HS
Simpson			HCBE
Jungle Junction <i>Child Care Charges May Apply</i>			
West Milford			HCBE
West Milford Community Building			HS
Wilsonburg			HCBE