

_____ 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.
- _____ State birth certificate received. Or _____ Proof of ordering birth certificate.
- _____ Up-to-date immunization record with the required immunizations completed. **Completed form IS required.**
- _____ Completed health check form from a physician. **Completed form IS required.**
- _____ Attendance Area (Home school) verified.

**SCHOOL OFFICE
TO COMPLETE
THIS BOX WHEN
FOLDER IS
RETURNED**

2010-2011 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 Department of Vital Statistics/State Capitol.*)
- Parents:** Place **Certificate of Immunization** from a physician or health department inside.
- Parents:** Include total court orders awarding custody of the child, if parents are separated or divorced.
- Parents:** Place completed **Health Check** form from a physician inside.

*** Health Check and updated immunization records are required for the completion of the packet.**

INCOMPLETE PACKETS WILL NOT BE CONSIDERED.

Place Immunization Records from Physician in Folder – Immunizations must include the following:
DTaP (Diphtheria, Tetanus, Pertussis) - 4 doses
Polio – (IPV) - 3 doses
MMR (Measles, Mumps, Rubella) – 1 dose
TB Skin Test - Out of state students only
Varicella - 1 dose
Hepatitis B - 3 doses
Hib, Bacterial Meningitis - 4 doses
PCV - 4 doses
Hepatitis A - 2 doses

- *Parents must indicate 1st, 2nd, and 3rd choice below.**
- *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	Siblings Attend “X”	After School Care Location	Provides Bus Transportation
Adamston				HCBE
Anmoore				HS
Big Elm				HCBE
Clarksburg/ Frederick Street				HS
Cubby’s Pre-K ONLY				
Cubby’s Child Care ONLY				
Glen Elk				HS
Kidz Count				
Lost Creek				HCBE
Lumberport				HCBE
Lumberport Off-site				HS
Madonna				
Mother Goose Child Care ONLY				
North View				HCBE
Norwood				HCBE
Nutter Fort				HCBE
Salem				HCBE
Shinnston				HS
Station Street				
West Milford				HCBE
West Milford Community Building				HS
Wilsonburg				HCBE
YMCA Lowndes Hill				