

PreK & Early Head Start Application

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

- Complete a phone interview and
- Verify income, residency and birth information.

Within 21 business days after you submit this form, FCPS will contact you to support the next steps in the application process. If your child is found eligible, then you will submit all necessary health documents.

Applicant & Family Member Information

Child (Applicant) Make sure the child's name on the application matches the child's name on their birth certificate					
First	Middle	Last	Nickname	Birthday	Gender
Race (check all that apply)		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	_____	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Medicaid #, if on Medicaid		Does your child have a disability or do you have any concerns about your child's development?		Is there anything else you want to tell us about your child?	
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Adult (Parent or Legal Guardian)					
First	Middle	Last	Birthday	Gender	
Email Address:					
Race (check all that apply)		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <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		Child's Relationship	Check all that apply:
<input type="checkbox"/> College Degree <input type="checkbox"/> Some College, No Degree <input type="checkbox"/> HS Graduate/GED <input type="checkbox"/> Some HS <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Trade/Technical/Vocational Training		<input type="checkbox"/> Full Time (35hrs/week or more) <input type="checkbox"/> Part Time (under 35hrs/week) <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or in School <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support
Secondary Adult (Legal Spouse/Other Parent or Other Legal Guardian Information)					
First	Middle	Last	Birthday	Gender	
Email Address:					
Race (check all that apply)		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <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		Child's Relationship	Check all that apply:
<input type="checkbox"/> College Degree <input type="checkbox"/> Some College, No Degree <input type="checkbox"/> HS Graduate/GED <input type="checkbox"/> Some HS <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Trade/Technical/Vocational Training		<input type="checkbox"/> Full Time (35hrs/week or more) <input type="checkbox"/> Part Time (under 35hrs/week) <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or in School <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support

Family Information & Contacts

Additional Children (Non-Applicants) *				
First	Last	Birthday	Gender	Does this child currently live with you?
				<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

Family Information						
Family Living Address		Apt #	ZIP	City	State	County
Secondary Adult Mailing Address (if different than above)			ZIP	City	State	County
Phone Number(s)	Type (check one)	Phone Number belongs to			Opt In for Text Messages	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental Status (check one)	Number in Family	Primary Language at Home	Homeless Family	Active Duty Military	Receiving SNAP	Receiving TANF/SSI
<input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family		_____	<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			
Contact 1	Name	Relationship	Emergency Contact
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone #1	Phone #2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact 2	Name	Relationship	Emergency Contact
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

* If you would like to apply to our program for an additional child, please complete a separate copy of the first page for each applicant.

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