Hancock County Early Learning Center

Upon enrollment parents will be given the policies and procedures handbook along with the summary of licensing requirements and signatures will be obtained.

Child's Name_____

I have received the policies and procedures of the Hancock County Early Learning Center and understand and agree to follow them. I have also received a summary of licensing requirements.

Parent's Signature_____

Date_____

The following 2 documents are included with this application. Please sign below if you have read and understand them.

I have read and understand the attendance policy for the Hancock County Early Learning Center.

Parent's Signature_____

Date_____

I have received, understand, and agree to the terms stated in the suspension and expulsion Policy.

Parent's Signature_____

Date_____

• Group settings are not appropriate for all children. In the event that our program is not appropriate for your child, or if your child constitutes a safety or legal hazard to himself, other children, staff, or the program, we reserve the right to withdraw services.

• Ineligibility for services due to laws, regulations, or other legal requirements.

Documentation of phone calls, letters, and parent conferences concerning cause for termination of services will be kept by the teacher. A conference will be held in all cases where termination is being considered. The principal, teacher and parent will attend this conference. Failure of parent to attend the conference may result in automatic termination.

convene to discuss a change to provide a more appropriate program or services.

Participation in special education services is voluntary, parents may withdraw their children at any time. School systems may not dismiss children but an IEP team can convene to discuss a change to provide a more appropriate program or services. Any suspensions or expulsions of preschool children with disabilities in special education programs must follow IDEA regulations.

Given the negative impact of exclusionary discipline in early education, the use of suspension and expulsion in pre-K–K should not be viewed as an intervention. Rather, it should only be reserved as a last resort. Exclusionary discipline disrupts the learning process and impacts the social and personal development of a child. A proactive approach to addressing this issue can be achieved by engaging stakeholders, providing guidance, and promoting evidence-based strategies. Behavior Management and Guidance will include: 1) Develop a behavior management policy that aligns to positive behavior supports and interventions. 2) Implement and document a restorative practice plan, including, but not limited to consulting with district special education supervisors, to address behavioral concerns in collaboration with the family; and 3) Submit a written request to TDOE Early Learning Grant Manager for the permanent dismissal of a child, including, but not limited to documentation of the restorative practice plan and efforts.

Termination of services can occur for the following reasons:

- Failure to provide required documentation.
- Failure to complete required paperwork in a timely manner.
- Failure to provide verification of child's physical examination.
- Failure to provide updated immunization records.
- Failure to abide by the guidelines under Absences in the handbook.
- Failure to adhere to the policies and procedures of the Hancock County Board of Education.

Hancock County Early Learning Center

Suspension and Expulsion Policy

It is the goal of Hancock County Schools to avoid expelling or suspending a 3-5-year-old student. We attempt to provide the supports needed to ensure students receive the necessary skills to make the child successful in the classroom.

Behaviors that are interfering with a child's learning or the learning of others need to be addressed. There are many ways to support children who have difficult behavior. Individual programs may have specific rules to address this issue. The preschool program and the family should work together to collect data to identify the cause of the behavior, and to develop a plan for changing the behavior. Behavior plans should be developed on the principals of research based positive behavioral supports, with an understanding that negative behaviors must be replaced by appropriate positive behaviors. It is important to teach appropriate positive behaviors and to reinforce and reward the child for using those behaviors. Positive supports and consequences are determined on an individual basis. It is important for everyone to follow the agreed upon plan consistently for a period of time before evaluating the effectiveness of the plan, usually for two to three weeks. Children's behaviors usually get worse instead of better right after a plan is put into place, as the child is often trying to "test" or get around the plan. Under certain circumstances the Individuals with Disabilities Education Act (IDEA) requires a Functional Behavior Assessment (FBA) and the implementation of a behavior intervention plan (BIP). Any preschool child with a disability and an Individual Education Plan (IEP) that addresses behavior must have that plan followed.

Participation in the program is voluntary. Parents can withdraw their child at any time. The TN VPK programs cannot dismiss a child due to inappropriate behavior without submitting documentation of the attempted behavioral interventions to the Tennessee Department of Education's office of Early Learning. Children with Individual Education Plans (IEPs) being served by the TN VPK may not be dismissed; however, the IEP team may

a. The attendance plan will be designed to help the family establish regular attendance or, if necessary, to plan for alternative services. The attendance plan will be developed by the family and appropriate school personnel, including, but not limited to: the child's primary pre-k teacher; the site-level administrator; the IEP team (if applicable); and additional staff serving the school and family, which may include a counselor, social worker, family support personnel, teacher assistant or other school staff supporting the child and family. The plan must:

i. Identify the reasons for the absences;

ii. Include a specific plan and date for establishing regular attendance or alternative services that meet the child's educational goals; and

iii. Include documentation of services and student outcomes to determine effectiveness of the attendance plan.

6. Every effort will be made to ensure your child has access to a quality school program. However, VPK seats are limited and are made available through a state grant. **A child, who has more than five (5) unexcused days per month, or ten (10) unexcused days in a year, may be terminated from the program for failure to follow the attendance policy.**

7. Because the seats are limited, your child's spot may be filled as soon as he/she is withdrawn. Future eligibility for the terminated child to re-enter the program will depend upon vacancies after a 30-day waiting period and a parent conference to establish a faithful, binding Home/School Compact.

Hancock County Early Learning Center
Attendance Policy

Your child's potential for growth and development is maximized through consistent participation in a high-quality environment. Establishing consistent attendance routines in pre-K and kindergarten will increase chances of success in all future school experiences and will decrease chances that your child will drop out of high school. Our goal is to establish healthy school habits as soon as school is introduced. Therefore, it is very important that your child attends pre-k on a regular basis. With this in mind, ***(Hancock County Schools)***, in partnership with the Tennessee Department of Education, has adopted a pre-K attendance policy that went into effect ***(August 1, 2017)***.

Excused Absences:
We understand that children may miss some days of participation due to illness. Absences due to illness will be considered an **excused** absence.

The following are acceptable reasons for excused absences:
1. The child is hospitalized;
2. The child is incapacitated due to a serious injury;
3. The child contracts a communicable disease (virus or flu);
4. The child has other ongoing health related ailments which temporarily prevent attendance (such as asthma);
5. There is a death in the family;
6. Limited medical/dental/therapy appointments (these should be made outside of school hours unless absolutely necessary); and
7. Other reasons as approved by site-level administrator.

Required Procedures:
1. Please communicate with your child's teacher when your child is absent.

2. A doctor's excuse is required after three (3) consecutive days of absence.

3. If you have questions or concerns about your child's attendance, or if you anticipate an ongoing attendance issue, please contact: Marta Stapleton, Hancock County Schools Attendance Supervisor 733-4848

4. If a child has four (4) or more consecutive absences—or four (4) or more absences within one (1) month—the site-level administrator will contact you to determine the child's participation status. The site-level administrator will document attempts to contact you and the outcome of those attempts and/or communications.

5. If a child misses five (5) or more days in a three (3)-month period, the site-level administrator will contact the family to develop an attendance plan.

Hancock County Early Learning Center

Photo and Video Permission Form

I give the Hancock County Early Learning Center staff permission to Photograph/Video my child _____ for the use of portfolios, newsletters, projects and activities. These will be kept on file in order to track progress or to be observed by state officials concerning requirements at the center.

Parent Signature_____

Date_____

Hancock County Early Learning Center

Dear Family,

During the 2026-27 school year the three and four year old classes will be using the **Second Step: Child Protection Unit.** This program teaches children skills that will help keep them safe from dangerous or abusive situations. Children will also learn how to ask for help when they need it.

I understand that my child _____ will be taught the Second Step: Child Protection Unit within the 2025-26 school year.

Parent Signature_____

Date:_____

Hancock County Schools
Dept. of Special Education
Permission for Screening

Student Name: _____

School: _____

Dear Parent:

Your child has been referred for an evaluation to determine if he/she may need additional help to meet his/her educational needs. The first step in this process is to review your child's academic progress, vocational skills, hearing and vision, and to conduct classroom observations.
The information gathered in this process will be examined by the S-Team. The S-Team will decide if further testing is needed. In order to start the process, we need your permission to screen the following areas:

___x__Hearing Results/Date: _____	__x___Classroom Observation
___x__Vision Results/Date: _____	___x__Classroom Observer
__ x___Vocational Skills:	__x__Speech/Language
__x__Gross Motor Skills	__x__Fine Motor Skills

I give my permission for my child to be screened in each of the areas listed above.

_____ Date: _____
Signature of Parent or Guardian

•The S-Team is the School Support Team that is school based and consists of members from regular education, support services and special education.

Hancock County Early Learning Center

Child Abuse/Neglect Policy

Should child abuse or neglect be suspected by the Hancock County Early Learning Center Staff, they are required by law to report their findings to the Department of Human Services who will investigate the report and take the action deemed necessary.

I have read the child abuse and neglect policy and understand it fully.

Parent Signature_____

Date_____

_____Fetal Alcohol Syndrome/Fetal Alcohol Effect

_____Other

Explain_____

_____

10. Please indicate which of the following professionals your child has seen:

_____Ear Nose and Throat Specialist

_____Audiologist

_____Occupational Therapist

_____Psychologist

_____Resource Teacher

_____Pediatrician

_____ESL Teacher

_____Reading Clinician

_____Physical Therapist

11. If your child has received any of the above services, please describe:

_____

_____

_____

_____

12. Has your child ever been seen by a speech pathologist? _____Yes _____No

If yes, where?_____

When?_____

13. Does your child have difficulty sleeping? _____Yes _____No If yes, explain:_____

_____

_____

13. Has your child recently attended any other schools? _____Yes _____No

If yes, where?_____

Medical and Developmental History

1. Were there any problems/complications during the pregnancy and delivery? If yes, please describe:

_____

_____

_____

_____

2. Was your child born premature? _____Yes _____No

If yes, how many weeks_____

3. What was your child's birth weight? _____

4. Has your child had frequent ear infections? _____Yes _____No

5. Does your child have tubes in his/her ears? _____Yes _____No

6. Does your child have any known visual problems? _____Yes _____No If yes, explain:_____

_____

_____

_____

7. When did your child start saying his/her first words? _____Before 2 years of age _____After 2 years of age

8. Did your child put words together (e.g. "me cookie") ____Before the age of 3? _____After the age of 3?

9. Please indicate any known diagnoses your child may have:

_____Cerebral Palsy _____Down Syndrome

_____Hearing Impairment _____Autism Spectrum Disorder

_____Visual Impairment _____Tongue thrust

_____Behavioral Difficulties _____Cognitive Impairment

_____ADHD/ADD _____Cleft lip/Palate

Toilet Habits:

Is Child potty-trained? _____ Does he/she take themselves?

Speech & Physical Growth:

Does he/she talk well? _____ Not Very Well? _____Not at all? ____

Does anyone read to him/her? _____ how regularly?

_____

At what age did he/she crawl? _____ Walk? _____

Emergency Information

Name of person authorized to act for parent in an emergency, Must list two emergency contacts with working numbers.

Name:_____

Number:_____

Name:_____

Number:_____

Back Ground Information

Other Children in the family	Birth Date	School

Has your child ever attended one of the following?:

_____**Head Start** _____**Early Head Start** _____**Daycare**

Name of facility that was previously attended:

_____

With what company do you have hospital insurance?

_____ ID# _____

Does this child have any physical, medical ailment or defect?

____Yes ____ No

(If yes, please explain) _____

_____

Does your child have any allergies?

____Yes ____No

(If yes, please explain)

_____

_____

What medications if any are taken regularly?

_____

I, the legal parent (guardian) of _____

Do hereby authorize the personnel of Hancock County Early Learning Center to seek emergency medical care for my child and emergency personnel to give treatment and will assume financial responsibility for such care.

Parent Signature: _____

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

_____

_____ _____

_____ _____

_____ _____

Parents or Guardian Names:

Parent/Guardian #1_____

Address of Parent/Guardian #1_____

Parent/Guardian #2_____

Address of Parent/Guardian #2_____

Who is the legal or court appointed guardian? _____

A copy of custody papers must be turned in to the office

Parents Employment:

Father (Employer): _____ Phone #_____

Mother (Employer): _____ Phone # _____

Step- Parent (Employer): _____ Phone # _____

Is either parent: -Active Duty Military _____Yes _____No
-National Guard Military _____Yes _____No
- Reserve Military Dependent _____Yes _____No
-If yes, _____full time or _____part time.

Parent/Legal Guardian Education:
Mother: __ Middle School __High School ___ College __Other
Father: __ Middle School __ High School ___ College __ Other

Who is your local family physician? _____

Hancock County Early Learning Center

2026-27

Childs Name _____

First Middle Last

Preferred Name_____

Street Address _____City:_____

Zip:_____ Home Phone: _____

Cell Phone:_____

Social Security # _____ Date of application_____

Child's Birthday _____

Age of child on August 15, 2026_____

Race:

_____American Indian or Alaska Native _____White

_____Native Hawaiian or Other Pacific Islander _____Asian

_____Black or African American

Is the student Hispanic/Latino? _____Yes _____No

Does any of the following apply to the student:

_____Individualized Education Plan _____504 Plan _____Foster Care _____Migrant

Child Lives with:

__ Both Parents __ Mother __ Father __ Step-parent __ Relatives

Parents are: (Check all that Apply)

__ Married ___ Separated ___ Divorced __ Other

Information Sheet

Child's Name: _____ Birthday:_____

Parents:/Guardian Names: _____

Address: _____ City:_____

Zip:_____ Home Phone: _____

Mom Cell:_____ Work:_____

Dad Cell:_____ Work:_____

Bus Services are provided on an as needed basis. Students must be 4 years old in order to ride a bus.

Directions to Home (If more room is needed use back of sheet)

_____

_____

Emergency Contacts: (Must include 2 contacts with working numbers.)

Contact #1: Name_____ Number_____

Contact #2: Name_____Number_____

Allergy Alerts:

_____

_____

Can Pick Up	Cannot Pick Up
_____	_____
_____	_____
_____	_____
_____	_____

HANCOCK COUNTY SCHOOLS

HOUSEHOLD INFORMATION SURVEY

2026-27 SCHOOL YEAR

Instructions: Please complete **ONE FORM PER HOUSEHOLD** and turn in at Hancock County Early Learning Center, Hancock County Elementary, Hancock County Middle or High School.

Parent(s)/Guardian(s):	1.	2.
Phone Numbers:	1.	2.
Street Address:		
City:	State:	Zip:
Mailing Address (if different):		

Please list the first and last name of ALL STUDENTS residing in your household below:	Date of Birth	Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Check any that apply to ANY MEMBER of your household:

☐ SNAP	☐ TANF	☐ Foster	☐ Homeless	☐ Migrant
Parent/Guardian Military Status:		☐ Active Duty	☐ National Guard	☐ Reserve

Total Number in Household (include **ALL ADULTS & CHILDREN** in your household): _____

Please check the box below that represents your Annual Gross Income:

☐ Less than $29,526	☐ Between $71,559 and $82,066
☐ Between $29,527 and $40,034	☐ Between $82,067 and $92,574
☐ Between $40,035 and $50,542	☐ Between $92,575 and $103,082
☐ Between $50,543 and $61,050	☐ Between $103,083 and $113,590
☐ Between $61,051 and $71,558	☐ Over $113,591

Signature: An adult household member must sign this survey. I certify (promise) that all information on this survey is true and that all income is reported. I understand that the school will receive federal funding based on the information provided.

Signature:	Date:

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes							
A.	GROSS work Income	D.	Pension(s)	G.	Veteran's Benefits	J.	SSI Disability
B.	Unemployment	E.	Retirement	H.	Child Support	K.	Other - please list ↓
C.	Workman's Comp	F.	Social Security	I.	Alimony		

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			$ -	X		$ -
			$ -	X		$ -
			$ -	X		$ -
			$ -	X		$ -
			$ -	X		$ -
					Total Annual (Yearly) Income	$ -

Part D - INCOME VERIFICATION

Please check (√) all documents submitted as Proof of Income or Program Participation.					
	Pay Stub / Verification of pay by employer		Retirement Documentation		Foster Care Reimbursement
	W-2 Form		Social Security		SSI Documentation
	Income Tax Form 1040A or 1040		Veteran's Benefit Letter		TANF Documentation
	Unemployment Compensation		Child Support		AFDC / Public Assistance Payment
	Workman's Compensation Documentation		Alimony Documentation		TennCare Verification
	Pension Stubs		Other (Specify): →		

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: _____ SSN #: _____

Signature of Applicant: _____ Date: _____

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information.
Completed forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____

Signature of LEA employee: _____

Date Reviewed by LEA employee: _____

Hancock County Early Learning Center

For Office Use Only
Please Circle One
Income Eligible: Yes / No
If yes, and enrolled, student should be classified as (L) in student information system

2026-2027

Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form DOES NOT qualify your child for the Free or Reduced Meal Program.
Submission of this application is not a guarantee of acceptance into the VPK program.

Name of Student: _____ Date of Application: _____

SSN of Student (optional): _____ Date of Birth of Student: _____

Name of Applicant: _____ Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: ( ) _____ Work Phone #: ( ) _____ Cell Phone #: ( ) _____

Part A - Family Information

Please list information for all other household members

Section 1

Name(s) of ALL OTHER CHILDREN in the Household		Date of Birth	School	Grade
1.				
2.				
3.				
4.				
5.				

Section 2

Name(s) of ALL OTHER ADULTS in the Household		Relationship to Student
1.		
2.		
3.		
4.		
5.		

Total # of household members: _____

Part B - Program Participation

Please check (√) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(√)		(√)		(√)		(√)		Case #
	Early Head Start		Foster Care		Migrant		Families First (TANF)	
	Head Start		Homeless		Food Stamps / EBT			

pdated: 1/17/24

Hancock County Early Learning Center

Child's Name_____

Dear Parents,

In order to comply with state requirements, your child needs the following items to complete his or her file. The items must be turned in to the office in order for your child to be accepted and begin the program at the Hancock County Early Learning Center. If you have questions, please contact me at 733-1762.

_____Social Security Card

_____Shot Record and Physical **(Must be on Tennessee Department of Health Form)**

_____Custody Papers (If applicable)

_____Birth Certificate

_____Insurance Card

_____Proof of Income

_____Proof of Residency dated within the past 2 months. This must state the name of the parent/guardian and address of residency. (utility bill, bank statement, or pay stub).

Thank You,

Angela Rasnic

Director HCELC