



Volunteer Pre-K Registration Process 2026-27

Pre-K Registration Information

Eligibility:

- Children must be 4 years old by August 15, 2026.
- Applications will be accepted at Clinton City Schools Central Office beginning March 9.

Placement Process:

- Pre-K placement is not based on a first-come/first-serve basis. It is determined by highest need.
- Parents will be notified if their child is accepted into Pre-K as applications are processed.
- Parents should prepare for alternative daycare arrangements if their child does not receive placement.
- All students not initially placed will be kept on a waiting list. As positions become available throughout the school year, slots will be filled based on need, not first come/first serve.
- Priority placement is given to income-eligible students.

Required Documents for Registration:

- Proof of Residency (e.g., current CUB bill, lease)
- Proof of Income or case number verification for WIC or SNAP benefits (e.g., tax returns, 12 consecutive pay stubs)
- Certified Copy of Birth Certificate
- Social Security Card
- Custody Papers (if applicable)
- Physical Exam (Upon enrollment)
- Up-to-Date Shot Record (Upon enrollment)

Contact Information: If you need assistance completing these forms, please contact Karen Cupples at 865-457-0159.

Preschool Application

The following documents are required unless the enrolling student is in state custody or is experiencing homelessness:

- Preschool application with proof of income
- Birth certificate or other official records of birth
- Current immunization record
- Current physical examination
- One proof of residency dated within the past two months stating the name of the parent/legal guardian and the address of residence. Acceptable forms of proof of residency include:
 - Option 1: Copy of signed lease agreement or mortgage statement
 - Option 2: Utility bill (i.e., electric, water, gas, or sewer)
 - Option 3: Bank or credit card statement
 - Option 4: Paystub
 - Option 5: Voter Registration or some type of legal mail

Please note:

- **Completing this application does not qualify your child for the Free or Reduced Meal Program.**
- **Submission of this application does not guarantee acceptance into the Voluntary Pre-K (VPK) Program.**
- **Refusal to provide income does not prevent provision of special education services.**

STUDENT AND HOUSEHOLD INFORMATION

Last Name		First Name		Middle Name	
Preferred Name		Birth Date		Phone Number	
Physical Address		Apt	City	State	Zip Code
Mailing Address (if different)		Apt	City	State	Zip Code
Race	☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Asian ☐ Black or African American				
Is the student Hispanic / Latino?	☐ Yes ☐ No	Sex	☐ Male ☐ Female		
Other Information (as applicable)	☐ Individualized Education Plan (IEP) ☐ 504 Plan ☐ Foster Care ☐ Migrant				
Where does your child currently stay at night?					
☐ Home or apartment owned or rented by the parents/guardians ☐ Campsite ☐ Automobile ☐ Shelter ☐ Hotel/Motel ☐ Temporarily living with relative/friend ☐ Housing that is inadequate (no electricity, running water, etc.)					
Has your child ever attended one of the following?	☐ Head Start ☐ Early Head Start ☐ Family Childcare ☐ Mother's Morning Out ☐ Private daycare ☐ Private/Public Preschool				
Previous Schools or Preschool Attended	Address		Telephone	Years Attended	

PARENT/GUARDIAN #1					
Last Name		First Name		Email Address	
Home Phone		Work Phone		Cell Phone	
Physical Address (if different from student)		Apt	City	State	Zip Code
Mailing Address (if different from student)		Apt	City	State	Zip Code
Relationship to Student					
Lives with student?	☐ Yes ☐ No				
Employer		Occupation		Work Hours	
Work Address	City		State		Zip Code

PARENT/GUARDIAN #2					
Last Name		First Name		Email Address	
Home Phone		Work Phone		Cell Phone	
Physical Address (if different from student)		Apt	City	State	Zip Code
Mailing Address (if different from student)		Apt	City	State	Zip Code
Relationship to Student					
Lives with student?	☐ Yes ☐ No				

Employer		Occupation		Work Hours	
Work Address		City		State	Zip Code

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT #1				
Last Name	First Name		Relationship to Student	
Home Phone	Work Phone		Cell Phone	
Address	Apt	City	State	Zip Code

EMERGENCY CONTACT #2				
Last Name	First Name		Relationship to Student	
Home Phone	Work Phone		Cell Phone	
Address	Apt	City	State	Zip Code

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 Adults in the Household		Relationship to Student
1.		
2.		
3.		
4.		

Total Number of Household Members: _____

Part B: Program Participation

Please check (✓) if a child, family, or household member participates in one or more of the following programs, currently or during the past school year. Documentation is required (See Part D.)

✓	Program	✓	Program	✓	Program	✓	Program
	Early Head Start		Foster Care		Migrant		Supplemental Nutrition Assistance Program (SNAP)
	Head Start		Homeless		Families First (TANF)		SNAP/TANF Case Number:

Part C: Total Household Income

Please list **ALL INCOME** of household family members and how often income is received. Any falsification of information concerning income, residency, 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 of months that you receive the income and then calculate the Amount and the Total Annual income.

Source of Income Codes			
A. GROSS Work Income	D. Pensions	G. Veteran's Benefits	J. Alimony
B. Unemployment	E. Retirement	H. Child Support	K. Other (must list)

C. Workman's Comp		F. Social Security Benefits		I. SSI Disability		
Name of Adult	Employer (if applicable)	Source of Income Code	Monthly Payment or Wage Amount	Multiply by (x)	How many months did you receive this income in the last year?	Total Amount
			\$	x		\$
			\$	x		\$
			\$	x		\$
			\$	x		\$

Total Annual (Yearly) Income: _____

Part D: Income Verification

Please check (✓) all documents that have been provided as Proof of Income					
	Pay Stub / Verification of pay by employer		W-2 Form		Supplemental Nutrition Assistance Program (SNAP)
	Foster Care Reimbursement		Social Security Benefits		Child Support
	Income Tax Form 1040A or 1040		Veteran's Benefit Letter		Temporary Assistance for Needy Families (TANF) Documentation
	Unemployment Compensation		Pension Stubs		Alimony Documentation
	Workman's Compensation Documentation		SSI Documentation		Retirement Documentation
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: _____

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: _____

For Office Use Only

Please Circle One

Income Eligible: Yes / No