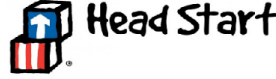


Charlottesville/Albemarle Area Preschool Programs Application and Information for School Year 2021-2022



Dear Families,

Thank you for your interest in the Charlottesville/Albemarle preschool programs. Our goal is to provide comprehensive early childhood experiences for students with risk factors that may present challenges for future academic success. Initial application review for placement occurs from February to May for the 2021-22 school year. Applications are accepted year-round. Information will be handled confidentially.

Please be sure to complete this form in its entirety.

Please retain this sheet for your information. Do not submit this page with your child's application!

What public preschool programs are available?	
Income restrictions and other factors determine eligibility	
City of Charlottesville	Albemarle County
<u>Charlottesville City School Preschool Program</u> (3- and 4-year-old children) <i>Children must be 3 or 4 by September 30th</i>	<u>Bright Stars Preschool Program</u> (4-year-old children) <i>Children must be 4 by September 30th</i>
MACAA Head Start	
<u>MACAA Head Start Preschool Program</u> (3- and 4- year old children) <i>Children must be 3 or 4 by September 30th</i>	

How do I apply for public preschool programs for my child?
1. Fill out one application for each child. 2. Include ALL sources of household income with the application. 3. Include current proof of residency . Your child's application will NOT be processed until all documents are received.

How do I submit my child's application?	
Application can be found online at Go2Grow.com	
Paper applications may be submitted to any elementary school or:	
City of Charlottesville	Albemarle County
<u>Charlottesville City School Preschool Program</u> Division Annex at Charlottesville High School 1400 Melbourne Rd Charlottesville, Virginia 22901 Sheila Sparks, Preschool Coordinator <i>Phone: (434) 245-2797 Email: sparkss1@charlottesvilleschools.org</i>	<u>Bright Stars Preschool Program</u> Albemarle County Dept. of Social Services 1600 5th St, Suite A Charlottesville, Virginia 22902 Carol Fox, Program Coordinator <i>Phone: (434) 972-4010 ext. 3332 Email: cfox@albemarle.org</i>
MACAA Head Start (Charlottesville & Albemarle)	United Way of Greater Charlottesville (Charlottesville & Albemarle)
<u>MACAA Head Start Preschool Program</u> 1025 Park St Charlottesville, Virginia 22901 Lina Abril, Enrollment Coordinator <i>Phone: (434) 295-3171 ext. 3008 Email: lmontoya@macaa.org</i>	<u>Go2Grow.com</u> 806 E High St Charlottesville, Virginia 22902 Rebecca Martin, Navigator <i>Phone: (434) 459-0506 Email: go2grow@unitedwaycville.org</i>

Important Dates	
City of Charlottesville and MACAA Head Start	Albemarle County and MACAA Head Start
Submit the application and all required documentation by the priority processing date of March 15th . Families will begin to be notified after May 1st.	Submit the application and all required documentation by the initial processing date of April 15th . Families will begin to be notified after May 1st.
Applications are accepted year-round to fill vacancies within the preschool programs as they occur.	

If you think your child may have a disability, contact:	
Charlottesville City Schools Special Education Department (434) 245-2405	Albemarle County Public Schools Special Education Department (434) 296-5885

This page intentionally left blank.

Program Selection

Please select **all programs** you are interested in:

<input type="radio"/> MACAA Head Start (Charlottesville City and Albemarle County residents)	<input type="radio"/> Charlottesville City Preschool (Charlottesville City residents only)	<input type="radio"/> Albemarle Bright Stars (Albemarle County residents only)	<input type="radio"/> Other: _____
---	---	---	------------------------------------

If it is determined that you are not eligible for, or there is no space in your first program of choice, would you like to learn about other program options that are available? Yes No

Please visit virginiaquality.com or childcareva.com for additional information about providers within your city or county of residence.

Child-Applicant

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
Race (select all that apply)		Ethnicity		English Proficiency	Primary Language	Other Language Proficiency
<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White		<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino		<input type="radio"/> None <input type="radio"/> Little <input type="radio"/> Moderate <input type="radio"/> Proficient	_____	Language: _____ <input type="radio"/> Little <input type="radio"/> Moderate <input type="radio"/> Proficient
Primary Health Coverage	Other Coverage	Insurance #	Medicaid Eligibility		Medicaid #	Doctor/Medical Home
			<input type="radio"/> Not eligible <input type="radio"/> Eligible <input type="radio"/> Enrolled <input type="radio"/> Unknown			
Dental Coverage		Dental Coverage #		Dentist/Dental Home		

Parent/Guardian-1

First	Middle	Last	Suffix	Nickname	Birthdate	Gender		
Living Address			City	State	Zip Code	County		
Mailing Address (if different from above)			City	State	Zip Code	County		
Phone Number(s) [please * by your preferred method of communication]				Additional Contact Information		Permission to text?		
Cell _____				Email: _____		<input type="radio"/> Yes		
Home _____				Best time to reach you: _____		<input type="radio"/> No		
Work/Other _____ Ext: _____								
Race (please select all that apply)		Ethnicity		English Proficiency	Primary Language	Other Language Proficiency		
<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White		<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino		<input type="radio"/> None <input type="radio"/> Little <input type="radio"/> Moderate <input type="radio"/> Proficient	_____	Language: _____ <input type="radio"/> Little <input type="radio"/> Moderate <input type="radio"/> Proficient		
Highest Level of Education		Employment Status		Relationship to Child		Custody		
<input type="radio"/> < Grade 9 <input type="radio"/> Grade 10 <input type="radio"/> Grade 11 <input type="radio"/> Grade 12 <input type="radio"/> GED		<input type="radio"/> High School Diploma <input type="radio"/> Other/Vocational School <input type="radio"/> Associate Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree		<input type="radio"/> Full-time <input type="radio"/> Part-Time <input type="radio"/> Seasonal <input type="radio"/> Unemployed		<input type="radio"/> Full-time & training <input type="radio"/> Part-time & training <input type="radio"/> Retired or disabled <input type="radio"/> Other relative: _____	<input type="radio"/> Biological/Adoptive/Stepparent <input type="radio"/> Grandparent <input type="radio"/> Foster parent <input type="radio"/> Other relative: _____	<input type="radio"/> Yes <input type="radio"/> No
Place Employed:								
Check all that apply (for Parent/Guardian-1)					Active-Duty Military	Incarcerated		
<input type="radio"/> Child lives with parent/guardian-1 <input type="radio"/> Parent/Guardian provides financial support <input type="radio"/> Parent/Guardian was a teen parent <i>(under 19 years of age)</i> <input type="radio"/> Parent/Guardian-1 is separated/divorced <input type="radio"/> Parent/Guardian-1 has long-term/chronic illness					<input type="radio"/> Parent/Guardian-1 has a disability <input type="radio"/> Parent/Guardian-1 has mental health concerns <input type="radio"/> Parent/Guardian-1 has a history of substance abuse <input type="radio"/> Parent/Guardian-1 is deceased <input type="radio"/> Parent/Guardian-1 is/was a victim of violence <input type="radio"/> Parent/Guardian-1 is proficient in reading and writing in primary language	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Currently deployed	<input type="radio"/> No <input type="radio"/> Yes, previously <input type="radio"/> Yes, currently	

Parent/Guardian-2

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
Living Address		City	State	Zip Code	County	
Mailing Address (if different from above)		City	State	Zip Code	County	
Phone Number(s) [please * by your preferred method of communication]			Additional Contact Information			Permission to text?
Cell	_____		Email:	_____		<input type="radio"/> Yes
Home	_____		Best time to reach you:	_____		<input type="radio"/> No
Work/Other	_____	Ext:	_____			
Race (please select all that apply)		Ethnicity	English Proficiency	Primary Language	Other Language Proficiency	
<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White		<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	<input type="radio"/> None <input type="radio"/> Little <input type="radio"/> Moderate <input type="radio"/> Proficient	_____	Language: _____ <input type="radio"/> Little <input type="radio"/> Moderate <input type="radio"/> Proficient	
Highest Level of Education		Employment Status	Relationship to Child		Custody	
<input type="radio"/> < Grade 9 <input type="radio"/> Grade 10 <input type="radio"/> Grade 11 <input type="radio"/> Grade 12 <input type="radio"/> GED		<input type="radio"/> High School Diploma <input type="radio"/> Other/Vocational School <input type="radio"/> Associate Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree	<input type="radio"/> Full-time <input type="radio"/> Part-Time <input type="radio"/> Seasonal <input type="radio"/> Unemployed	<input type="radio"/> Full-time & training <input type="radio"/> Part-time & training <input type="radio"/> Retired or disabled	<input type="radio"/> Biological/Adoptive/Stepparent <input type="radio"/> Grandparent <input type="radio"/> Foster parent <input type="radio"/> Other relative: _____	<input type="radio"/> Yes <input type="radio"/> No
Place Employed: _____						
Check all that apply (for Parent/Guardian-2)					Active-Duty Military	Incarcerated
<input type="radio"/> Child lives with parent/guardian-2 <input type="radio"/> Parent/Guardian-2 provides financial support <input type="radio"/> Parent/Guardian-2 was a teen parent (under 19 years of age) <input type="radio"/> Parent/Guardian-2 is separated/divorced <input type="radio"/> Parent/Guardian-2 has long-term/chronic illness		<input type="radio"/> Parent/Guardian-2 has a disability <input type="radio"/> Parent/Guardian-2 has mental health concerns <input type="radio"/> Parent/Guardian-2 has a history of substance abuse <input type="radio"/> Parent/Guardian-2 is deceased <input type="radio"/> Parent/Guardian-2 is/was a victim of violence <input type="radio"/> Parent/Guardian-2 is proficient in reading and writing in primary language			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Currently deployed	<input type="radio"/> No <input type="radio"/> Yes, previously <input type="radio"/> Yes, currently

Alternate Contact(s) if Parent/Guardian Cannot Be Reached

Contact-1 Name (first and last)	Relationship to Child	Release To
		<input type="radio"/> Yes <input type="radio"/> No
Address	City	State
		Zip Code
Phone Number(s)		
Cell: _____	Home: _____	Work/Other: _____
Contact-2 Name (first and last)	Relationship to Child	Release To
		<input type="radio"/> Yes <input type="radio"/> No
Address	City	State
		Zip Code
Phone Number(s)		
Cell: _____	Home: _____	Work/Other: _____
Additional people authorized to pick up child (list below)		
Person(s) not authorized to pick up child (list below)		

Note: Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must include, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Family Members Living in the Home (if more space is needed, please list additional family members on another page)

First	Last	Age	If school age, what school do they attend?

Child & Family Information

CHILD (check all that apply and provide any explanation(s) in the space provided)

Information from this section will be kept confidential and is used to determine eligibility for programs

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Child has no contact with one or both parents <input type="radio"/> Child does not live with his/her parents <input type="radio"/> Child or sibling(s) have been removed from the home <input type="radio"/> Child is/was in foster care <input type="radio"/> Child is an English Language Learner <input type="radio"/> Child has been abused (physically, sexually, and/or emotionally) <input type="radio"/> Child is in counseling <input type="radio"/> Child has a medical condition and/or allergies <input type="radio"/> Child uses a medical device (ex. glasses, hearing aid(s), wheel chair, etc.) | <ul style="list-style-type: none"> <input type="radio"/> Child has a suspected or identified disability <input type="radio"/> Child is not potty-trained (not required for acceptance into program(s)) <input type="radio"/> Child does not have a pediatrician and/or dentist <input type="radio"/> Child was born before 37-weeks <input type="radio"/> Child weighed less than 5 lbs. at birth <input type="radio"/> Safety plan/Protective order is/was in place <input type="radio"/> Child has had Child Protective Services involvement <input type="radio"/> A court order custody agreement is in place (if yes, a copy will need to be provided) |
|---|--|

Please provide any additional details in the space below:

HOUSEHOLD (check all that apply)

Information from this section will be kept confidential and is used to determine eligibility for programs

Housing	Nutrition	Other
<ul style="list-style-type: none"> <input type="radio"/> Family is currently experiencing homelessness <input type="radio"/> Family is living in temporary housing <input type="radio"/> Housing concerns (overcrowded, needs major repairs, lack of heat, etc.) <input type="radio"/> Family has moved 2 or more times in the past 3 years 	<ul style="list-style-type: none"> <input type="radio"/> Family is receiving SNAP <input type="radio"/> Family is receiving WIC <input type="radio"/> Family has nutritional needs 	<ul style="list-style-type: none"> <input type="radio"/> Domestic violence in the home <input type="radio"/> No driver's license holder in the household <input type="radio"/> Household member has mental health concerns <input type="radio"/> Sibling(s) in home has a disability <input type="radio"/> Sibling(s) in home has learning challenges <input type="radio"/> Sibling(s) in home has behavioral concerns

Is your child currently enrolled in a child care/preschool? Yes No If yes, where is your child currently enrolled? _____

Does your family receive child care subsidy/assistance? Yes No Would you like more information about applying for child care subsidy? Yes No

Would you like assistance developing an after-school plan? Yes No

If your child is selected for one of the three public programs, what are your after-school plans? _____

Do you have concerns about your child in the following areas? (check all that apply)

- Weight
 Sleep patterns
 Eating habits
 Health
 Development
 Behavior
 Social interaction
 Speech

Please provide any additional details in the space below:

Has your child ever been referred to or evaluated by the school system or other facility for special education, speech, Early Intervention, or other preschool services?

Yes No If yes, where? _____ When? _____ Outcome? _____

Does he/she have an IFSP or IEP or are they currently receiving service? Yes No (If yes, please attach)

Other than service workers, how many people can you call on to help with your child in the event of an emergency? 0 1 2 3+

Is there anything else you would like us to know about your child?

Is there anything else you would like us to know about your family?

Has your child or your family been negatively impacted by COVID-19? Please explain.

** If you have more than one child applying for services, please complete a separate copy of this form for each applicant.*

I give permission for my application to be shared if there are other services and/or programs appropriate for families with preschool-aged children: Yes No

I certify that all the above information is true and correct, and that all income is reported. I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that if my child is accepted into a program, the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program. I understand that this application will serve to meet the needs of my family through available public and/or private providers and based on my eligibility will support my family in securing child care/preschool services for my child. All personal information will be handled respectfully and confidentially. Signature of parent guardian is required for eligibility determination.

Signature of Parent/Guardian: _____

Date Signed: _____



Please complete the next page if you are applying for Charlottesville City School Preschool Program or Bright Stars Preschool Program.



Turn Page Over

2021-2022 Income Verification Form for Charlottesville City Preschool and Albemarle County Bright Stars

Required Documentation & Income Verification - Parent Guardian 1

The following documents are **required** to **determine program eligibility**. Applications will **not** be processed until all required documents are submitted. Please check each box below for all documentation attached to this application.

- Proof of Residency (current deed or lease, or utility bill such as electric, cable, land line phone, or water)
- Income Verification for any financially contributing adult in the household
 - 2020 Income Tax Return(s) 1040
 - 2020 W-2
 - Current and Consecutive Pay Stubs
I get paid: weekly (4 pay stubs) every two weeks (3 pay stubs)
 2x per month (3 pay stubs) monthly (2 pay stubs) yearly (1 pay stub)
 - Employer Letter
 - Rents and Royalties
 - Pension/Retirement Income Payments
 - SSI Award Letter
 - Alimony
 - Survivor Benefits
 - Child Support Documents
 - Educational Assistance/Scholarship(s)
 - Unemployment/Worker's Compensation
 - Interest and Dividends
 - Veterans Benefits Payment
 - TANF Award Letter
 - SNAP Award Letter
 - Disability/Social Security Letter
 - Other: _____

Are you currently working for the same employer as documented on the W-2/tax form/pay stubs? Yes No

Required Documentation & Income Verification - Parent Guardian 2

The following documents are **required** to **determine program eligibility**. Applications will **not** be processed until all required documents are submitted. Please check each box below for all documentation attached to this application.

- Proof of Residency (current deed or lease, or utility bill such as electric, cable, land line phone, or water)
- Income Verification for any financially contributing adult in the household
 - 2020 Income Tax Return(s) 1040
 - 2020 W-2
 - Current and Consecutive Pay Stubs
I get paid: weekly (4 pay stubs) every two weeks (3 pay stubs)
 2x per month (3 pay stubs) monthly (2 pay stubs) yearly (1 pay stub)
 - Employer Letter
 - Rents and Royalties
 - Pension/Retirement Income Payments
 - SSI Award Letter
 - Alimony
 - Survivor Benefits
 - Child Support Documents
 - Educational Assistance/Scholarship(s)
 - Unemployment/Worker's Compensation
 - Interest and Dividends
 - Veterans Benefits Payment
 - TANF Award Letter
 - SNAP Award Letter
 - Disability/Social Security Letter
 - Other: _____

Are you currently working for the same employer as documented on the W-2/tax form/pay stubs? Yes No

The following documents are required to register your child in all schools/programs . Please check each box if documentation is attached.	Number of People in Household
<input type="radio"/> Birth Certificate	Children:
<input type="radio"/> Current Physical (must be dated within a year of the first day of school)	Adults:
<input type="radio"/> Current Immunization Records	Total:
<input type="radio"/> Other	
<input type="radio"/> I would like assistance collecting the required documents listed above.	

Parent/Guardian Certification

I certify that all of the above information is true and correct, and that all income is reported if submitted. I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program.

Parent/Guardian Signature: _____ Date: _____

Staff Verification (Staff Use Only)

I verify that I have received all documents listed indicated above.

Staff Name: _____ Staff Signature: _____



Staff Notes:	Total Income:
	# in Household:
	% FPL:
	Meets Income Guidelines: <input type="radio"/> Yes <input type="radio"/> No