



Many of the programs served through this application are income-based and needs-based programs. The questions, while they may seem personal, help to complete the eligibility review for your child's application. Not all questions may be relevant to your family. Your information is kept confidential and is not shared without your permission. The purpose of the application is not to judge you or your family, but to support you in applying for public and private preschools, daycares, childcares, and other opportunities in your area. Through this process, we hope to help you find the best program for your family. **If you need help filling out this application, please email help@go2grow.com or call 434-326-5396.**

Application is for the:

- 2022-23 School Year
- 2023-24 School Year

I am applying for the following programs (check all that apply):

- Albemarle County Bright Stars Preschool Program (4-year-olds)
- Charlottesville City School Preschool Program (3-4-year-olds)
- MACAA Early Head Start (0-3-year-olds)
- MACAA Head Start (3-5-year-olds)
- Mixed Delivery through UWGC (0-5-year-olds)
- Early Learners Scholarship (0-5-year-olds)

Primary parent/guardian information:

This person will serve as the primary point of contact for this application.

First Name		Last Name		Suffix
Email Address			Mobile Phone Number	
Primary Home Address			Primary Parent/Guardian's Date of Birth	
City		State	Zip Code	

- I want to receive communication by text message to the mobile number provided above.

Child information:

First Name	Middle Name	Last Name
Birth Month	Birth Day	Birth Year

If your child will be 5 on or before September 30 of the attending year, have you determined that you child is not yet ready for Kindergarten and received an exception from an early care & education program that your child is not ready for Kindergarten?

- Yes
- No
- Not applicable, my child will not be 5 before September 30

The next set of questions are about the primary parent/guardian:

<p>Gender</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose 	<p>Race (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White 	<p>Hispanic/Latino</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Primary Language at Home <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Dari <input type="checkbox"/> English <input type="checkbox"/> Pashto		<input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Mandarin <input type="checkbox"/> Other: _____	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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Relationship to Child <input type="checkbox"/> Biological/Adopted/Step parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____	Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody of Child <input type="checkbox"/> Yes <input type="checkbox"/> No
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Highest Education Completed <input type="checkbox"/> Did not complete high school <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some college or advanced training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree	What is the primary parent/guardian's employment status? (Check all that apply.) <input type="checkbox"/> Employed – Full time <input type="checkbox"/> Employed – Part time <input type="checkbox"/> Employed – Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed – Full time & training <input type="checkbox"/> Employed – Part time & training		<input type="checkbox"/> Training or school <input type="checkbox"/> Disabled <input type="checkbox"/> Seeking employment <input type="checkbox"/> Stay-at-home parent <input type="checkbox"/> Retired Place of Employment: _____
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Is there another parent/guardian in the family? Yes No

Only include adults who are legal parents/guardians to the child applicant through biological relations, marriage, or adoption. This secondary adult does not need to reside in the same home. Information regarding adults who contribute to the household but are not legal parents/guardians will be entered later. Appropriate paperwork such as custody papers must be attached if a legal parent/guardian is not allowed to pick up the child.

Secondary parent/guardian information:

First Name	Last Name	Suffix
Email Address	Mobile Phone Number	
Home Address	Secondary Parent/Guardian's Date of Birth	
City	State	Zip Code

The next set of questions are about the secondary parent/guardian:

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	Race (Check all that apply.) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
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Spoken Language <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Dari <input type="checkbox"/> English <input type="checkbox"/> Pashto	<input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Mandarin <input type="checkbox"/> Other: _____	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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Relationship to Child	Legal Guardian	Custody of Child
<input type="checkbox"/> Biological/Adopted/Step parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Highest Education Completed	What is the secondary parent/guardian's employment status? (Check all that apply.)	
<input type="checkbox"/> Did not complete high school <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some college or advanced training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree	<input type="checkbox"/> Employed – Full time <input type="checkbox"/> Employed – Part time <input type="checkbox"/> Employed – Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed – Full time & training <input type="checkbox"/> Employed – Part time & training	<input type="checkbox"/> Training or School <input type="checkbox"/> Disabled <input type="checkbox"/> Seeking employment <input type="checkbox"/> Stay-at-home parent <input type="checkbox"/> Retired Place of employment: _____

The next set of questions are about either parent/guardian:

Please check all that apply: <input type="checkbox"/> At least one parent/guardian has a disability. <input type="checkbox"/> At least one parent/guardian has a mental health concern. <input type="checkbox"/> At least one parent/guardian has a chronic health concern. <input type="checkbox"/> At least one parent/guardian is experiencing substance abuse. <input type="checkbox"/> None of the above	Please check all that apply: <input type="checkbox"/> At least one parent/guardian is a veteran of the United States military. <input type="checkbox"/> At least one parent/guardian is an active-duty member of the United States military. <input type="checkbox"/> At least one parent/guardian is actively deployed in a combat zone. <input type="checkbox"/> None of the above
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Is either parent/guardian a migrant worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is either parent/guardian a recent immigrant or refugee (within the past 3 years)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is either parent/guardian incarcerated? <input type="checkbox"/> Parent(s)/Guardian(s) is/are incarcerated. <input type="checkbox"/> Parent(s)/Guardian(s) has /have been incarcerated. <input type="checkbox"/> None of the above
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Check all that apply: <input type="checkbox"/> The child has been exposed to domestic abuse/violence. <input type="checkbox"/> The child has had CPS involvement. <input type="checkbox"/> The child is currently experiencing domestic abuse/violence. <input type="checkbox"/> The child currently has CPS involvement. <input type="checkbox"/> None of the above	Is either parent/guardian deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select all supports your family is currently receiving: <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> Child Care Subsidy <input type="checkbox"/> None <input type="checkbox"/> VA View <input type="checkbox"/> Other: _____
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Check all that apply to your family: <input type="checkbox"/> We are currently experiencing homelessness. <input type="checkbox"/> We have lived in a refugee camp. <input type="checkbox"/> We have moved more than twice in 3 years. <input type="checkbox"/> We have lived in a campground/motel/shelter. <input type="checkbox"/> We have moved 2 or more times in one year. <input type="checkbox"/> None of the above <input type="checkbox"/> We are currently living in temporary/transitional housing.	
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Check all that apply to your housing situation:

<input type="checkbox"/> We are overcrowded.	<input type="checkbox"/> We are having trouble paying utilities and/or rent.
<input type="checkbox"/> Our home is in need of major repairs.	<input type="checkbox"/> None of the above

Check all that apply to your family's transportation needs:

<input type="checkbox"/> I do not have reliable transportation.	<input type="checkbox"/> Transportation is a barrier to me getting my child to and from school.
<input type="checkbox"/> I do not have a driver's license.	<input type="checkbox"/> None of the above
<input type="checkbox"/> I work longer hours than the typical school day (7:30-2:30).	

How many adults live in the home? _____ How many children live in the home? _____

Please fill out the following information for ALL members of the child's household:

Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact (in the event parent/guardian(s) cannot be reached):

Contact Name	Phone Number	Email Address
Relationship to child:	<input type="checkbox"/> Biological/Adopted/Step parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative	<input type="checkbox"/> Foster parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____

The following questions are about the child's household:

Select all that apply: <input type="checkbox"/> Single parent/guardian <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Not married <input type="checkbox"/> No contact with one/both parents	Select all that apply: <input type="checkbox"/> Parent was younger than 20 when the child they are applying for was born. <input type="checkbox"/> Parent was younger than 20 when their first child was born. <input type="checkbox"/> Parent was older than 20 when their first child was born. <input type="checkbox"/> Age of parent when first child was born is unknown.
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Were you referred to go2grow? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom? _____	How did you hear about go2grow? <input type="checkbox"/> Flyers <input type="checkbox"/> Yard Sign <input type="checkbox"/> Banners <input type="checkbox"/> Social media (Facebook/Instagram) <input type="checkbox"/> Radio/TV <input type="checkbox"/> Family/Friend <input type="checkbox"/> School Referral <input type="checkbox"/> In-person Event <input type="checkbox"/> I already knew about the program <input type="checkbox"/> Other _____
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The following questions are about the child applicant:

<p style="text-align: center;">Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	<p style="text-align: center;">Race (Check all that apply.)</p> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	<p style="text-align: center;">Hispanic/Latino</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p style="text-align: center;">Primary Language at Home</p> <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Dari <input type="checkbox"/> English <input type="checkbox"/> Pashto	<p style="text-align: center;">English Proficiency</p> <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Mandarin <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not applicable/not yet verbal	<input type="checkbox"/> Not yet verbal <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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<p>Was the child born premature (before 37 weeks) or a high-risk pregnancy?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did the child weigh less than 5 lbs. at birth?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Was the child impacted by drugs and/or alcohol during pregnancy?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Has the child attended a formal early childhood care or education program?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Was the child on a waitlist for the previous school year?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the child a sibling of a former/current participant in one of the following programs? (Check all that apply.)</p> <input type="checkbox"/> Head Start <input type="checkbox"/> Public School Division Preschool <input type="checkbox"/> Mixed Delivery <input type="checkbox"/> None of these
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Check all that apply:

- Child applicant has an IEP/IFSP.
- Child applicant has a diagnosed disability or impairment.
- Child applicant receives services (speech, occupational, or physical).
- Child applicant is being evaluated for special education services.
- None of the above

If applicable, describe the disability and/or services and what areas of development are affected.

Do you have any disability or developmental concerns about your child? Yes No

Please describe these developmental concerns.

<p>Does the child have a sibling who is experiencing behavioral, social, and/or academic challenges?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the child (select all that apply):</p> <input type="checkbox"/> Currently in foster care <input type="checkbox"/> Previously in foster care <input type="checkbox"/> Currently in kinship care <input type="checkbox"/> Being raised by non-relatives or non-biological parent/guardian <input type="checkbox"/> None of the above	<p>Is the child in counseling?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Is the child toilet trained? (Not a requirement.)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the child a victim of abuse/neglect?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does the child have chronic health concerns or terminal illness and/or diagnoses, or severe allergy?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain.

Check all that apply to the child applicant's health insurance:

- | | |
|---|--|
| <input type="checkbox"/> Children's Health Insurance (CHIP) | <input type="checkbox"/> Private health insurance |
| <input type="checkbox"/> Combined Medicaid/CHIP | <input type="checkbox"/> State-only funded insurance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> No insurance | |

Is there anything else you want to tell us about your child or their application? (Optional)

I agree that this application will serve to meet the needs of my family through available public and/or private providers and based on eligibility, will support my family in securing childcare/early education/preschool services for my child. I understand that this information is kept confidential and is safely maintained. I likewise understand that my responses are used to determine eligibility, without judgement of me or my family.

My signature below certifies that all the above information is true and correct, and that all family income has been reported. I understand that: a) I am required to notify the program immediately if any information changes. b) The program may receive state or federal funds to pay for the cost of the program. c) I give permission for my application to be shared with all go2grow participating partners (United Ways, VPI programs, Head Start programs, Mixed Delivery programs, and private providers) to determine eligibility and acceptance. d) I give permission for go2grow to share my child's application with supporting agencies (e.g., Infant Toddler Connection, International Rescue Committee, Child Health Partnerships, Department of Social Service, ReadyKids) to provide information about their services. e) Go2grow will use my information to help understand which services and supports are most likely to help children succeed in school and life. These reports will not include any personal or identifiable information about me or my child. If I consent, I will complete and sign this consent form as part of the application.

Applicant Signature

Date

Please submit copies of the following documents with the application to determine eligibility:

- Proof of income (Ex. Current tax returns; SNAP, TANF, Medicaid, SSI letters; W-2s; paystubs for the last month; letter from an employer; child support documentation)
 - o NOTE: Programs may require additional documentation and/or more than one form of documentation.
- Child's Birth Certificate
- Proof of address (for CCS and ACPS programs) (Ex. Copy of current lease; proof of homeownership; or current utility bill (with service or premise address listed), such as your bill for gas, water, or cable)
- Copy of primary adult's photo ID

The following documents are not required for eligibility but are required prior to enrollment.

- Child's current immunization record
- Proof of child's recent physical examination
- Any additional relevant documents (Ex. Custody order; court order; protective orders; IEP/IFSP documentation; referrals; etc.)