

**\*Priority deadline: March 1st\***

## Charlottesville/Albemarle Preschool Network 2018-2019 Application

The information requested is part of the preschool application process and will be used by staff in or connected to these programs to verify and determine your child's eligibility for placement within the Charlottesville/Albemarle Preschool Network. This network includes school-based and private child care provider preschool services offered through the Charlottesville City Preschool Program, MACAA Head Start Program and Albemarle County Preschool Program. Our programs work together and collaborate on placements.

**I. CHILD INFORMATION**

<b>Child's Name:</b> <i>(Last, First, Middle)</i>	<b>Sex:</b> M F	<b>DOB:</b>
<b>Race:</b> <i>(circle one)</i> American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander	White Biracial/Multi-racial Other Unspecified	<b>Ethnicity:</b> <i>(circle one)</i> Hispanic/Latino Non-Hispanic/Latino (State requires this field be completed for all)
<b>Address:</b> <i>(include zip code)</i>		
<b>Emergency Contact if parent/guardian cannot be reached:</b>		

1. We live in:       City of Charlottesville       Albemarle County  
**\*\* PLEASE PROVIDE PROOF OF RESIDENCY (lease/mortgage/housing agreement or current utility bill)\*\***

2. Please indicate which pre-school program(s) or services you want to be considered for, based on where you live.

City of Charlottesville residents only:
<input type="checkbox"/> Charlottesville City Schools Preschool Program -3 years old
<input type="checkbox"/> Charlottesville City Schools Preschool Program - 4 years old
<input type="checkbox"/> Head Start - 3 & 4 years old

Albemarle County residents only:
<input type="checkbox"/> Bright Stars - 4 years old
<input type="checkbox"/> Head Start - 3 & 4 years old
<input type="checkbox"/> Title I (Red Hill and Agnor Hurt only) - 4 years old

3. Please indicate the elementary school where your child will attend Kindergarten.

City of Charlottesville residents only:
<input type="checkbox"/> Burnley-Moran
<input type="checkbox"/> Clark
<input type="checkbox"/> Greenbrier
<input type="checkbox"/> Jackson-Via
<input type="checkbox"/> Johnson
<input type="checkbox"/> Venable
<input type="checkbox"/> Other Kindergarten:
<input type="checkbox"/> Don't know which Kindergarten my child will attend

Albemarle County residents only:	
<input type="checkbox"/> Agnor-Hurt	<input type="checkbox"/> Meriwether-Lewis
<input type="checkbox"/> Baker-Butler	<input type="checkbox"/> Murray
<input type="checkbox"/> Broadus Wood	<input type="checkbox"/> Red Hill
<input type="checkbox"/> Brownsville	<input type="checkbox"/> Scottsville
<input type="checkbox"/> Cale	<input type="checkbox"/> Stone-Robinson
<input type="checkbox"/> Crozet	<input type="checkbox"/> Stony Point
<input type="checkbox"/> Greer	<input type="checkbox"/> Woodbrook
<input type="checkbox"/> Hollymead	<input type="checkbox"/> Yancey
<input type="checkbox"/> Other Kindergarten:	<input type="checkbox"/> Don't know which Kindergarten my child will attend

4. Proof of all sources of income must be provided with this application for Albemarle County Bright Stars, Charlottesville City Preschool, and Head Start. PLEASE CHECK ALL SOURCES OF INCOME VERIFICATION THAT APPLY:

- |   |   |
|---|---|
| <input type="checkbox"/> Most recent tax returns (preferred)  | <input type="checkbox"/> TANF – documentation of benefits                         |
| <input type="checkbox"/> W2s  | <input type="checkbox"/> SSI – documentation of benefits                          |
| <input type="checkbox"/> Letter from your employer stating your wages and number of hours worked per week             | <input type="checkbox"/> Child Support documentation                              |
| <input type="checkbox"/> Recent pay stubs – attach 4 if paid weekly, or 3 bi-weekly pay stubs, or 2 monthly pay stubs | <input type="checkbox"/> If Applicable: *SNAP Certification of Eligibility letter |
- \* (NOT AN ALLOWABLE PROOF OF INCOME DOCUMENT FOR HEAD START) (SNAP/food stamps are not considered as income)**

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5. Is your family currently homeless, living in a shelter, living in a motel or temporarily doubling up until you can afford housing?  Yes  No
6. Did either parent or guardian leave school before high school graduation?  Yes  No  
If yes, did that parent or guardian earn a GED?  Yes  No
7. Has your child been found eligible for special education, including speech services [i.e., does your child currently have an Individualized Education Plan (IEP)]? **(If yes, please provide copy of IEP, evaluation or any medical reports)**  Yes  No

**II. PARENT/GUARDIAN INFORMATION** *(complete whether or not living in the home)*

Parent/Guardian 1's Name:	Parent/Guardian 2's Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Date of birth:	Date of birth:
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employer? If yes, <u>annual</u> Salary? <b>(Proof of income required)</b>	Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employer? If yes, <u>annual</u> Salary? <b>(Proof of income required)</b>
Last grade completed/GED:	Last grade completed/GED:
Language usually spoken at home by parents: _____ child: _____	
With whom does the child currently live? <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Parents <input type="checkbox"/> Other If other, name(s): _____ Relation to child: _____	
Does(do) the person(s) with whom the child lives have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, name of person who does: _____ Relation to child: _____ <b>(Please submit custody documentation with the application)</b>	

**List all adults and children living in the home:**

Last Name	First Name	Date of Birth	Sex	Grade & School	Relationship to child
			M / F		
			M / F		
			M / F		
			M / F		
			M / F		
			M / F		

**List all siblings NOT in the home:**

Last Name	First Name	Date of Birth	Sex	Grade & School	Where and with whom does s/he live?
			M / F		
			M / F		
			M / F		

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**III. SERVICES YOU OR YOUR CHILD RECEIVES** (please check boxes and indicate service provider names below)

<input type="checkbox"/> TANF  <input type="checkbox"/> Medicaid  <input type="checkbox"/> Region Ten  <input type="checkbox"/> CHIP	<input type="checkbox"/> SNAP/Food Stamps  <input type="checkbox"/> SSI  <input type="checkbox"/> WIC  <input type="checkbox"/> ReadyKids	<p><b>Was your child referred for preschool services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, referred by whom? _____</p> <p><small>(If you are being referred by a social worker, home visitor or medical professional, you may want him/her to write a letter to us on your behalf.)</small></p> <p><b>NAME(S) OF SERVICE PROVIDER(S):</b></p> <p><b>Other than service workers, how many people can you call on to help with your child in an emergency (grandparent, neighbor, etc.)? (circle one)</b>    0    1    2    3+</p>
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**IV. CHILD HISTORY** (please check boxes and provide explanations)

Is your child fully toilet trained? (consistently goes through full day with <b>no</b> accidents)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Has your child been in a preschool or other childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain: (when, where, how long?)
Do you or others have difficulty understanding what your child says?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Does your child have any emotional or behavioral problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
If yes, have any of your child's emotional or behavioral problems been diagnosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any chronic medical or dental conditions, such as asthma, allergies, diabetes, seizures, sickle cell anemia or spina bifida?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: <b>(submit copy of medical record from physician)</b>
Have you been told by a teacher, doctor, or nurse that your child may have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: <b>(submit copy of medical record from physician)</b>
Does your child use any medical device (e.g., glasses, hearing aid, wheelchair)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Have you ever been concerned that your child may have experienced abuse/neglect or have they had any Child Protective Service involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Has your child ever been placed in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

**V. FAMILY HISTORY** (please provide the best response to each question for each person)

REGARDING THE CHILD'S IMMEDIATE FAMILY:	Parent 1	Parent 2	Child's Siblings
Has ever experienced homelessness, such as having to live in a shelter, live in a motel or temporarily double up until you could afford housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has moved two or more times in the past 3-4 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has previously had a child who attended:	<input type="checkbox"/> Head Start <input type="checkbox"/> Albemarle County Bright Stars <input type="checkbox"/> Charlottesville City Preschool <input type="checkbox"/> Title I Preschool <input type="checkbox"/> Other preschool <input type="checkbox"/> Unsure	<input type="checkbox"/> Head Start <input type="checkbox"/> Albemarle County Bright Stars <input type="checkbox"/> Charlottesville City Preschool <input type="checkbox"/> Title I Preschool <input type="checkbox"/> Other preschool <input type="checkbox"/> Unsure	<i>Not Applicable</i>
How old were you when your first child was born?	Age: _____	Age: _____	<i>Not Applicable</i>
Has learning problems or difficulty reading:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**V. FAMILY HISTORY – continued** (please provide the best response to each question for each person)

<b>REGARDING THE CHILD’S IMMEDIATE FAMILY:</b>	<b>Parent 1</b>	<b>Parent 2</b>	<b>Child’s Siblings</b>
Has ever been in jail or on probation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in jail or on probation:	<input type="checkbox"/> currently <input type="checkbox"/> in the past	<input type="checkbox"/> currently <input type="checkbox"/> in the past	<input type="checkbox"/> currently <input type="checkbox"/> in the past
Has been a victim of violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has ever caused concern about having an alcohol or substance abuse problem:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a serious physical condition that requires ongoing medical care:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify condition:			
Has ever needed or received mental health services:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please list any other child and family needs, concerns, crises, or anything else you think would be helpful to your application:**

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I certify that the information on this application is true and correct. I understand that this information will only be used to help determine my child’s eligibility and placement for Charlottesville/Albemarle Preschool Network Programs and will not be released to or exchanged with anyone other than necessary personnel in the program. **I understand that submitting an application does not guarantee placement in any of the Charlottesville/Albemarle Preschool Network Programs and that I will be contacted whether my child’s application is accepted or not.**

\_\_\_\_\_  
 Parent/Guardian Signature Date

I give permission for my application to be shared if there are other services appropriate for families with preschool-aged children.