Dear Parents/Guardians,

Thank you for your interest in Charlottesville/Albemarle Area preschool programs. Our goal is to provide comprehensive, early childhood, learning experiences for students with risk factors that may present challenges for future academic success.

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

What public preschool programs are available?

<table>
<thead>
<tr>
<th>City of Charlottesville</th>
<th>Albemarle County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charlottesville City School Preschool Program</strong></td>
<td><strong>Bright Stars Preschool Program</strong></td>
</tr>
<tr>
<td>Early intervention preschool program for 3- and 4-year-old children with risk factors that may prevent early academic success.</td>
<td>Early intervention preschool program for 4-year-old children with risk factors that may prevent early academic success.</td>
</tr>
<tr>
<td><em>Children must be 3 or 4 by September 30th.</em></td>
<td><em>Children must be 4 by September 30th.</em></td>
</tr>
</tbody>
</table>

MACAA Head Start

**MACAA Head Start Preschool Program**
Early intervention preschool program for 3- and 4-year-old children with risk factors that may prevent early academic success.

*Children must be 3 or 4 by September 30th.*

How do I apply for public preschool programs for my child?

This application is used to apply for Charlottesville City School Preschool Program, Bright Stars Preschool Program, and MACAA Head Start Preschool Program

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.**

Where do I submit my child’s application?

<table>
<thead>
<tr>
<th>City of Charlottesville</th>
<th>Albemarle County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charlottesville City School Preschool Program</strong></td>
<td><strong>Bright Stars Preschool Program</strong></td>
</tr>
<tr>
<td>Division Annex at Charlottesville High School</td>
<td>Albemarle County Department of Social Services</td>
</tr>
<tr>
<td>1400 Melbourne Rd</td>
<td>1600 5th Street, Suite A</td>
</tr>
<tr>
<td>Charlottesville, VA 22901</td>
<td>Charlottesville, VA 22902</td>
</tr>
<tr>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Any CCS Elementary School</td>
<td>Any ACPS Elementary School</td>
</tr>
<tr>
<td>Sheila Sparks</td>
<td>Carol Fox</td>
</tr>
<tr>
<td>Coordinator of Preschool and Family Support</td>
<td>Bright Stars Program Coordinator</td>
</tr>
<tr>
<td>(434) 245-2797</td>
<td>(434) 972-4010 ext. 3332</td>
</tr>
<tr>
<td>Eursaline Inge</td>
<td>Family Worker</td>
</tr>
<tr>
<td>(434) 245-2813</td>
<td></td>
</tr>
</tbody>
</table>

MACAA Head Start

**MACAA Head Start Preschool Program**
1025 Park Street
Charlottesville, VA 22901
Lina Abril
Head Start Program Coordinator
(434) 295-3171 ext. 3008

Important Dates

<table>
<thead>
<tr>
<th>City of Charlottesville and MACAA Head Start</th>
<th>Albemarle County and MACAA Head Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit the application and <strong>all required documentation</strong> by the priority processing date of <strong>March 1st</strong>. 4-year-olds will be notified in <strong>April</strong> 3-year-olds will be notified in <strong>May</strong></td>
<td>Submit the application and <strong>all required documentation</strong> by the processing date of <strong>April 15th</strong>. Families will be notified regarding placement decisions the first week of May.</td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>CCS Early Childhood Special Education Department</th>
<th>ACPS Early Childhood Special Education Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>(434) 245-2405</td>
<td>(434) 296-5885</td>
</tr>
</tbody>
</table>
This page intentionally left blank.
# Charlottesville/Albemarle Area Preschool Programs

## Application and Information for School Year 2020-2021

I understand this is an application only and completing it does not guarantee enrollment in the Charlottesville/Albemarle Area Preschool Programs. The information I provide will only be used to determine my child’s eligibility for participation.

### Where do you live?

<table>
<thead>
<tr>
<th>City of Charlottesville</th>
<th>Albemarle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Burnley-Moran</td>
<td>☐ Agnor-Hurt</td>
</tr>
<tr>
<td>☐ Clark</td>
<td>☐ Greer</td>
</tr>
<tr>
<td>☐ Greenbrier</td>
<td>☐ Stone-Robinson</td>
</tr>
<tr>
<td>☐ Jackson-Via</td>
<td>☐ Baker-Butler</td>
</tr>
<tr>
<td>☐ Johnson</td>
<td>☐ Hollymead</td>
</tr>
<tr>
<td>☐ Venable</td>
<td>☐ Broadus Wood</td>
</tr>
<tr>
<td>☐ Broadus Wood</td>
<td>☐ Meriwether Lewis</td>
</tr>
<tr>
<td>☐ Greenbrier</td>
<td>☐ Brownsville</td>
</tr>
<tr>
<td>☐ Johnson</td>
<td>☐ Murray</td>
</tr>
<tr>
<td>☐ Venable</td>
<td>☐ Calle</td>
</tr>
<tr>
<td>☐ Crozet</td>
<td>☐ Red Hill</td>
</tr>
<tr>
<td>☐ Scottsville</td>
<td>☐ Woodbrook</td>
</tr>
<tr>
<td>☐ I don’t know where my child will be attending school?</td>
<td>☐ I don’t know where my child will be attending school?</td>
</tr>
</tbody>
</table>

### Indicate which preschool program(s) you want your child to be considered for:

<table>
<thead>
<tr>
<th>Charlottesville City School Preschool Program – 3- and 4-year-olds</th>
<th>Bright Stars Preschool Program – 4-year-olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ MACAA Head Start – 3- and 4-year-olds</td>
<td>☐ MACAA Head Start – 3- and 4-year-olds</td>
</tr>
</tbody>
</table>

### Income Documentation

Income documentation is required to process this application. Indicate ALL income sources for the household. (All information is confidential)

<table>
<thead>
<tr>
<th>2019 Income Tax Return(s) 1040</th>
<th>SSI Award Letter</th>
<th>Child Support Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 W-2(s)</td>
<td>Disability/Social Security Letter</td>
<td>Educational Assistance/Scholarship(s)</td>
</tr>
<tr>
<td>Employer Letter</td>
<td>TANF Award Letter</td>
<td>Unemployment/Worker’s Comp.</td>
</tr>
<tr>
<td>Rents and Royalties</td>
<td>Alimony</td>
<td>Interest and Dividends</td>
</tr>
<tr>
<td>Pension/Retirement Income</td>
<td>Survivor Benefits Payments</td>
<td>Veterans’ Benefits Payments</td>
</tr>
<tr>
<td>Current and Consecutive Pay Stubs</td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

| Weekly= 4 pay stubs | Bi-weekly= 3 pay stubs | Monthly= 2 pay stubs |

### Child’s Information

<table>
<thead>
<tr>
<th>Race (check all that apply)</th>
<th>Hispanic/Latino</th>
<th>English Proficiency</th>
<th>First/Primary Language</th>
<th>Date of Birth mm/dd/yyyy</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>☐ Yes/No</td>
<td>☐ None/Moderate</td>
<td>☐ None/Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>☐ Yes/No</td>
<td>☐ None/Moderate</td>
<td>☐ None/Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>☐ Yes/No</td>
<td>☐ None/Moderate</td>
<td>☐ None/Moderate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Health Coverage

| Insurance/Medicaid # | ☐ FAMIS | ☐ Private | ☐ Does Not Insurance | # |

### Living Address

*Proof of residency is required*

<table>
<thead>
<tr>
<th>Apartment/Unit #</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

### Mailing Address

*Proof of residency is required*

<table>
<thead>
<tr>
<th>Apartment/Unit #</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

### Parent/Guardian 1

<table>
<thead>
<tr>
<th>Race (check all that apply)</th>
<th>Hispanic/Latino</th>
<th>English Proficiency</th>
<th>First/Primary Language</th>
<th>Date of Birth mm/dd/yyyy</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>☐ Yes/No</td>
<td>☐ None/Moderate</td>
<td>☐ None/Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>☐ Yes/No</td>
<td>☐ None/Moderate</td>
<td>☐ None/Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>☐ Yes/No</td>
<td>☐ None/Moderate</td>
<td>☐ None/Moderate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Highest Grade Completed

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Relationship to Child</th>
<th>Custody</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Full Time</td>
<td>☐ Natural/Adoptive/Step Parent</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Part Time</td>
<td>☐ Grandparent</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Seasonal</td>
<td>☐ Aunt/Uncle</td>
<td></td>
</tr>
<tr>
<td>☐ Retired or Disabled</td>
<td>☐ Foster</td>
<td></td>
</tr>
<tr>
<td>☐ Unemployed Employer:</td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

### Contact Information

<table>
<thead>
<tr>
<th>E-mail Address</th>
<th>Permission to Text/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

### Living Address

*Proof of residency is required*

<table>
<thead>
<tr>
<th>Apartment/Unit #</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

---

I don’t know where my child will be attending school.
Parent/Guardian 2 (provide information even if not living in the home with the child)

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Date of Birth mm/dd/yyyy</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race (check all that apply)

- Asian
- American Indian/Alaska Native
- Black
- Hawaiian/Pacific Islander
- White

Hispanic/Latino

- Yes
- No

English Proficiency

- None
- Moderate
- Little
- Proficient

First/Primary Language

- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Hawaiian/Pacific Islander
- ☐ Other

Highest Grade Completed

- Less than 12th grade
- GED
- High School Graduate
- Adv. Training Cert.

Employment Status

- Full Time
- Part Time
- Seasonal
- Unemployed
- Employer:

Relationship to Child

- Natural/Adoptive/Step Parent
- Grandparent
- Aunt/Uncle
- Foster
- Other

Custody

- Yes
- No

Contact Information

- Home Phone: ____________________________
- Cell Phone: ____________________________
- Work Phone: ____________________________

E-mail Address: ____________________________

Permission to Text/Email

- ☐ Yes
- ☐ No

Living Address *Proof of residency is required*

- Apartment/Unit #
- City
- State
- Zip Code

List all adults and children living in the home (if more space is needed, please attach a separate sheet)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth mm/dd/yyyy</th>
<th>Gender</th>
<th>Relationship to Child</th>
<th>Grade &amp; School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Child and Family Factors These are need-based programs. Please check all that apply.

Child

- ☐ Child has no contact with one or both parents
- ☐ Child does not live with his/her parents
- ☐ Child or siblings have been removed from the home
- ☐ Child is/was in foster care
- ☐ Child is an English Language Learner
- ☐ Child has been abused (physically, sexually, or emotionally)
- ☐ Child is in counseling
- ☐ Child has a medical condition and/or allergies
- ☐ Has a court order custody agreement in place

Additional Information

______________________________________

______________________________________

______________________________________

Family (include all parents and guardians)(check all that apply)

- ☐ Single parent family
- ☐ Child’s parents are separated/divorced
- ☐ Limited reading skills in primary language
- ☐ Teen mother or father (under 19 yrs. of age)
- ☐ Long-term or chronic illness
- ☐ Has a disability

- ☐ Deceased
- ☐ Incarceration
- ☐currently
- ☐ Previously
- ☐ Absent from the home
- ☐ long-term hospitalization, military service, or other:
- ☐ Victim of violence
- ☐ Mental health concerns
- ☐ History of substance abuse
- ☐ Has a disability
### Household (check all that apply)

- □ Family is currently experiencing homelessness
- □ Family is living in temporary housing
- □ Housing concerns: overcrowded, needs major repairs, lack of heat, etc.
- □ Family has moved 2 or more times in the past 3 years
- □ Family is receiving SNAP
- □ Family is receiving WIC
- □ Family has nutritional needs
- □ Domestic violence in the home
- □ No driver’s license holder in household
- □ Household member has mental health concerns
- □ Sibling(s):
  - □ Has a disability
  - □ Has learning challenges
  - □ Has behavior concerns

### Is your child currently enrolled in a childcare/preschool service?
- □ Yes  □ No  
  If yes, where: 

### Does your family receive Childcare Subsidy/Assistance?
- □ Yes  □ No

### Are you willing to apply for Childcare Subsidy?
- □ Yes  □ No

### If your child is selected, what are your child’s after-school care plans?
- □ Yes  □ No

### Would you like assistance to develop an after-school care plan?
- □ Yes  □ No

### Does your family receive Childcare Subsidy/Assistance?
- □ Yes  □ No

### Are you willing to apply for Childcare Subsidy?
- □ Yes  □ No

### If your child is selected, what are your child’s after-school care plans?
- □ Yes  □ No

### Would you like assistance to develop an after-school care plan?
- □ Yes  □ No

### Has the child ever been referred to or evaluated by the school system or other facility for special education, speech, infant education, or preschool services?
- □ Yes  □ No  
  When?  
  Where?  
  Outcome:  

### Does he/she have an IFSP, IEP, or is he/she currently receiving services?
- □ Yes  □ No

### Alternate Contact (if parent/guardian can’t be reached)

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### How did you hear about the program?

Check all that apply:
- □ Family/friend
- □ School
- □ Dept. of Social Services
- □ Website
- □ Social Media
- □ Older child was in program
- □ Flyer/poster

Other (please specify) 

### Acknowledgement

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. I understand that if any of this information changes or is found to be incorrect, I am obligated to notify Charlottesville/Albemarle Area Preschool programs immediately. I understand that falsifying information may result in the disqualification of this application.

Federal Law prohibits discrimination based on race, color, national origin, sex, disability or age.

Parent/Guardian’s Name (print):  

Parent/Guardian’s Signature:  

Date:  

### Permission

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

---

Please complete the next page if you are applying for Charlottesville City School Preschool Program or Bright Stars Preschool Program.
<table>
<thead>
<tr>
<th>Child's Name: ______________________________</th>
<th>Child's DOB: __________________</th>
<th>School: ______________________</th>
</tr>
</thead>
</table>

**CONFIDENTIAL INFORMATION**  Include total gross annual income (before taxes) of the child’s parent or parents (defined as parent, guardian, legal custodian, or other person having control or charge of the child – as per VPI Income Criteria Guidelines).

**#1 Parent/Guardian Name:** ____________________________________________

### Verification Documentation Included:
- [ ] W-2 Form
- [ ] Pay Stubs
- [ ] SNAP Verification
- [ ] Employer Letter
- [ ] 2019 Tax Form
- [ ] SSI Verification
- [ ] TANF Verification
- [ ] Child Support
- [ ] Other Sources:

### Frequency of Pay
- I get paid: [ ] Weekly (4 paystubs)  [ ] Every 2 Weeks (3 pay stubs)  [ ] 2X a month (3 pay stubs)  [ ] Monthly (2 pay stubs)
- [ ] Yearly  [ ] Other: __________________________________

(If submitting pay stubs, please include the number of pay stubs noted above.)

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

(If either P/G answered “No” above, current income information is needed to determine income eligibility.)

Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?  [ ] Yes  [ ] No

Please describe and provide documentation (if yes):

**#2 Parent/Guardian Name:** ____________________________________________

### Verification Documentation Included:
- [ ] W-2 Form
- [ ] Pay Stubs
- [ ] SNAP Verification
- [ ] Employer Letter
- [ ] 2019 Tax Form
- [ ] SSI Verification
- [ ] TANF Verification
- [ ] Child Support
- [ ] Other Sources:

### Frequency of Pay
- I get paid: [ ] Weekly (4 paystubs)  [ ] Every 2 Weeks (3 pay stubs)  [ ] 2X a month (3 pay stubs)  [ ] Monthly (2 pay stubs)
- [ ] Yearly  [ ] Other: __________________________________

(If submitting pay stubs, please include the number of pay stubs noted above.)

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

(If either P/G answered “No” above, current income information is needed to determine income eligibility.)

Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?  [ ] Yes  [ ] No

Please describe and provide documentation (if yes):

### Household Information:

Number of people in household: _______ Children _______ Adults = _______ Total

### PARENT 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.

_______________________________________________________
Signature of Parent/Guardian (Required for Consideration)  ______________________  ____________________  ____________________
Relationship to Child  Date

**STAFF VERIFICATION:** I verify that I have examined ALL information provided by the family.

Income Verified By: ______________________ (Staff Member) ______________________ (Staff Member)

(Please print)  (Please print)

(Please sign)  (Please sign)

(Date)  (Date)