

Albemarle County Preschool Network Application Information for 2019-2020



Dear Parents/Guardians,

Thank you for your interest in Albemarle County's 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 do I need to know about preschool in Albemarle County?

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 30.

Bright Stars Preschool Program

Early intervention preschool program for **4-year-old** children with risk factors that may prevent early academic success.

Children must be 4 by September 30.

How do I apply for preschool for my child?

This application is used to apply for Head Start Preschool and Bright Stars Preschool.

1. Fill out **one application** for each child.
2. Include **proof of income** with the application.

If you want your child to be considered for both preschool programs, indicate this on the application.

Your child's application will **NOT be processed until all documents are received.**

Where do I submit my child's application?

Head Start Preschool Program

In person or mail to:

*Head Start Program Coordinator
1025 Park Street
Charlottesville, VA 22901*

Bright Stars Preschool Program

In person or mail to:

*Bright Stars Program Coordinator
Albemarle County Department of Social Services
1600 5th Street, Suite A
Charlottesville, VA 22902*

Or

One of the Albemarle County Public Schools listed below:

*Agnor-Hurt Elementary School
3201 Berkmar Drive, Charlottesville, VA 22901
Cale Elementary School
1757 Avon Street, Ext., Charlottesville, VA 22902
Greer Elementary School
190 Lambs Lane, Charlottesville, VA 22901
Red Hill Elementary School
3901 Red Hill School Road, North Garden, VA 22959
Scottsville Elementary School
7868 Scottsville Road, Scottsville, VA 24590
Stone-Robinson Elementary School
958 North Milton Road, Charlottesville, VA 22911
Woodbrook Elementary School
100 Woodbrook Drive, Charlottesville, VA 22901*

*Stony Point Elementary students apply to Stone-Robinson Elementary School

Important Dates

Applications are accepted year-round to fill vacancies within the preschool programs as they occur.

For more information...

Head Start Preschool Program

Head Start Program Coordinator
434-295-3171 ext. 3008

Bright Stars Preschool Program

Bright Stars Program Coordinator
434-972-4010 ext. 3332

If you think your child may have a disability, contact the ACPS Early Childhood Special Education Dept. at 434-296-5885

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Charlottesville/Albemarle Preschool Programs 2019-2020 Application

I understand this is an application **ONLY** and does not guarantee enrollment in the Charlottesville/Albemarle Preschool Programs. Information provided will be used to determine your child's eligibility for participation.

Where do you live? ** PROOF OF RESIDENCY **																						
<input type="checkbox"/> City of Charlottesville	<input type="checkbox"/> Albemarle County																					
Indicate which preschool(s) you want to be considered for based on where you live.																						
<input type="checkbox"/> Charlottesville City Schools Preschool Program- 3 & 4 year olds	<input type="checkbox"/> Bright Stars- 4 year olds																					
<input type="checkbox"/> Head Start- 3 & 4 year olds	<input type="checkbox"/> Head Start- 3 & 4 year olds																					
Indicate the elementary school where your child will attend Kindergarten.																						
<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"/> Don't know which Kindergarten my child will attend.	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Agnor-Hurt</td> <td style="width: 33%;"><input type="checkbox"/> Hollymead</td> <td style="width: 33%;"><input type="checkbox"/> Woodbrook</td> </tr> <tr> <td><input type="checkbox"/> Baker-Butler</td> <td><input type="checkbox"/> Meriwether Lewis</td> <td><input type="checkbox"/> Don't know which Kindergarten my child will attend.</td> </tr> <tr> <td><input type="checkbox"/> Broadus Wood</td> <td><input type="checkbox"/> Murray</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Brownsville</td> <td><input type="checkbox"/> Red Hill</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cale</td> <td><input type="checkbox"/> Scottsville</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Crozet</td> <td><input type="checkbox"/> Stone-Robinson</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Greer</td> <td><input type="checkbox"/> Stony Point</td> <td></td> </tr> </table>	<input type="checkbox"/> Agnor-Hurt	<input type="checkbox"/> Hollymead	<input type="checkbox"/> Woodbrook	<input type="checkbox"/> Baker-Butler	<input type="checkbox"/> Meriwether Lewis	<input type="checkbox"/> Don't know which Kindergarten my child will attend.	<input type="checkbox"/> Broadus Wood	<input type="checkbox"/> Murray		<input type="checkbox"/> Brownsville	<input type="checkbox"/> Red Hill		<input type="checkbox"/> Cale	<input type="checkbox"/> Scottsville		<input type="checkbox"/> Crozet	<input type="checkbox"/> Stone-Robinson		<input type="checkbox"/> Greer	<input type="checkbox"/> Stony Point	
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<input type="checkbox"/> Greer	<input type="checkbox"/> Stony Point																					
Proof of one source of income MUST be provided with this application.																						
<input type="checkbox"/> Most Recent Income Tax Forms (1040 preferred) <input type="checkbox"/> W-2 Form <input type="checkbox"/> Letter from your employer (stating your wages and number of hours worked per week) <input type="checkbox"/> Recent consecutive pay stubs- attach 4 if paid <u>weekly</u> , 3 if paid <u>bi-weekly</u> , or 2 if paid <u>monthly</u>	<input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> Child Support <input type="checkbox"/> Scholarships <input type="checkbox"/> Unemployment																					
<input type="checkbox"/> Letter from the individual who is financially supporting your family																						

Child's Information										
Legal Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First (as stated on birth certificate or birth letter) Middle </div>										
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy): _____									
Race: (choose one or more)	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">American Indian or Alaskan Native</td> <td style="width: 33%;">Native Hawaiian or Pacific Islander</td> <td style="width: 33%;">Ethnicity: (circle one)</td> </tr> <tr> <td>Asian</td> <td>White</td> <td>Hispanic/Latino</td> </tr> <tr> <td>Black or African American</td> <td></td> <td>Non-Hispanic/Latino</td> </tr> </table>	American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Ethnicity: (circle one)	Asian	White	Hispanic/Latino	Black or African American		Non-Hispanic/Latino
American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Ethnicity: (circle one)								
Asian	White	Hispanic/Latino								
Black or African American		Non-Hispanic/Latino								
Primary Language: _____ State or Country of Birth: _____										
Primary Address:										
Street Address	Apartment/Unit #									
City	State ZIP Code									
Mailing Address:										
(if different from primary address)										
Street Address	Apartment/Unit #									
City	State ZIP Code									

Child's History

Benefits/services your child receives:

- | | |
|--|--|
| <input type="checkbox"/> TANF (child-only payments)
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Region Ten _____
<small>(Family Support Worker's Name)</small>
<input type="checkbox"/> CHIP _____
<small>(Family Support Worker's Name)</small> | <input type="checkbox"/> SNAP (Food Stamps)
<input type="checkbox"/> SSA
<input type="checkbox"/> WIC
<input type="checkbox"/> ReadyKids _____
<small>(Family Support Worker's Name)</small> |
|--|--|

Has your child been found eligible for Special Education services, including speech services?
 Yes No

Does your child have an IEP? Yes No

If yes, provide a copy of the IEP, evaluation and/or medical reports.

Other than service workers, how many people can you call on to help with your child in an emergency (grandparent, neighbor, etc.)? (circle one) 0 1 2 3+

Child lives with (check all that apply):
 Both Parents Mother Father Grandparents Grandfather

 Foster Parent

(submit letter of Foster Care placement)

 Person having legal custody/guardianship _____

(submit custody documentation with the application)

 Other relative _____

Is your child fully toilet trained?

(consistently throughout full day with NO accidents)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Was your child born at full term?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Has your child been in a preschool or childcare?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Has your child been diagnosed with emotional and/or behavioral challenges?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain: (continue on back as needed)

(submit copy of medical record from physician, IFSP or IEP)

Does your child have any chronic medical conditions (e.g., asthma, allergies, diabetes, seizures, sickle cell anemia or spina bifida)?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain:

(submit copy of medical record from physician, IFSP or IEP)

Does your child have any dental needs?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Does your child use any medical devices (e.g., glasses, hearing aid(s), wheelchair)?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain:

(submit copy of medical record from physician, IFSP or IEP)

Is there any concerned that your child may have experienced abuse/neglect?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Has your child had any involvement with Child Protective Services?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Do you or others have difficulty understanding what your child says?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Explain:

List any additional concerns or family needs:

Parent/Guardian 1 (complete whether or not living in the home)

Legal Name: _____
Last First Middle Name
(as stated on birth certificate or birth letter)

Gender: Male Female **Date of Birth** (mm/dd/yyyy): _____

Race: (choose one or more) American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Asian White
 Black or African American

Ethnicity: (circle one)
 Hispanic/Latino
 Non-Hispanic or Latino

Primary Language: _____ **State or Country of Birth:** _____

Primary Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Contact Information:	Relationship to the child:	Last grade completed:
Home Phone: _____	<input type="checkbox"/> Mother	<input type="checkbox"/> Less than 12th Grade
Work Phone: _____	<input type="checkbox"/> Father	<input type="checkbox"/> GED
Cell Phone: _____	<input type="checkbox"/> Grandmother	<input type="checkbox"/> High School Graduate
Email: _____	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Some College
Employment:	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Other Relative: _____	<input type="checkbox"/> Bachelor's Degree
Part-time <input type="checkbox"/> Seasonally <input type="checkbox"/> Disabled		<input type="checkbox"/> Master's Degree
		<input type="checkbox"/> Doctorate Degree

Parent/Guardian 2 (complete whether or not living in the home)

Legal Name: _____
Last First M.I.
(as stated on birth certificate or birth letter)

Gender: Male Female **Date of Birth** (mm/dd/yyyy): _____

Race: (choose one or more) American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Asian White
 Black or African American

Ethnicity: (circle one)
 Hispanic/Latino
 Non-Hispanic or Latino

Primary Language: _____ **State or Country of Birth:** _____

Primary Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Contact Information:	Relationship to the child:	Last grade completed:
Home Phone: _____	<input type="checkbox"/> Mother	<input type="checkbox"/> Less than 12th Grade
Work Phone: _____	<input type="checkbox"/> Father	<input type="checkbox"/> GED
Cell Phone: _____	<input type="checkbox"/> Grandmother	<input type="checkbox"/> High School Graduate
Email: _____	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Some College
Employment:	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Other Relative: _____	<input type="checkbox"/> Bachelor's Degree
Part-time <input type="checkbox"/> Seasonally <input type="checkbox"/> Disabled		<input type="checkbox"/> Master's Degree
		<input type="checkbox"/> Doctorate Degree

List all adults and children living in the home					
Last Name	First Name	Date of Birth (mm/dd/yyyy)	Gender	Grade & School	Relationship to child
			M / F		
			M / F		
			M / F		
			M / F		
			M / F		

Family History (please provide the best response to each question for each person)								
	CHILD		PARENT 1		PARENT 2		CHILD'S SIBLINGS	
Has ever experienced homelessness, such as having to live in a shelter, live in a motel, live in a campground or temporarily doubling 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has moved 2 or more times in the past 3 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has previously attended:	<input type="checkbox"/> Head Start <input type="checkbox"/> Charlottesville City Preschool <input type="checkbox"/> Other Preschool <input type="checkbox"/> Unsure		Not Applicable		Not Applicable		<input type="checkbox"/> Head Start <input type="checkbox"/> Charlottesville City Preschool <input type="checkbox"/> Other Preschool <input type="checkbox"/> Unsure	
How old were you when your first child was born?	Not Applicable		Age: _____		Age: _____		Not Applicable	
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has received ESOL 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has ever been in jail?	Not Applicable		<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 ever been in probation?	Not Applicable		<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has ever caused concern about having an alcohol or substance abuse problem? (including fetal alcohol syndrome)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Military Service	Not Applicable		<input type="checkbox"/> Active-Currently Deployed <input type="checkbox"/> Active- Home <input type="checkbox"/> Reserves <input type="checkbox"/> Retired		<input type="checkbox"/> Active- Currently Deployed <input type="checkbox"/> Active- Home <input type="checkbox"/> Reserves <input type="checkbox"/> Retired		<input type="checkbox"/> Active- Currently Deployed <input type="checkbox"/> Active- Home <input type="checkbox"/> Reserves <input type="checkbox"/> Retired	

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

Alternate Contact:

(If parent/guardian can't be reached)

Name

Relationship

Phone #

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 in the programs for which my child is eligible and will not be released to or exchanged with anyone other than necessary personnel. I understand that submitting an application does not guarantee placement.

X

Parent/Guardian Signature

Date