Charlottesville/Albemarle Area Preschool Programs Application and Information for School Year 2020-2021

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? | | | | | | |
|---|--|--|--|--|--|--|
| City of Charlottesville | Albemarle County | | | | | |
| Charlottesville City School Preschool Program | Bright Stars Preschool Program | | | | | |
| Early intervention preschool program for 3- and 4-year-old children with risk factors that may prevent early academic success. | Early intervention preschool program for 4-year-old child with risk factors that may prevent early academic succes | | | | | |
| Children must be 3 or 4 by September 30 th . | Children must be 4 by September 30 th . | | | | | |
| 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 30 th . | | | | | | |
| | | | | | | |
| 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?

City of Charlottesville Charlottesville City School Preschool Program Division Annex at Charlottesville High School 1400 Melbourne Rd Charlottesville, VA 22901 OR Any CCS Elementary School Sheila Sparks rdinator of Preschool and Family Support Family Worker

Coordinator of Preschool and Family Support (434) 245-2797 DI A Eursaline Inge Family Worker (434) 245-2813

Albemarle County Bright Stars Preschool Program Albemarle County Department of Social Services 1600 5th Street, Suite A Charlottesville, VA 22902 OR Any ACPS Elementary School Carol Fox Bright Stars Program Coordinator (434) 972-4010 ext. 3332

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 | | | | | |
|---|---|--|--|--|--|
| City of Charlottesville and MACAA Head Start | Albemarle County and MACAA Head Start | | | | |
| Submit the application and <i>all required documentation</i> by the priority processing date of <u>March 1st</u> . 4-year-olds will be notified in April | Submit the application and <i>all required documentation</i> by the processing date of <u>April 15th</u> . Families will be notified regarding placement decisions the | | | | |
| 3-year-olds will be notified in May | first week of May. | | | | |
| *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: | | | | | |
|---|---|--|--|--|--|
| CCS Early Childhood Special Education Department | ACPS Early Childhood Special Education Department | | | | |
| (434) 245-2405 | (434) 296-5885 | | | | |
| (434) 245-2405 (434) 296-5885 | | | | | |

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Charlottesville/Albemarle Area Preschool Programs

Application and Information for School Year 2020-2021 I understand this is an application <u>only</u> and completing it does <u>not</u> 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.

| □City of Charlottes | where do | you live? | (PROOF OF RESIDENCY | ′ IS REQUIRED) |
|--|---|--|--|---------------------------------------|
| , | | · | Albemarle County | , |
| What school zone do you | | What school zone do you live in? | | |
| □Burnley-Moran □I do | on't know where my child | □Agnor-Hurt | □Greer | □ Stone-Robinson |
| □Clark wil | I be attending school? | | □Hollymead | □ Stony Point |
| Greenbrier | | | Meriwether Lewis | □Woodbrook |
| □Jackson-Via | | | Murray | I don't know where my child |
| Johnson | | | Red Hill | will be attending |
| | | | | school? |
| Indicate which preschool prog your child to be consid | | | preschool progra nild to be consider | |
| Charlottesville City School Preschool Prog | □Bright Stars Preschool Program – 4-year-olds | | | |
| □ MACAA Head Start – 3- and 4-year-olds | | MACAA Head Start - | - 3- and 4-year-olds | |
| Income documentation is required to proce | Income Docui ss this application. Indicate Al | | e household. (All inforn | nation is confidential) |
| Check all documentation provided and ATTACHE | | | | |
| □2019 Income Tax Return(s) 1040 | □SSI Award Letter | | Child Support Docu | |
| □ 2019 W-2(s) | Disability/Social Secu | | Educational Assista | |
| Employer Letter | TANF Award Letter | | Unemployment/Wo | |
| Rents and Royalties | | | Interest and Divider | |
| Pension/Retirement Income | Survivor Benefits Payı | | Veterans' Benefits F | ayments |
| □ Current and Consecutive Pay Stubs | | L |]Other | _ |
| □Weekly= 4 pay stubs □Bi-weekly= 3 pay stubs | | | | |
| \Box Monthly= 2 pay stubs | | | | |
| Child's Information | | | | |
| | ddle | Last | Date of Birth mm/ | dd/yyyy Gender |
| | | 2000 | | |
| Paca de la seconda | Hispanic/Latino | English Proficiency | First/Primary La | ngu 200 |
| Race (check all that apply) | □Yes | □None □Moderat | | inguage |
| Black Hawaiian/Pacific Islander | □No | □Little □Proficier | | |
| □White | | . / | 1.0 | |
| Health Coverage | □Does Not Insurance | Insurance/Medicaid | 1 # | |
| | | # | | |
| | | | | |
| Living Address *Proof of residency is required* | Apartment/Unit # | City | State | ZIP Code |
| | | | | |
| Living Address *Proof of residency is required* Mailing Address (if different) | Apartment/Unit # Apartment/Unit # | City City | State State | ZIP Code ZIP Code |
| Mailing Address (if different) | | | | |
| Mailing Address (if different) Parent/Guardian 1 | Apartment/Unit # | City | State | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 | | | | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 | Apartment/Unit # | City | State Date of Birth mm/ | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 First Mi Race (check all that apply) | Apartment/Unit # ddle Hispanic/Latino | City Last English Proficiency | State | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 First Mi Race (check all that apply) Asian American Indian/Alaska Native | Apartment/Unit # ddle Hispanic/Latino | City Last English Proficiency | State Date of Birth mm/ | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 First Mi Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White | Apartment/Unit # ddle Hispanic/Latino | City Last English Proficiency | State Date of Birth mm/ First/Primary La | ZIP Code dd/yyyy Gender inguage |
| Mailing Address (if different) Parent/Guardian 1 First Mi Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Highest Grade Completed | Apartment/Unit # ddle Hispanic/Latino Pes No Employment Stat | City Last English Proficiency None Moderate Little Proficient tus | State Date of Birth mm/ First/Primary La Relationship to Cl | ZIP Code dd/yyyy Gender inguage |
| Mailing Address (if different) Parent/Guardian 1 First Mi Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Highest Grade Completed Less than 12 th grade Some College or Training | Apartment/Unit # ddle Hispanic/Latino Yes No Employment Stat aining □Full Time | City Last English Proficiency None Moderate Little Proficient tus Full Time & Training | State Date of Birth mm/ First/Primary La Relationship to Cl DNatural/Adoptive/St | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 First Mi Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Highest Grade Completed | Apartment/Unit # ddle Hispanic/Latino Yes No Employment Stat aining Full Time Part Time Seasonal | City Last English Proficiency None Moderate Little Proficient tus | State Date of Birth mm/ First/Primary La Relationship to Cl | ZIP Code dd/yyyy Gender inguage |
| Mailing Address (if different) Parent/Guardian 1 First Mi Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Highest Grade Completed Less than 12 th grade Some College or Trail GED Bachelor's Degree | Apartment/Unit # ddle Hispanic/Latino Yes No Employment Stat aining Full Time Part Time Seasonal Unemployed | City Last English Proficiency None Moderate Little Proficient tus Full Time & Training Part Time & Training | State Date of Birth mm/ First/Primary La Relationship to Cl Grandparent Aunt/Uncle Foster | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 First Mi Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Highest Grade Completed Less than 12 th grade Some College or Training Cert. | Apartment/Unit # ddle Hispanic/Latino Yes No Employment Stat aining Full Time Part Time Seasonal Unemployed Employer: | City City Last Last English Proficiency None Moderate Little Proficient tus Part Time & Training Part Time & Training Training or School Retired or Disabled | State Date of Birth mm/ First/Primary La Relationship to Cl Grandparent Grandparent Aunt/Uncle Foster Other | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 First Mi First Mi Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White White Some College or Training Cett. Some College or Training Cett. Contact Information Other Other | Apartment/Unit # ddle Hispanic/Latino Yes No Employment Stat aining Full Time Part Time Seasonal Unemployed | City City Last Last English Proficiency None Moderate Little Proficient tus Part Time & Training Part Time & Training Training or School Retired or Disabled | State Date of Birth mm/ First/Primary La Relationship to Cl Grandparent Aunt/Uncle Foster | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 First Mi Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Highest Grade Completed Less than 12 th grade Some College or Traile GED Bachelor's Degree High School Graduate Other Adv. Training Cert. Other Home Phone: | Apartment/Unit # ddle Hispanic/Latino Yes No Employment Stat aining Full Time Part Time Seasonal Unemployed Employer: | City Last Last Last Last Last Lust Lust Proficiency Proficient tus Pruficient Little Proficient Little Retired or Disabled | State Date of Birth mm/ First/Primary La Relationship to Cl Natural/Adoptive/St Grandparent Aunt/Uncle Foster Other Permission to To | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 First Mi First Mi Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Highest Grade Completed Some College or Training Cett. Bachelor's Degree High School Graduate Other Other Adv. Training Cert. Home Phone: Cell Phone: | Apartment/Unit # ddle Hispanic/Latino Yes No Employment Stat aining Full Time Part Time Seasonal Unemployed Employer: | City City Last Last English Proficiency None Moderate Little Proficient tus Part Time & Training Part Time & Training Training or School Retired or Disabled | State Date of Birth mm/ First/Primary La Relationship to Cl Strandparent Grandparent Aunt/Uncle Foster Other Permission to Te Yes | ZIP Code |
| Mailing Address (if different) Parent/Guardian 1 First Mi Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Highest Grade Completed Less than 12 th grade Some College or Traile GED Bachelor's Degree High School Graduate Other Adv. Training Cert. Other Home Phone: | Apartment/Unit # ddle Hispanic/Latino Yes No Employment Stat aining Full Time Part Time Seasonal Unemployed Employer: | City Last Last Last Last Last Lust Lust Proficiency Proficient tus Pruficient Little Proficient Little Retired or Disabled | State Date of Birth mm/ First/Primary La Relationship to Cl Strandparent Grandparent Aunt/Uncle Foster Other Permission to Te Yes | ZIP Code |

| | Child's Name: | | | | |
|---|-----------------------------------|---|-----------------|-----------------------------------|------------------------|
| Parent/Guardian 2 (provide info | rmation even if not living in the | e home with the ch | ild) | | |
| First Mid | | Last | | Date of Birth " | m/dd/yyyy Gender |
| | | | | | |
| Race (check all that apply) | Hispanic/Latino | English I □None | Proficiency | First/Primary | y Language |
| Black Hawaiian/Pacific Island | | | | . <u></u> | |
| Highest Grade Completed | Employment Sta | | | elationship to | - |
| □Less than 12 th grade □Some College or □GED □Bachelor's Degr | · | □Full Time & Tra □Part Time & Tr | | Natural/Adoptive/S Grandparent | tep Parent □Yes □No |
| □High School Graduate □Other | □Seasonal | □Training or Sch | nool 🛛 🗆 | Aunt/Uncle | |
| □Adv. Training Cert. | Unemployed Employer: | □Retired or Disa | | Foster Other | |
| Contact Information | E-mail Address | | | Permission to | Text/Email |
| Home Phone: Cell Phone: | | | | □Yes □No | |
| Work Phone: | | @ | | | |
| Living Address *Proof of residency is require | d* Apartment/Ur | nit#C | City | State | Zip Code |
| | | | | | |
| List all adults and children liv | ing in the home (if more | space is needed, pl | lease attach a | separate sheet) | |
| Name | Date of Birth mm/d | d/yyyy Gender | Relations | hip to Child | Grade & School |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Child and Family Factors These | | | apply. | | |
| □Child has no contact with one or | | hild | vedical devic | ES (e.g. glasses, heari | ng aid(a) whaalahair) |
| \Box Child does not live with his/her p | | | | entified disabili | |
| □Child or siblings have been remov | | \Box Child is not | • | | cy. |
| □Child is/was in foster care | | | | ⁻ diatrician and/o | or dentist |
| □Child is an English Language Lear | her | | - | | |
| □Child has been abused (physically, | | □Child was born before 37 weeks □Child weighed less than 5 lbs. at birth | | | |
| \Box Child is in counseling | sexually, or emotionally, | □ Safety Plan/Protective Order is/was in place | | | |
| □Child has a medical condition and | l/or allergies | Child has/had Child Protective Services involvement | | | |
| □ Has a court order custody agreen | | | | | |
| (If yes, a copy will need to be provided to the se | chool) | 1 | | | |
| | Additional | Information | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | |
| | Fa | amily (include al | l parents and | guardians)(check | all that apply) |
| PARENT 1 PARENT 2 | | | at family | | |
| | Currently | □Single parer | - | rotod /durante / | |
| | | • | • | rated/divorced | |
| Absent from the hor long-term hospitalization, militar | | _ | | primary langua | |
| □ □ Victim of violence | | □Teen mothe | er or father (u | under 19 yrs. of age |) |
| Mental health conce | erns | \Box Long-term c | or chronic illr | ness | |
| □ □ History of substance | abuse | | | | |
| 🗆 🗌 Has a disability | | | | | |

| | Child's | Name: | | | | |
|---|--------------|--|---|---|--------------------------|---------------|
| <u>i</u> | <u></u> | | Household (ch | neck all that apply) | | |
| Housing Factors | | Nutritio | nal Factors | | Other Factors | |
| □Family is currently experiencing | 5 | □Family is rec | eiving SNAP | Domestic viol | ence in the home | |
| homelessness | | □Family is rec | eiving WIC | □No driver's lic | ense holder in househo | old |
| □Family is living in temporary ho | using | - | utritional needs | | ember has mental heal | |
| Housing concerns: overcrowded, n | needs | | | \Box Sibling(s): | | |
| major repairs, lack of heat, etc. Family has moved 2 or more tir | mes in | | | □ Has a disa | bility | |
| the past 3 years | ines in | | | 🗆 Has learni | ng challenges | |
| | | | | □ Has behav | ior concerns | |
| | | | | | | |
| Is your child currently enrolled in a ch | nildcare/pro | eschool service? | | □Yes □No | lf yes, where: | |
| Does your family receive Childcare Su | ıbsidy/Assi | stance? | | □Yes □No | | |
| Are you willing to apply for Childcare | - | | | □Yes □No | | |
| If your child is selected, what are you | | ter-school care n | ans? | | | |
| Would you like assistance to develop | | | | □Yes □No | | |
| Do you have concerns about your chi | | | | □Yes □No | | |
| | Eating H | - | Ith Developm | ent 🗆 Behavior | □Social Interactions | □Speech |
| If yes, explain: | 8 | | | | | |
| | | | | | | |
| Has the shild over been referred to a | rovaluator | by the school sy | stom or other facili | ty for special adjust | tion snooch infant adusa | tion or |
| Has the child ever been referred to or preschool services? | | | Where? | ty for special educat | Outcome: | uon, or |
| | | · | | □No | | |
| Does he/she have an IFSP, IEP, or is h | e/sne curri | entry receiving se | rvices? □Yes | | | |
| Alternate Contact (if parent/gu | uardian car | i't he reached) | | | | |
| First | | Last | | Phone Nu | mber Rela | itionship |
| | | | | | | |
| Other than service workers, how many people can you call on to help with your child in an | | | | | | |
| Other than service workers, how ma | ny people | can you call on to | o help with your ch | ild in an | (Circle and) 0 1 1 | 2 2 |
| emergency? | | | o help with your ch | ild in an | (Circle one) 0 1 | 2 3+ |
| | | | o help with your ch | ild in an | (Circle one) 0 <u>1</u> | 2 3+ |
| emergency? | | | o help with your ch | ild in an | (Circle one) 0 1 | 2 3+ |
| emergency? How did you hear about the Check all that apply: | e progra | | | | | 2 3+ |
| emergency? How did you hear about the Check all that apply: | e progra | m? | | | | |
| emergency? How did you hear about the Check all that apply: Family/friend School I Other (please specify) | e progra | m? | | | | |
| emergency? How did you hear about the Check all that apply: □ Family/friend □ School □ Other (please specify) Acknowledgement I certify that, to the best of my knowledge | e progra | m? ocial Services formation provided | □Website □ in this application is t | Social Media 🛛 Old | ler child was in program |]Flyer/poster |
| emergency? How did you hear about the Check all that apply: □ Family/friend □ School □ Other (please specify) Acknowledgement | e progra | m? ocial Services formation provided to notify Charlotte: | □Website □ in this application is t sville/Albemarle Area | Social Media □Old | ler child was in program |]Flyer/poster |
| emergency? How did you hear about the Check all that apply: Family/friend School Other (please specify) Acknowledgement I certify that, to the best of my knowle changes or is found to be incorrect, I a | e progra | m? ocial Services formation provided to notify Charlotte nation may result in | UWebsite in this application is t sville/Albemarle Area the disqualification c | ISocial Media □Old rue and accurate. I un Preschool programs in f this application. | ler child was in program |]Flyer/poster |
| emergency? How did you hear about the Check all that apply: Family/friend School Other (please specify) Acknowledgement I certify that, to the best of my knowle changes or is found to be incorrect, I a Federal Law | e progra | m? ocial Services formation provided to notify Charlotte nation may result in | UWebsite in this application is t sville/Albemarle Area the disqualification c | Social Media □Old | ler child was in program |]Flyer/poster |
| emergency? How did you hear about the Check all that apply: Family/friend School Other (please specify) Acknowledgement I certify that, to the best of my knowle changes or is found to be incorrect, I a | e progra | m? ocial Services formation provided to notify Charlotte nation may result in | UWebsite in this application is t sville/Albemarle Area the disqualification c | ISocial Media □Old rue and accurate. I un Preschool programs in f this application. | ler child was in program |]Flyer/poster |
| emergency? How did you hear about the Check all that apply: Family/friend School Other (please specify) Acknowledgement I certify that, to the best of my knowle changes or is found to be incorrect, I a Federal Law | e progra | m? ocial Services formation provided to notify Charlotte nation may result in | UWebsite in this application is t sville/Albemarle Area the disqualification c | ISocial Media □Old rue and accurate. I un Preschool programs in f this application. | ler child was in program |]Flyer/poster |
| emergency? How did you hear about the Check all that apply: Family/friend School Other (please specify) Acknowledgement I certify that, to the best of my knowle changes or is found to be incorrect, I a Federal Law | e progra | m? ocial Services formation provided to notify Charlotte nation may result in | UWebsite in this application is t sville/Albemarle Area the disqualification c | ISocial Media □Old rue and accurate. I un Preschool programs in f this application. | ler child was in program |]Flyer/poster |
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| emergency? How did you hear about the Check all that apply: Family/friend School Other (please specify) Acknowledgement I certify that, to the best of my knowled changes or is found to be incorrect, I a Federal Lar Parent/Guardian's Name (print): Parent/Guardian's Signature: | e progra | m? ocial Services formation provided to notify Charlotten hation may result in discrimination base | UWebsite | ISocial Media Old rue and accurate. I un Preschool programs in f this application. ional origin, sex, disat | ler child was in program |]Flyer/poster |
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| emergency? How did you hear about the Check all that apply: Family/friend School Other (please specify) Acknowledgement I certify that, to the best of my knowle changes or is found to be incorrect, I a Federal Lar Parent/Guardian's Name (print): Parent/Guardian's Signature: Permission I give permission for my application to families with preschool-aged children | e progra | m? ocial Services formation provided to notify Charlottee hation may result in discrimination base dif there are othe | UWebsite | ISocial Media □Old rue and accurate. I un Preschool programs in f this application. ional origin, sex, disat | ler child was in program | □Flyer/poster |
| emergency? How did you hear about the Check all that apply: Family/friend School I Other (please specify) Acknowledgement I certify that, to the best of my knowledgement I certify that, to the best of my knowledgement Parent/Guardian's Name (print): Parent/Guardian's Signature: Permission I give permission for my application to | e progra | m? ocial Services formation provided to notify Charlottee hation may result in discrimination base dif there are othe | UWebsite | ISocial Media □Old rue and accurate. I un Preschool programs in f this application. ional origin, sex, disat | ler child was in program | □Flyer/poster |
| emergency? How did you hear about the Check all that apply: Family/friend School Other (please specify) Acknowledgement I certify that, to the best of my knowle changes or is found to be incorrect, I a Federal Lar Parent/Guardian's Name (print): Parent/Guardian's Signature: Permission I give permission for my application to families with preschool-aged children Please complete | e progra | m? Decial Services Tormation provided to notify Charlottee hation may result in discrimination base d if there are othe Next page | UWebsite | ISocial Media 🗆 Old rue and accurate. I un Preschool programs in f this application. ional origin, sex, disat programs appropriat are apply | ler child was in program | □Flyer/poster |
| emergency? How did you hear about the Check all that apply: Family/friend School C Other (please specify) Acknowledgement I certify that, to the best of my knowled changes or is found to be incorrect, I a Federal Lar Parent/Guardian's Name (print): Parent/Guardian's Signature: Permission I give permission for my application to families with preschool-aged children Please complete for Charlottesvill | e progra | m? pocial Services formation provided to notify Charlotter hation may result in discrimination base d if there are other next pag y School | UWebsite | ISocial Media 🗆 Old rue and accurate. I un Preschool programs in f this application. ional origin, sex, disat programs appropriat are apply | ler child was in program | □Flyer/poster |
| emergency? How did you hear about the Check all that apply: Family/friend School Other (please specify) Acknowledgement I certify that, to the best of my knowle changes or is found to be incorrect, I a Federal Lar Parent/Guardian's Name (print): Parent/Guardian's Signature: Permission I give permission for my application to families with preschool-aged children Please complete | e progra | m? pocial Services formation provided to notify Charlotter hation may result in discrimination base d if there are other next pag y School | UWebsite | ISocial Media 🗆 Old rue and accurate. I un Preschool programs in f this application. ional origin, sex, disat programs appropriat are apply | ler child was in program | □Flyer/poster |

2020-2021 VPI INCOME VERIFICATION FORM

| Child's Name: | Child | 's DOB: | School: | | | | |
|---|---|---|--|--|--|--|--|
| 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 2019 Tax Form | Pay Stubs SSI Verification | SNAP Verification TANF Verification | Employer Letter Child Support | | | |
| □ Other Sources: | | | | | | | |
| Frequency of Pay | | | | | | | |
| I get paid: Weekly (4 paystubs) Vearly Other: | Every 2 Weeks (3 pay stubs) | □ 2X a month (3 pay stub | s) 🛛 Monthly (2 pay stubs) | | | | |
| (If submitting pay stubs, please include | the number of pay stubs note | ed above.) | | | | | |
| Are you currently working for the same (If either P/G answered "No" above, cu | | | | 🗆 No | | | |
| Do you have any other forms of incom | | | | 🗆 No | | | |
| Please describe and provide documenta | - | | , | | | | |
| | | | | | | | |
| #2 Parent/Guardian Name: | | | | | | | |
| ***Verification Documentation | 🗌 W-2 Form | Pay Stubs | □ SNAP Verification | 🗌 Employer Letter | | | |
| Included: | 🗆 2019 Tax Form | □ SSI Verification | □ TANF Verification | Child Support | | | |
| Other Sources: | | | | | | | |
| Frequency of Pay | | | | | | | |
| I get paid: UWeekly (4 paystubs) | Every 2 Weeks (3 pay stubs) | 2X a month (3 pay stub | s) 🛛 Monthly (2 pay stubs) | | | | |
| Yearly Other: (If submitting pay stubs, please include) | the number of pay stubs note | ed above.) | | | | | |
| | | | | | | | |
| Are you currently working for the same (If either P/G answered "No" above, cu | | | | | | | |
| Do you have any other forms of incom | e not reported on this docum | nent, such as rental income | e, trust fund, etc.? 🛛 Yes | 🗆 No | | | |
| Please describe and provide documenta | ation (if yes): | | | | | | |
| | | | | | | | |
| ***Household Information: | | | | | | | |
| Number of people in household: Children Adults =Total | | | | | | | |
| ***PARENT CERTIFICATION: | | | | | | | |
| I certify that <u>all</u> of the above information is true and correct, and that <u>all</u> income is reported if submitted. I understand that if any of this information changes, I am <u>obligated</u> 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 <u>misrepresentation</u> of any of this information <u>may disqualify</u> 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: | | | | | | | |
| (Please print) | | (Please | sign) | (Date) | | | |