

Albemarle County Preschool Network Application Instructions 2016-2017

**Keep this page for
your records**

Please read the information below and complete all 3 pages of the application.

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. Head Start, Bright Stars, Early Childhood Special Education (ECSE) and Title I collaborate and use the same preschool application process in order to make it easier for families to apply.

Complete only one application per child** (Faxed applications are not accepted). The application includes a place where you can indicate your preferred program(s). *Note: submitting an application does not guarantee placement, but it is the first step in the application process.*

- Child must be 3 or 4 by September 30th of the enrollment year for Head Start and ECSE
- Child must be 4 by September 30th of the enrollment year for Bright Stars and Title I
- Child must be fully toilet trained for Bright Stars and Title I

Include proof of income

- **Most recent tax returns (preferred) or W2s OR**
- Recent pay stubs – (attach 4 if paid weekly, or 3 bi-weekly pay stubs, or 2 monthly paystubs) **OR**
- A letter from your employer stating your wages and number of hours worked per week **OR**
- Documentation of SSI or TANF benefits (SNAP/food stamps are not considered as income)

Return the application by March 31st for priority consideration for fall enrollment

- Committee review of applications begins April 1
- Families are notified of placement decisions by May 8
- Children placed on the waitlist may be considered for other services/programs if permission is given to share contact information with other service providers
- Applications are accepted year-round to fill vacancies as they occur

For Bright Stars/Title I	For MACAA Head Start		
<p>Return or mail to the Bright Stars Family Coordinator at your local school:</p> <table style="width: 100%; border: none;"> <tr> <td style="border-right: 1px solid black; padding: 5px;"> Agnor-Hurt: (434)973-5211 Cale: (434)293-7455 Greer: (434)973-8371 Red Hill: (434)293-5332 </td> <td style="padding: 5px;"> Scottsville: (434)974-8040 Stone-Robinson:(434)296-3754 Stony Point: (434)973-6405 Woodbrook: (434)973-6600 </td> </tr> </table>	Agnor-Hurt: (434)973-5211 Cale: (434)293-7455 Greer: (434)973-8371 Red Hill: (434)293-5332	Scottsville: (434)974-8040 Stone-Robinson:(434)296-3754 Stony Point: (434)973-6405 Woodbrook: (434)973-6600	<div style="text-align: right;"></div> <p>Return or mail to Head Start Preschool Application MACAA Central Office 1025 Park Street Charlottesville, VA 22901</p>
Agnor-Hurt: (434)973-5211 Cale: (434)293-7455 Greer: (434)973-8371 Red Hill: (434)293-5332	Scottsville: (434)974-8040 Stone-Robinson:(434)296-3754 Stony Point: (434)973-6405 Woodbrook: (434)973-6600		
<p>Or mail to: Bright Stars Program Coordinator 1600 5th St. Suite A, Charlottesville, VA 22902</p>			
<div style="display: flex; align-items: center;">  <p>Questions? Call your local school (listed above) or the Bright Stars Program Coordinator at: (434)972-4010</p> </div>	<p>Questions? Call Head Start (434)295-3171 ext. 3022</p>		
<p>**If you think your child may have a disability, please contact the Early Childhood Special Education department at: (434)296-5885</p>			

Thank you for your interest in our programs!

Albemarle County Preschool Network Application 2016-2017

The information requested is part of the preschool application process and will be used to determine your child's eligibility for preschool services. Our programs work together and collaborate on placements.

Please indicate which pre-school program(s) or services you want to be considered for by checking the boxes:

<input type="checkbox"/> Bright Stars - 4-years-old	<input type="checkbox"/> Head Start - 3 & 4 years old	<input type="checkbox"/> Title I (Red Hill & Stony Point only)
<input type="checkbox"/> My child may have a disability or delay in development that would require special services (application may be referred to School Based Intervention Team)		

Indicate the elementary school where your child will attend Kindergarten:

<input type="checkbox"/> Agnor-Hurt	<input type="checkbox"/> Greer	<input type="checkbox"/> Stone-Robinson
<input type="checkbox"/> Baker-Butler	<input type="checkbox"/> Hollymead	<input type="checkbox"/> Stony Point
<input type="checkbox"/> Broadus Wood	<input type="checkbox"/> Meriwether-Lewis	<input type="checkbox"/> Woodbrook
<input type="checkbox"/> Brownsville	<input type="checkbox"/> Murray	<input type="checkbox"/> Yancey
<input type="checkbox"/> Cale	<input type="checkbox"/> Red Hill	<input type="checkbox"/> Other
<input type="checkbox"/> Crozet	<input type="checkbox"/> Scottsville	<input type="checkbox"/> Don't Know

1. What is your total family income? _____

Proof of income must be provided with this application for Bright Stars and Head Start:

- **Most recent tax returns (preferred) or W2s OR**
- Recent pay stubs - (attach 4 if paid weekly, or 3 bi-weekly pay stubs, or 2 monthly paystubs) **OR**
- A letter from your employer stating your wages and number of hours worked per week **OR**
- Documentation of SSI or TANF benefits (SNAP/food stamps are not considered as income)

2. Is your family currently homeless, living in a shelter, or temporarily doubling up until you can afford housing? Yes _____ No _____

If yes, are you working with the ACPS *Families in Crisis Program*? Yes _____ No _____

3. Did either parent or guardian leave school before high school graduation? Yes _____ No _____

4. If yes to number 3, did that parent or guardian earn a GED? Yes _____ No _____

5. Does your child currently have an Individual Educational Plan (IEP)? Yes _____ No _____
(Please provide copy of IEP)

I. CHILD INFORMATION

Child's Name: Last, First, Middle	Sex: M F	DOB:
Race: American Indian/Alaskan Asian/Pacific Islander Black (Non-Hispanic) Hispanic White (Non-Hispanic) Hawaiian Unspecified		Ethnicity: Hispanic Non-Hispanic (State requires this field be completed for all)
Address: (include zip code)		

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

Mother/Guardian's Name:	Father/Guardian'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: Yes/No Where? Salary?	Are you employed? Yes/No Where? Salary?
Last grade completed/GED:	Last grade completed/GED:
What is the language usually spoken at home by parents?	
With whom does the child live? Name: _____ Relation to child: Does this person have legal custody? Yes/No If not, who does?	

List all adults and children living in the home:

Last Name	First Name	Date of Birth	Sex	Grade	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	With whom does s/he live?
			M / F		
			M / F		
			M / F		

III. SERVICES YOU OR YOUR CHILD RECEIVES - please check boxes and indicate provider names below

<input type="checkbox"/> TANF	<input type="checkbox"/> SNAP/Food Stamps	Was your child referred for preschool services? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Public Health Nurse	If yes, referred by whom? _____
<input type="checkbox"/> Region Ten	<input type="checkbox"/> Social Worker	(If you are being referred by a social worker or medical professional,
<input type="checkbox"/> CHIP	<input type="checkbox"/> WIC	you may want him/her to write a letter to us on your behalf.)
<input type="checkbox"/> ReadyKids		
NAME OF PROVIDER:		

IV. CHILD HISTORY - please check boxes and provide explanations

Is your child fully toilet trained? (consistently goes through full day with no accidents)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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:
Does your child have a health problem (vision, hearing, dental)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Have you been told by a teacher, doctor, or nurse that your child has a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: (submit copy of medical record from physician)
Does your child use any medical device (e.g., wheelchair, hearing aid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

Please list any concerns you have about your child: _____

V. FAMILY HISTORY - please respond to each question below by checking the appropriate box

Currently we: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> share a home due to loss of housing <input type="checkbox"/> share a home <input type="checkbox"/> live in a motel <input type="checkbox"/> live in a shelter/are homeless
I previously had a child who attended: <input type="checkbox"/> Head Start <input type="checkbox"/> Bright Stars <input type="checkbox"/> Title I Preschool <input type="checkbox"/> Other preschool
Were you a teen parent when any of your children were born? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has anyone in the family been in jail or on probation? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> currently <input type="checkbox"/> in the past
Does anyone in the family have learning problems or difficulty reading? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who?
Has anyone in the family been a victim of violence? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does anyone in the family have a substance abuse problem? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does anyone in the family have a serious physical condition that requires ongoing medical care? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has the family ever been homeless, lived in a shelter, or been forced to live with family/friends? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has anyone in the family ever received mental health services? <input type="checkbox"/> No <input type="checkbox"/> Yes

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

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 for the Albemarle County Preschool Network Programs and will not be released to anyone other than necessary personnel. **I understand that submitting an application does not guarantee placement in any of the Albemarle County 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 contact information to be shared if there are other programs/opportunities appropriate for families with preschool-aged children.