Fluvanna County Preschool Network Application Instructions 2018-2019

Keep this page for your records

Please read the information below and complete all 4 pages of the application.

Dear Parents/Guardians,

Thank you for your interest in Fluvanna 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. This year we are excited to say that Head Start and Fluvanna County Public Schools are collaborating and using the same preschool application process in order to make it easier for families to apply.

Complete only one application per child** 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.* **Priority Application Deadline: April 9th**

- **Fluvanna County Public School Preschool applicants must provide two** of the following:
  - Lease, formal mailing, or a current utility bill showing residency
- Child must be 3 or 4 by September 30th of the enrollment year for Head Start
- Child must be 4 by September 30th of the enrollment year for Fluvanna Public Schools Four-Year-Old Program

Include proof of income for both programs, applicants must provide one of the following:

- **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, SNAP & TANF benefits, Child Support, if applicable (**SNAP/food stamps and bank account records are not considered as income**)

Fluvanna County Preschool Screenings:

Screenings for 4-yr-olds will occur in mid-April for applications received by April 9, 2018. You will be contacted to schedule a time.

For Head Start Applicant's:

- Families are notified of placement decisions by May 7th
- 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 Fluvanna County Preschool Four-Year-Old Program:	For MACAA Head Start:
Return or mail the application to: Preschool Application Attn: Amy Barnabei West Central Primary 3188 Central Plains Road Palmyra, VA 22963	**Return or mail to:** Preschool Application MACAA Head Start 1025 Park Street Charlottesville, VA 22901
Questions? Call: West Central Primary at: (434) 510-1016	Questions? Call Head Start (434) 295-3171 ext. 3003 or ext. 3008

Thank you for your interest in our programs!

Priority deadline: April 9, 2018

Fluvanna County 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 Fluvanna County Preschool Network. This network includes school-based preschool services offered through the Fluvanna County Preschool Program and the MACAA Head Start Program. Our programs work together and collaborate on placements.

I. CHILD INFORMATION

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

** **PLEASE PROVIDE PROOF OF RESIDENCY (lease/mortgage/housing agreement or current utility bill)****

1. Please indicate which pre-school program(s) or services you want to be considered for:

- ☐ Fluvanna County Public Schools Four-Year-Old Preschool Program – 4 years old only
- ☐ Head Start – 3 & 4 years old

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

- ☐ Central Elementary
- ☐ West Central Elementary
- ☐ Other Kindergarten:
- ☐ Don't know which Kindergarten my child will attend

3. Proof of all sources of income must be provided with this application for Fluvanna County Four-Year-Old Preschool Program and Head Start. PLEASE CHECK ALL SOURCES OF INCOME VERIFICATION THAT APPLY:

- ☐ **Most recent tax returns (preferred)**
- ☐ **W2s**
- ☐ **Letter from your employer** stating your wages and number of hours worked per week
- ☐ **Recent pay stubs** – attach 4 if paid weekly, or 3 bi-weekly pay stubs, or 2 monthly pay stubs
- ☐ **TANF** – documentation of benefits
- ☐ **SSI** – documentation of benefits
- ☐ **Child Support** documentation
- ☐ **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)

***(Be sure to include a *complete* form of income with this application or the application is not complete and cannot be processed.)**

4. Is your family currently homeless, living in a shelter, living in a motel or temporarily doubling up until you can afford housing? ☐ **Yes** ☐ **No**

5. 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**

6. 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**

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

Parent/Guardian 1 Name:	**Parent/Guardian 2 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 If yes, employer? If yes, annual Salary? **(Proof of income required)**	**Are you employed?** ☐ Yes ☐ No If yes, employer? If yes, annual Salary? **(Proof of income required)**
Last grade completed/GED:	**Last grade completed/GED:**

Language usually spoken at home by parents:_____ **child:** _____

With whom does the child currently live? ☐ Parent 1 ☐ Parent 2 ☐ Both Parents ☐ Other
If other, name(s): Relation to child:

Does(do) the person(s) with whom the child lives have legal custody? ☐ Yes ☐ No
If not, name of person who does: Relation to child:
(Please submit custody documentation with the application)

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		

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

☐ TANF ☐ SNAP/Food Stamps
☐ Medicaid ☐ SSI
☐ Region Ten ☐ WIC
☐ CHIP ☐ ReadyKids

Was your child referred for preschool services? ☐ Yes ☐ No
If yes, referred by whom? _____
(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.)

NAME(S) OF SERVICE PROVIDER(S):

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+

Priority deadline: April 9, 2018

III. CHILD HISTORY *(please check boxes and provide explanations)*

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

IV. 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Has moved two or more times in the past 3-4 years?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Has previously had a child who attended:	☐ Head Start ☐ Fluvanna County Preschool ☐ Other preschool ☐ Unsure	☐ Head Start ☐ Fluvanna County Preschool ☐ Other preschool ☐ Unsure	*Not Applicable*
How old were you when your first child was born?	Age: _____	Age: _____	*Not Applicable*
Has learning problems or difficulty reading:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

V. FAMILY HISTORY – *continued (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 been in jail or on probation:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, in jail or on probation:	☐ currently ☐ in the past	☐ currently ☐ in the past	☐ currently ☐ in the past
Has been a victim of violence:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Has ever caused concern about having an alcohol or substance abuse problem:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Has a serious physical condition that requires ongoing medical care:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please specify condition:			
Has ever needed or received mental health services:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Priority deadline: April 9, 2018

Please list any other child and 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 and placement for Fluvanna County 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 Fluvanna 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 my application to be shared if there are other services appropriate for families with preschool-aged children.