

# Fluvanna County/MACAA Preschool Programs

## Application and Information for School Year 2021-2022



Dear Parents/Guardians,

Thank you for your interest in Fluvanna County/MACAA 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?	
Fluvanna County Public School Program	MACAA Head Start Program
<p>Early intervention preschool program for <b>4-year-old</b> children with risk factors that may prevent early academic success.</p> <p style="text-align: center;"><i>Children must be <b>4</b> by September 30<sup>th</sup>.</i></p>	<p>Early intervention preschool program for <b>3- and 4-year-old</b> children with risk factors that may prevent early academic success.</p> <p style="text-align: center;"><i>Children must be <b>3 or 4</b> by September 30<sup>th</sup>.</i></p>

How do I apply for public preschool programs for my child?
<p>This application is used to apply for Fluvanna County Public School Program and MACAA Head Start Preschool Program</p> <ol style="list-style-type: none"> <li>1. Fill out <b>one application</b> for each child.</li> <li>2. Include <b>ALL sources of household income</b> with the application.</li> <li>3. Include <b>current proof of residency</b>.</li> </ol> <p style="text-align: center;"><b><i>Your child's application will <span style="background-color: yellow;">NOT</span> be processed until <u>all documents are received</u>.</i></b></p>

Where do I submit my child's application?	
Fluvanna County Public School Program	MACAA Head Start Program
<p>West Central Primary 3188 Central Plains Road Palmyra, VA 22963</p> <p>Abby Harlow Registrar/Attendance Secretary (434) 510-1016 ext. 1405</p>	<p>MACAA Central Office 1025 Park Street Charlottesville, VA 22901</p> <p>Lina Abril Head Start Program Coordinator (434) 295-3171 ext. 3008</p>

Important Dates
<p><b>Fluvanna County Public School Program and MACAA Head Start</b></p> <p>Submit the application and <i>all required documentation</i> by the processing date of <b><u>April 2<sup>nd</sup></u></b>.</p> <p>Families will be notified regarding placement decisions in <b>May</b>.</p> <p style="margin-top: 20px;">*Applications are accepted year-round to fill vacancies within the preschool programs as they occur. *</p>

If you think your child may have a disability, contact:
<p>FCPS Early Childhood Special Education Department Lori Scalzo (434) 510-1016 or lscalzo@apps.fluco.org</p>

**This page intentionally left blank.**

# Fluvanna County/MACAA Preschool Programs

## Application and Information for School Year 2021-2022

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

### Income Documentation

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

**Check all documentation provided and ATTACHED to this application:**

<input type="checkbox"/> 2020 Income Tax Return(s) 1040	<input type="checkbox"/> SSI Award Letter	<input type="checkbox"/> Child Support Documentation
<input type="checkbox"/> 2020 W-2(s)	<input type="checkbox"/> Disability/Social Security Letter	<input type="checkbox"/> Educational Assistance/Scholarship(s)
<input type="checkbox"/> Employer Letter	<input type="checkbox"/> TANF Award Letter	<input type="checkbox"/> Unemployment/Worker's Comp.
<input type="checkbox"/> Rents and Royalties	<input type="checkbox"/> Alimony	<input type="checkbox"/> Interest and Dividends
<input type="checkbox"/> Pension/Retirement Income	<input type="checkbox"/> Survivor Benefits Payments	<input type="checkbox"/> Veterans' Benefits Payments
<input type="checkbox"/> Current and Consecutive Pay Stubs	<input type="checkbox"/> Other _____	

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

### Child's Information

**Applying for:**  Fluvanna County Public School Program  MACAA Head Start

You can check more than one 4-year-olds 3-and 4-year-olds

First	Middle	Last	Date of Birth <small>mm/dd/yyyy</small>	Gender
<b>Race</b> (check all that apply)		<b>Hispanic/Latino</b>	<b>English Proficiency</b>	<b>First/Primary Language</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None <input type="checkbox"/> Moderate	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Proficient	
<input type="checkbox"/> White	<input type="checkbox"/> Other _____			
<b>Health Coverage</b>		<b>Insurance/Medicaid #</b>		
<input type="checkbox"/> FAMIS	<input type="checkbox"/> Private	<input type="checkbox"/> Does not have insurance		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other	# _____		
<b>Living Address</b> *Proof of residency is required*		<b>Apartment/Unit #</b>	<b>City</b>	<b>State</b> <b>ZIP Code</b>
<b>Mailing Address</b> (if different)		<b>Apartment/Unit #</b>	<b>City</b>	<b>State</b> <b>ZIP Code</b>

### Parent/Guardian 1

First	Middle	Last	Date of Birth <small>mm/dd/yyyy</small>	Gender
<b>Race</b> (check all that apply)		<b>Hispanic/Latino</b>	<b>English Proficiency</b>	<b>First/Primary Language</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None <input type="checkbox"/> Moderate	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Proficient	
<input type="checkbox"/> White	<input type="checkbox"/> Other _____			
<b>Highest Grade Completed</b>		<b>Employment Status</b>	<b>Relationship to Child</b>	<b>Custody</b>
<input type="checkbox"/> Less than 12 <sup>th</sup> grade	<input type="checkbox"/> Some College or Training	<input type="checkbox"/> Full Time	<input type="checkbox"/> Natural/Adoptive/Stepparent	<input type="checkbox"/> Yes
<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Part Time	<input type="checkbox"/> Grandparent	<input type="checkbox"/> No
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Other	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Aunt/Uncle	
<input type="checkbox"/> Adv. Training Cert.		<input type="checkbox"/> Unemployed	<input type="checkbox"/> Foster	
		Employer: _____	<input type="checkbox"/> Other	
<b>Contact Information</b>		<b>E-mail Address</b>	<b>Permission to Text/Email</b>	
Home Phone: _____			<b>Text</b>	<b>Email</b>
Cell Phone: _____			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Work Phone: _____			<input type="checkbox"/> No	<input type="checkbox"/> No
<b>Living Address</b> *Proof of residency is required*		<b>Apartment/Unit #</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>

Child's Name: \_\_\_\_\_

**Parent/Guardian 2** *(provide information even if not living in the home with the child)*

First	Middle	Last	Date of Birth <small>mm/dd/yyyy</small>	Gender
<b>Race</b> (check all that apply)		<b>Hispanic/Latino</b>	<b>English Proficiency</b>	<b>First/Primary Language</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None <input type="checkbox"/> Moderate	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Proficient	
<input type="checkbox"/> White	<input type="checkbox"/> Other _____			
<b>Highest Grade Completed</b>		<b>Employment Status</b>	<b>Relationship to Child</b>	<b>Custody</b>
<input type="checkbox"/> Less than 12 <sup>th</sup> grade	<input type="checkbox"/> Some College or Training	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adoptive/Stepparent
<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandparent
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Aunt/Uncle
<input type="checkbox"/> Adv. Training Cert.		<input type="checkbox"/> Unemployed Employer: _____	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster
<b>Contact Information</b>		<b>E-mail Address</b>	<b>Permission to Text/Email</b>	
Home Phone: _____		_____ @ _____	<b>Text</b>	<b>Email</b>
Cell Phone: _____			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Work Phone: _____			<input type="checkbox"/> No	<input type="checkbox"/> No
<b>Living Address</b> <i>*Proof of residency is required*</i>		<b>Apartment/Unit #</b>	<b>City</b>	<b>State</b>
				<b>Zip Code</b>

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

Name	Date of Birth <small>mm/dd/yyyy</small>	Gender	Relationship to Child	Grade & School

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

Child	
<input type="checkbox"/> Child has no contact with one or both parents <input type="checkbox"/> Child does not live with his/her parents <input type="checkbox"/> Child or siblings have been removed from the home <input type="checkbox"/> Child is/was in foster care <input type="checkbox"/> Child is an English Language Learner <input type="checkbox"/> Child has been abused (physically, sexually, or emotionally) <input type="checkbox"/> Child is in counseling <input type="checkbox"/> Child has a medical condition and/or allergies <input type="checkbox"/> Has a court order custody agreement in place <small>(If yes, a copy will need to be provided to the school)</small>	<input type="checkbox"/> Child uses medical devices (e.g. glasses, hearing aid(s), wheelchair) <input type="checkbox"/> Child has a suspected/identified disability <input type="checkbox"/> Child is not potty trained <input type="checkbox"/> Child does not have a pediatrician and/or dentist <input type="checkbox"/> Child was born before 37 weeks <input type="checkbox"/> Child weighed less than 5 lbs. at birth <input type="checkbox"/> Safety Plan/Protective Order is/was in place <input type="checkbox"/> Child has/had Child Protective Services involvement <input type="checkbox"/> Child has received English as a second language Services (ESOL)
Additional Information	
_____ _____ _____	

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

PARENT 1	PARENT 2	Family
<input type="checkbox"/>	<input type="checkbox"/> Deceased	<input type="checkbox"/> Single parent family <input type="checkbox"/> Child's parents are separated/divorced <input type="checkbox"/> Limited reading skills in primary language <input type="checkbox"/> Teen mother or father (under 19 yrs. of age) <input type="checkbox"/> Long-term or chronic illness _____ _____
<input type="checkbox"/>	<input type="checkbox"/> Incarceration <input type="checkbox"/> Currently <input type="checkbox"/> Previously	
<input type="checkbox"/>	<input type="checkbox"/> Absent from the home <small>long-term hospitalization, military service, or other: _____</small>	
<input type="checkbox"/>	<input type="checkbox"/> Victim of violence	
<input type="checkbox"/>	<input type="checkbox"/> Mental health concerns	
<input type="checkbox"/>	<input type="checkbox"/> History of substance abuse	
<input type="checkbox"/>	<input type="checkbox"/> Has a disability	

Child's Name: \_\_\_\_\_

Household (check all that apply)		
Housing Factors	Nutritional Factors	Other Factors
<input type="checkbox"/> Family is currently experiencing homelessness <input type="checkbox"/> Family is living in temporary housing <input type="checkbox"/> Housing concerns: overcrowded, needs major repairs, lack of heat, etc. <input type="checkbox"/> Family has moved 2 or more times in the past 3 years	<input type="checkbox"/> Family is receiving SNAP <input type="checkbox"/> Family is receiving WIC <input type="checkbox"/> Family has nutritional needs	<input type="checkbox"/> Domestic violence in the home <input type="checkbox"/> No driver's license holder in household <input type="checkbox"/> Household member has mental health concerns <input type="checkbox"/> Sibling(s): <input type="checkbox"/> Has a disability <input type="checkbox"/> Has learning challenges <input type="checkbox"/> 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? \_\_\_\_\_

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

Do you have concerns about your child in the following areas?  
 Weight       Sleep Patterns       Eating Habits       Health       Development       Behavior       Social Interactions       Speech  
 If yes, explain: \_\_\_\_\_

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)

First	Last	Phone Number	Relationship

**Other than service workers, how many people can you call on to help with your child in an emergency?**      \_\_\_\_\_  
 (Circle one)      0      1      2      3+

**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 Fluvanna County/MACAA 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 Fluvanna County Public School Program.



**2021-2022 VPI INCOME VERIFICATION FORM**

<b>Child's Name:</b>	<b>Child's DOB:</b>	<b>School:</b>
----------------------	---------------------	----------------

**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:**

<b>***Verification Documentation Included:</b>	<input type="checkbox"/> 2020 W-2 Form <input type="checkbox"/> 2020 Tax Form	<input type="checkbox"/> Pay Stubs <input type="checkbox"/> SSI Verification	<input type="checkbox"/> SNAP Verification <input type="checkbox"/> TANF Verification	<input type="checkbox"/> Employer Letter <input type="checkbox"/> 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:**

<b>***Verification Documentation Included:</b>	<input type="checkbox"/> 2020 W-2 Form <input type="checkbox"/> 2020 Tax Form	<input type="checkbox"/> Pay Stubs <input type="checkbox"/> SSI Verification	<input type="checkbox"/> SNAP Verification <input type="checkbox"/> TANF Verification	<input type="checkbox"/> Employer Letter <input type="checkbox"/> 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:**

<b>Number of people in household:</b>	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.

<b>Signature of Parent/Guardian (Required for Consideration)</b>	<b>Relationship to Child</b>	<b>Date</b>
--	------------------------------	-------------

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

**Income Verified By:** \_\_\_\_\_ (Staff Member) \_\_\_\_\_ (Date)  
 (Please print) (Please sign)