

Nelson County/MACAA Preschool Programs

Application and Information for School Year 2021-2022



Dear Parents/Guardians,

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

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

Where do I submit my child's application?	
Nelson County Public School Program	MACAA Head Start Program
<p style="text-align: center;">Rockfish River Elementary 200 Chapel Hollow Rd Afton, VA 22920</p> <p style="text-align: center;">Tye River Elementary 5198 Thomas Nelson Hwy Arrington, VA 22922</p> <p style="text-align: center;">Kim Douglas Director of Elementary Instruction (434) 260-7646 Ext. 1002</p>	<p style="text-align: center;">MACAA Central Office 1025 Park Street Charlottesville, VA 22901</p> <p style="text-align: center;">Lina Abril Head Start Program Coordinator (434) 295-3171 ext. 3008</p>

Important Dates
Nelson County Public School Program and MACAA Head Start
<p>Submit the application and <i>all required documentation</i> by the processing date of <u>April 16th</u>.</p> <p>Applications will be reviewed by <u>April 22nd</u>.</p> <p>Families will be notified regarding placement decisions by <u>April 28th</u>.</p> <p><i>*Applications are accepted year-round to fill vacancies within the preschool programs as they occur. *</i></p>

If you think your child may have a disability, contact:
<p>Early Childhood Special Education Department (434) 260-7646 Ext. 1005 or sirby@nelson.k12.va.us</p>

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I understand this is an application only and completing it does not guarantee enrollment in the Nelson 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 (state wages + hours) | <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: Nelson 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
Race (check all that apply)				
<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"/> Two or more			<input type="checkbox"/> English
<input type="checkbox"/> Other _____				<input type="checkbox"/> Spanish
				<input type="checkbox"/> Russian
				<input type="checkbox"/> Other _____
Health Coverage			Insurance/Medicaid #	
<input type="checkbox"/> FAMIS	<input type="checkbox"/> Private	<input type="checkbox"/> Does not have insurance		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other	# _____		
Living Address	Apartment/Unit #	City	State	ZIP Code
Mailing Address (if different)	Apartment/Unit #	City	State	ZIP Code

Parent/Guardian 1

First	Middle	Last	Date of Birth <small>mm/dd/yyyy</small>	Gender
Race (check all that apply)				
<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"/> Two or more			<input type="checkbox"/> English
<input type="checkbox"/> Other _____				<input type="checkbox"/> Spanish
				<input type="checkbox"/> Russian
				<input type="checkbox"/> Other _____
Highest Grade Completed		Employment Status		Relationship to Child
<input type="checkbox"/> Less than 12 th 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	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster
		Employer: _____		<input type="checkbox"/> Other
Contact Information		E-mail Address		Permission to Text/Email
Home Phone: _____				Text
Cell Phone: _____				<input type="checkbox"/> Yes
Work Phone: _____				<input type="checkbox"/> No
				Email
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Living Address *Proof of residency is required*	Apartment/Unit #	City	State	Zip Code

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

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 uses medical devices (e.g. glasses, hearing aid(s), wheelchair)
<input type="checkbox"/> Child does not live with his/her parents	<input type="checkbox"/> Child has a suspected/identified disability
<input type="checkbox"/> Child or siblings have been removed from the home	<input type="checkbox"/> Child is not potty trained
<input type="checkbox"/> Child is/was in foster care	<input type="checkbox"/> Child does not have a pediatrician and/or dentist
<input type="checkbox"/> Child is an English Language Learner	<input type="checkbox"/> Child was born before 37 weeks
<input type="checkbox"/> Child has been abused (physically, sexually, or emotionally)	<input type="checkbox"/> Child weighed less than 5 lbs. at birth
<input type="checkbox"/> Child is in counseling	<input type="checkbox"/> Safety Plan/Protective Order is/was in place
<input type="checkbox"/> Child has a medical condition and/or allergies	<input type="checkbox"/> Child has/had Child Protective Services involvement
<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>	

Additional Information

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

PARENT 1	PARENT 2	<input type="checkbox"/> Deceased <input type="checkbox"/> Incarceration <input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Absent from the home <small>long-term hospitalization, military service, or other: _____</small> <input type="checkbox"/> Victim of violence <input type="checkbox"/> Mental health concerns <input type="checkbox"/> History of substance abuse <input type="checkbox"/> Has a disability <input type="checkbox"/> Military Services	<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"/> Active-Deployed <input type="checkbox"/> Active-Home <input type="checkbox"/> Reserve <input type="checkbox"/> Retired	

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

The Nelson County Board and MACAA Head Start does not discriminate on the basis of race, color, national origin, age, sex, or disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding non-discrimination policies. Title VI and Title IX, Age and Boy Scouts of America Equal Access Act: Shannon Irvin, Assistant Superintendent and Section 504 and Title II: Sandra Irby, Director of Student Services. Both can be reached by mail at the following address. P.O. Box 276 Lovingson, VA 22949 or by phone by calling: (434) 260-7646. For further information on notice of non-discrimination, visit <http://wdcrocolp01.ed.gov/CFAPPS?OCR/contactus.cfm>. For the address and phone number of the office that serves your area, call 1-800-421-3481.

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 the Nelson County Public School Program.



