Nelson County/MACAA Preschool Programs Application and Information for School Year 2021-2022

Dear Parents/Guardians,

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MACAA Head Start

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				
Early intervention preschool program for 4-year-old children with risk factors that may prevent early academic success.	Early intervention preschool program for 3- and 4-year-old children with risk factors that may prevent early academic success.				
Children must be 4 by September 30 th .	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 Nelson County Public School 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 <u>all documents are received</u>.

Nelson County Public School Program	MACAA Head Start Program		
Rockfish River Elementary			
200 Chapel Hollow Rd			
Afton, VA 22920	MACAA Control Office		
AI(01), VA 22520	MACAA Central Office		
	1025 Park Street		
Tye River Elementary	Charlottesville, VA 22901		
5198 Thomas Nelson Hwy			
Arrington, VA 22922			
8,			
Kim Douglas	Lina Abril		
Director of Elementary Instruction	Head Start Program Coordinator		
(434) 260-7646 Ext. 1002	(434) 295-3171 ext. 3008		

Important Dates

Nelson County Public School Program and MACAA Head Start

Submit the application and *all required documentation* by the processing date of <u>April 16th</u>. Applications will be reviewed by <u>April 22nd</u>.

Families will be notified regarding placement decisions by **April 28**th.

*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:

Early Childhood Special Education Department (434) 260-7646 Ext. 1005 or sirby@nelson.k12.va.us This page intentionally left blank.

Nelson County/MACAA Preschool Programs

Application and Information for School Year 2021-2022 I understand this is an application <u>only</u> and completing it does <u>not</u> 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 is required to proces		ocumentation ate ALL income sources for th	e household. (All information is	confidential)
Check all documentation provided and ATTACHED to	this application:			
\Box 2020 Income Tax Return(s) 1040	□SSI Award Lett	er	\Box Child Support Document	ation
□2020 W-2(s)	Disability/Social Security Letter		Educational Assistance/S	Scholarship(s)
Employer Letter (state wages + hours)	TANF Award Letter		Unemployment/Worker's Comp.	
□Rents and Royalties			Interest and Dividends	
Pension/Retirement Income			□Veterans' Benefits Paym	ents
□Current and Consecutive Pay Stubs			□Other	
□Weekly= 4 pay stubs □Bi-weekly= 3 pay stubs □Monthly= 2 pay stubs				
Child's Information				
Applying for: You can check more than one		ity Public School Program 4-year-olds	MACAA Head 3-and 4-year-o	
	liddle	Last	Date of Birth mm/dd/yyyy	Gender
Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Two or more Other Image: State	Hispanic/Latino □Yes □No	English Proficiency None Moderate Little Proficient	First/Primary Language English Spanish Russian	
Health Coverage		Insurance/Medic	aid #	
□FAMIS □Private □Medicaid □Other	□Does not have insu	rance #		
Living Address	Apartment/Unit	# City	State ZIP	Code
Mailing Address (if different)	Apartment/Unit	# City	State ZIP	Code
Parent/Guardian 1				
First N	liddle	Last	Date of Birth mm/dd/yyyy	Gender
Race (check all that apply) Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Two or more Other Image: State	Hispanic/Latino □Yes □No	English ProficiencyNoneModerateLittleProficient	First/Primary Language English Spanish Other Russian	
Highest Grade Completed	Employme	ent Status	Relationship to Child	Custody
Less than 12 th grade Some College or T GED Bachelor's Degree High School Graduate Other Adv. Training Cert. Other		□Full Time & Training □Part Time & Trainin □Training or School ed □Retired or Disabled		ent □Yes □No
Contact Information	E-mail A	ddress	Permission to Text/E	mail
Home Phone:Cell Phone:		@	Text □Yes □No	Email □Yes □No
Work Phone: Living Address *Proof of residency is required*	Apartment/Unit	# City	State Zip	Code

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		Child's Name					2
Parent/Guardi	ian 2 (provide info	rmation even if	not living in the	home w	vith the child)		
First		Middle			Last	Date of Birt	h mm/dd/yyyy Gender
□Black □Hawa □White □Two) iican Indian/Alaska Na aiian/Pacific Islander or more		nic/Latino	English None Little	n Proficiency □Moderate □Proficient	First/Primary Lang English Spanish Othe	
☐ Other Highest Grade Co ☐ Less than 12 th grade ☐ GED ☐ High School Gradua ☐ Adv. Training Cert.	e Some Colle Bachelor's	ege or Training Degree	Employment Full Time Part Time Seasonal Unemployed	Status	□Full Time & Trainir □Part Time & Traini □Training or School □Retired or Disable	ng 🗆 Grandparent □ Aunt/Uncle d □ Foster	-
Contact Informat	ion		Employer: E-mail Addre	~~ <u> </u>		□Other	to Toyt/Email
Home Phone: Cell Phone: Work Phone:	roof of residency is require	ed*	Apartment,		@ City	Text Yes No State	to Text/Email Email □Yes □No Zip Code
List all adults a	and children liv	ving in the h	ome (if more s	space is	needed, please att	ach a separate sheet)	
Name			Date of Birth	mm/dd/yyyy	Gender R	elationship to Child	Grade & School
Child and Fam	ily Factors These	e are need-base	d programs. Ple	ase cheo	ck all that apply.		
				Child			
□Child has no co	ntact with one or	both parents			Child uses medi	cal devices (e.g. glasses, h	earing aid(s), wheelchair)
□Child does not	live with his/her p	arents		Ľ	□Child has a susp	ected/identified disat	bility
□Child or siblings	s have been remov	ved from the h	iome		Child is not pot	ty trained	
□Child is/was in				Г	Child does not h	nave a pediatrician and	d/or dentist
-	ish Language Lear	nor					
_	isii Laliguage Leai			г	Child was born	hoforo 27 wooks	
Lichild has been	a la consta de la del de la del				Child was born		
	abused (physically,		otionally)	C	□Child weighed l	ess than 5 lbs. at birth	
□Child is in coun	seling	sexually, or em	otionally)		□Child weighed I □Safety Plan/Pro	ess than 5 lbs. at birth tective Order is/was ii	n place
		sexually, or em	otionally)		□Child weighed I □Safety Plan/Pro	ess than 5 lbs. at birth	n place
□Child has a mee	seling dical condition and	sexually, or em d/or allergies	otionally)		□Child weighed I □Safety Plan/Pro	ess than 5 lbs. at birth tective Order is/was ii	n place
□Child has a mee	seling	sexually, or em d/or allergies	otionally) Additior		□Child weighed Id □Safety Plan/Pro □Child has/had C	ess than 5 lbs. at birth tective Order is/was ii	n place
□Child has a mee	seling dical condition and	sexually, or em d/or allergies			□Child weighed Id □Safety Plan/Pro □Child has/had C	ess than 5 lbs. at birth tective Order is/was ii	n place
□Child has a mee	seling dical condition and	sexually, or em d/or allergies			□Child weighed Id □Safety Plan/Pro □Child has/had C	ess than 5 lbs. at birth tective Order is/was ii	n place
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□Child has a mee	seling dical condition and ler custody agreer ed to be provided to the s	sexually, or em d/or allergies	Additior	C C nal Infor Family	Child weighed I Safety Plan/Pro Child has/had C mation (include all pare	ess than 5 lbs. at birth tective Order is/was in child Protective Service nts and guardians)(check	n place es involvement
Child has a med Has a court ord (If yes, a copy will nee	seling dical condition and ler custody agreer ed to be provided to the s	sexually, or em d/or allergies nent in place chool)	Addition	C C nal Infor Family	□Child weighed I □Safety Plan/Pro □Child has/had C mation (include all pare □Single parent fa	ess than 5 lbs. at birth tective Order is/was in hild Protective Service nts and guardians)(check	n place es involvement k all that apply)
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	Child's Nar	ne:				3
			Household (c	heck all that apply	y)	
Housing Fact	ors	Nutriti	ional Factors		Other Factors	
□Family is currently experi	encing	□Family is re	eceiving SNAP	□ Domestic v	violence in the home	
homelessness		□Family is re	eceiving WIC	□No driver's	license holder in hous	ehold
□Family is living in tempor	ary housing	☐ Family has	nutritional needs	□Household	member has mental h	ealth concerns
Housing concerns: overcro repairs, lack of heat, etc.	wded, needs major		indentional fields	□Sibling(s):		
Family has moved 2 or m	ore times in the			🗆 Has a d	lisability	
past 3 years				🗆 Has lea	rning challenges	
				□ Has bel	havior concerns	
Is your child currently enrolled	l in a childcare/presch	ool service?		□Yes □No	lf yes, where:	
Does your family receive Child	lcare Subsidy/Assistan	ce?		□Yes □No		
Are you willing to apply for Ch	ildcare Subsidy?			□Yes □No		
If your child is selected, what a		chool care plans	?			
Would you like assistance to d				□Yes □No		
Do you have concerns about y						
□Weight □Sleep Patterr		□Health	Development	□Behavior	□Social Interactions	□Speech
If yes, explain:						
Has the child ever been referre	od to or ovaluated by	the school system	m or other facility fo	r special adjusatio	on speech infant aducati	on or
www.aahaalaawuiaaa?	\Box Yes \Box No Whe		Where?		Outcome:	01, 01
Does he/she have an IFSP, IEP			·	□No		
Dues ne/sne nave an irse, ier	, or is neysile currently	y receiving servic				
Alternate Contact (if pa	rent/auardian can't h	e reached)				
		c i cuciicuj				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		st	Phone	Number	Relationship
First	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	La	st	Phone	Number	Relationship
First		Las				
First Other than service workers, h	iow many people can	La: you call on to he				
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2021-2022 VPI INCOME VERIFICATION FORM

Child's Name:	Child's DOB:		School:				
CONFIDENTIAL INFORMATION Include total <u>gross</u> 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:	□ 2020 W-2 Form □ 2020 Tax Form	Pay Stubs SSI Verification	SNAP VerificationTANF Verification	 Employer Letter Child Support 			
□ Other Sources:							
Frequency of Pay If submitting pay stubs, please inclu	ide the number of pay stub	os needed below.					
I get paid: Weekly (4 paystubs) Other:	Every 2 Weeks (3 pay stubs) —	2X a month (3 pay stubs)	□ Monthly (2 pay stubs)	🗆 Yearly			
(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, cur				🗆 No			
Do you have any other forms of income Please describe and provide documenta		ient, such as rental income, 1	trust fund, etc.? 🛛 Yes	🗆 No			
#2 Parent/Guardian Name:							
***Verification Documentation Included:	 2020 W-2 Form 2020 Tax Form 	 Pay Stubs SSI Verification 	 SNAP Verification TANF Verification 	Employer LetterChild Support			
□ Other Sources:							
<u>Frequency of Pay</u> If submitting pay stubs , please inclu	de the number of pay stub	os needed below.					
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(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, cur				🗆 No			
Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.? I Yes I No Please describe and provide documentation (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 disgualify</u> my child from being considered for a preschool program.							
Signature of Parent/Guardian (I	Required for Consideration	n) Relationsh	ip to Child	Date			
STAFF VERIFICATION: I verify that I have examined ALL information provided by the family.							
Income Verified By:	(Staff Memb						
(Please print)		(Please sig	;n)	(Date)			