

Charlottesville/Albemarle Area Preschool Programs

Application and Information for School Year 2020-2021



Dear Parents/Guardians,

Thank you for your interest in Charlottesville/Albemarle Area 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?	
<p>City of Charlottesville</p> <p>Charlottesville City School Preschool Program</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>	<p>Albemarle County</p> <p>Bright Stars Preschool Program</p> <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>MACAA Head Start</p> <p>MACAA Head Start Preschool Program</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 Charlottesville City School Preschool Program, Bright Stars Preschool 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;">Your child's application will NOT be processed until all documents are received.</p>

Where do I submit my child's application?	
<p>City of Charlottesville</p> <p>Charlottesville City School Preschool Program</p> <p>Division Annex at Charlottesville High School 1400 Melbourne Rd Charlottesville, VA 22901</p> <p style="text-align: center;">OR</p> <p>Any CCS Elementary School</p> <p>Sheila Sparks Coordinator of Preschool and Family Support (434) 245-2797</p>	<p>Albemarle County</p> <p>Bright Stars Preschool Program</p> <p>Albemarle County Department of Social Services 1600 5th Street, Suite A Charlottesville, VA 22902</p> <p style="text-align: center;">OR</p> <p>Any ACPS Elementary School</p> <p>Carol Fox Bright Stars Program Coordinator (434) 972-4010 ext. 3332</p>
<p>MACAA Head Start</p> <p>MACAA Head Start Preschool Program</p> <p>1025 Park Street Charlottesville, VA 22901</p> <p>Lina Abril Head Start Program Coordinator (434) 295-3171 ext. 3008</p>	

Important Dates	
<p>City of Charlottesville and MACAA Head Start</p> <p>Submit the application and <i>all required documentation</i> by the priority processing date of <u>March 1st</u>.</p> <p>4-year-olds will be notified in April</p> <p>3-year-olds will be notified in May</p>	<p>Albemarle County and MACAA Head Start</p> <p>Submit the application and <i>all required documentation</i> by the processing date of <u>April 15th</u>.</p> <p>Families will be notified regarding placement decisions the first week of May.</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>CCS Early Childhood Special Education Department (434) 245-2405</p>	<p>ACPS Early Childhood Special Education Department (434) 296-5885</p>

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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
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"/> 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				
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"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adoptive/Step Parent
<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
Contact Information		E-mail Address	Permission to Text/Email	
Home Phone: _____		_____ @ _____	<input type="checkbox"/> Yes	
Cell Phone: _____			<input type="checkbox"/> No	
Work Phone: _____				
Living Address <i>*Proof of residency is required*</i>		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"/>	<input type="checkbox"/> Deceased	<input type="checkbox"/> Single parent family
<input type="checkbox"/>	<input type="checkbox"/> Incarceration <input type="checkbox"/> Currently <input type="checkbox"/> Previously	<input type="checkbox"/> Child's parents are separated/divorced
<input type="checkbox"/>	<input type="checkbox"/> Absent from the home <small>long-term hospitalization, military service, or other: _____</small>	<input type="checkbox"/> Limited reading skills in primary language
<input type="checkbox"/>	<input type="checkbox"/> Victim of violence	<input type="checkbox"/> Teen mother or father (under 19 yrs. of age)
<input type="checkbox"/>	<input type="checkbox"/> Mental health concerns	<input type="checkbox"/> Long-term or chronic illness
<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

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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 Charlottesville/Albemarle Area 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 Charlottesville City School Preschool Program or Bright Stars Preschool Program.



