Dear Families,

Thank you for your interest in the Charlottesville/Albemarle preschool programs. Our goal is to provide comprehensive early childhood experiences for students with risk factors that may present challenges for future academic success. Initial application review for placement occurs from February to May for the 2022-23 school year. Applications are accepted year-round. Information will be handled confidentially.

Please be sure to complete this form in its entirety.

**Please retain this sheet for your information. Do not submit this page with your child’s application!**

### What public preschool programs are available?

<table>
<thead>
<tr>
<th>City of Charlottesville</th>
<th>Albemarle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlottesville City School Preschool Program</td>
<td>Bright Stars Preschool Program</td>
</tr>
<tr>
<td>(3- and 4-year-old children)</td>
<td>(4-year-old children)</td>
</tr>
<tr>
<td><em>Children must be 3 or 4 by September 30th</em></td>
<td><em>Children must be 4 by September 30th</em></td>
</tr>
</tbody>
</table>

**MACAA Head Start**

<table>
<thead>
<tr>
<th>MACAA Head Start Preschool Program</th>
<th>United Way of Greater Charlottesville</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3- and 4-year-old children)</td>
<td>(Charlottesville &amp; Albemarle)</td>
</tr>
<tr>
<td><em>Children must be 3 or 4 by September 30th</em></td>
<td></td>
</tr>
</tbody>
</table>

### How do I apply for public preschool programs for my child?

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 all documents are received.

### How do I submit my child’s application?

**Application can be found online at Go2Grow.com**

**Paper applications may be submitted to any elementary school or:**

<table>
<thead>
<tr>
<th>City of Charlottesville</th>
<th>Albemarle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlottesville City School Preschool Program</td>
<td>Bright Stars Preschool Program</td>
</tr>
<tr>
<td>Division Annex at Charlottesville High School</td>
<td>Albemarle County Dept. of Social Services</td>
</tr>
<tr>
<td>1400 Melbourne Rd</td>
<td>1600 5th St, Suite A</td>
</tr>
<tr>
<td>Charlottesville, Virginia 22901</td>
<td>Charlottesville, Virginia 22902</td>
</tr>
<tr>
<td>Sheila Sparks, Preschool Coordinator</td>
<td>Carol Fox, Program Coordinator</td>
</tr>
<tr>
<td><em>Phone: (434) 245-2797 Email: <a href="mailto:sparkss1@charlottesvilleschools.org">sparkss1@charlottesvilleschools.org</a></em></td>
<td><em>Phone: (434) 972-4010 ext. 3332 Email: <a href="mailto:cfox@albemarle.org">cfox@albemarle.org</a></em></td>
</tr>
</tbody>
</table>

**MACAA Head Start** (Charlottesville & Albemarle)

<table>
<thead>
<tr>
<th>MACAA Head Start Preschool Program</th>
<th>Go2Grow.com</th>
</tr>
</thead>
<tbody>
<tr>
<td>1025 Park St</td>
<td></td>
</tr>
<tr>
<td>Charlottesville, Virginia 22901</td>
<td></td>
</tr>
<tr>
<td>Lina Abril, Enrollment Coordinator</td>
<td></td>
</tr>
<tr>
<td><em>Phone: (434) 295-3171 ext. 3008 Email: <a href="mailto:imontoya@macaa.org">imontoya@macaa.org</a></em></td>
<td></td>
</tr>
</tbody>
</table>

**United Way of Greater Charlottesville**

| (Charlottesville & Albemarle)                     |                                          |
| 806 E High St                                   |                                          |
| Charlottesville, Virginia 22902                  |                                          |
| Rebecca Martin, Navigator                       |                                          |
| *Phone: (434) 459-0506 Email: go2grow@unitedwaycville.org* |                                          |

### Important Dates

<table>
<thead>
<tr>
<th>City of Charlottesville and MACAA Head Start</th>
<th>Albemarle County and MACAA Head Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families will begin to be notified after May 1st.</td>
<td>Families will begin to be notified after May 1st.</td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>Charlottesville City Schools Special Education Department</th>
<th>Albemarle County Public Schools Special Education Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>(434) 245-2405</td>
<td>(434) 296-5885</td>
</tr>
</tbody>
</table>
This page intentionally left blank.
**Program Selection**

Please select all programs you are interested in:

- ☐ MACAA Head Start (Charlottesville City and Albemarle County residents)
- ☐ Charlottesville City Preschool (Charlottesville City residents only)
- ☐ Albemarle Bright Stars (Albemarle County residents only)
- ☐ Other: ______________________________

If it is determined that you are not eligible for, or there is no space in your first program of choice, would you like to learn about other program options that are available?

- Yes
- No

Please visit virginiaquality.com or childcareva.com for additional information about providers within your city or county of residence.

---

**Child-Applicant**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthdate</th>
<th>Gender</th>
</tr>
</thead>
</table>

- **Race (select all that apply)**
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

- **Ethnicity**
  - Hispanic or Latino
  - Not Hispanic or Latino

- **English Proficiency**
  - None
  - Little
  - Moderate
  - Proficient

- **Primary Language**
  - English
  - Other

- **Other Language Proficiency**
  - Language: __________

---

**Parent/Guardian-1**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthdate</th>
<th>Gender</th>
</tr>
</thead>
</table>

- **Living Address**
  - City
  - State
  - Zip Code
  - County

- **Mailing Address (if different from above)**
  - City
  - State
  - Zip Code
  - County

- **Phone Number(s) [please * by your preferred method of communication]**
  - Cell: ______________
  - Home: ______________
  - Work/Other: __________ Ext: __________

- **Additional Contact Information**
  - Email: ______________________________
  - Best time to reach you: __________________________

- **Permission to text?**
  - Yes
  - No

---

- **Race (please select all that apply)**
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

- **Ethnicity**
  - Hispanic or Latino
  - Not Hispanic or Latino

- **English Proficiency**
  - None
  - Little
  - Moderate
  - Proficient

- **Primary Language**
  - English
  - Other

- **Other Language Proficiency**
  - Language: __________

---

**Highest Level of Education**

| Level | | Employment Status | | Relationship to Child |
|-------|-----------------|------------------|-----------------|
| < Grade 9 | | Full-time | | Biological/Adoptive/Stepparent |
| Grade 10 | | Part-Time | | Grandparent |
| Grade 11 | | Seasonal | | Foster parent |
| Grade 12 | | Unemployed | | Other relative: |

- **Degree**
  - High School Diploma
  - Other/Vocational School
  - Associate Degree
  - Bachelor’s Degree
  - GED

---

**Check all that apply (for Parent/Guardian-1)**

- Child lives with parent/guardian-1
- Parent/Guardian provides financial support
- Parent/Guardian was a teen parent (under 19 years of age)
- Parent/Guardian is separated/divorced
- Parent/Guardian has long-term/chronic illness
- Parent/Guardian has a disability
- Parent/Guardian has mental health concerns
- Parent/Guardian has a history of substance abuse
- Parent/Guardian is deceased
- Parent/Guardian is a victim of violence
- Parent/Guardian is proficient in reading and writing in primary language

- **Active-Duty Military**
  - Yes
  - No

- **Incarcerated**
  - Yes
  - No

---

**Date:**

Page 3 of 7
**Parent/Guardian-2**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthdate</th>
<th>Gender</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Living Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different from above)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

### Phone Number(s) [please * by your preferred method of communication]

<table>
<thead>
<tr>
<th>Cell</th>
<th>Home</th>
<th>Work/Other</th>
<th>Additional Contact Information</th>
<th>Permission to text?</th>
</tr>
</thead>
</table>

### Alternate Contact(s) if Parent/Guardian Cannot Be Reached

**Contact-1 Name (first and last)**

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Release To</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>

**Phone Number(s)**

<table>
<thead>
<tr>
<th>Cell</th>
<th>Home</th>
<th>Work/Other</th>
</tr>
</thead>
</table>

**Contact-2 Name (first and last)**

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Release To</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Phone Number(s)**

<table>
<thead>
<tr>
<th>Cell</th>
<th>Home</th>
<th>Work/Other</th>
</tr>
</thead>
</table>

### Additional people authorized to pick up child (list below)

<table>
<thead>
<tr>
<th>Person(s) not authorized to pick up child (list below)</th>
</tr>
</thead>
</table>

---

**Note:**

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.
## Family Members Living in the Home
(if more space is needed, please list additional family members on another page)

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Age</th>
<th>If school age, what school do they attend?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

## Child & Family Information

**CHILD (check all that apply and provide any explanation(s) in the space provided)**

- [ ] Child has no contact with one or both parents
- [ ] Child does not live with his/her parents
- [ ] Child or sibling(s) have been removed from the home
- [ ] Child is/was in foster care
- [ ] Child is an English Language Learner
- [ ] Child has been abused (physically, sexually, and/or emotionally)
- [ ] Child or sibling(s) have a medical condition and/or allergies
- [ ] Child uses a medical device (ex. glasses, hearing aid(s), wheel chair, etc.)
- [ ] Child has a suspected or identified disability
- [ ] Child is not potty-trained (not required for acceptance into program(s))
- [ ] Child does not have a pediatrician and/or dentist
- [ ] Child was born before 37-weeks
- [ ] Child weighed less than 5 lbs. at birth
- [ ] Safety plan/Protective order is/was in place
- [ ] Child has had Child Protective Services involvement
- [ ] A court order custody agreement is in place (if yes, a copy will need to be provided)

Please provide any additional details in the space below:

## HOUSEHOLD (check all that apply)

**Housing**

- [ ] Family is currently experiencing homelessness
- [ ] Family is living in temporary housing
- [ ] Housing concerns (overcrowded, needs major repairs, lack of heat, etc.)
- [ ] Family has moved 2 or more times in the past 3 years

**Nutrition**

- [ ] Family is receiving SNAP
- [ ] Family is receiving WIC
- [ ] Family has nutritional needs

**Other**

- [ ] Domestic violence in the home
- [ ] No driver’s license holder in the household
- [ ] Household member has mental health concerns
- [ ] Sibling(s) in home has a disability
- [ ] Sibling(s) in home has learning challenges
- [ ] Sibling(s) in home has behavioral concerns

Is your child currently enrolled in a child care/preschool?  [ ] Yes  [ ] No  If yes, where is your child currently enrolled?  _____________________________________________

Does your family receive child care subsidy/assistance?  [ ] Yes  [ ] No  Would you like more information about applying for child care subsidy?  [ ] Yes  [ ] No

Would you like assistance developing an after-school plan?  [ ] Yes  [ ] No

If your child is selected for one of the three public programs, what are your after-school plans?  ____________________________________________________________

Do you have concerns about your child in the following areas? (check all that apply)

- [ ] Weight
- [ ] Sleep patterns
- [ ] Eating habits
- [ ] Health
- [ ] Development
- [ ] Behavior
- [ ] Social interaction
- [ ] Speech

Please provide any additional details in the space below:

Has your child ever been referred to or evaluated by the school system or other facility for special education, speech, Early Intervention, or other preschool services?

- [ ] Yes  [ ] No  If yes, where?  ____________________________ When?  ________ Outcome?  __________

Does he/she have an IFSP or IEP or are they currently receiving service?  [ ] Yes  [ ] No  (If yes, please attach)

Other than service workers, how many people can you call on to help with your child in the event of an emergency?  [ ] 0  [ ] 1  [ ] 2  [ ] 3+
Is there anything else you would like us to know about your child?

Is there anything else you would like us to know about your family?

Has your child or your family been negatively impacted by COVID-19? Please explain.

* If you have more than one child applying for services, please complete a separate copy of this form for each applicant.

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

I certify that all the above information is true and correct, and that all income is reported. I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that if my child is accepted into a program, 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. I understand that this application will serve to meet the needs of my family through available public and/or private providers and based on my eligibility will support my family in securing child care/preschool services for my child. All personal information will be handled respectfully and confidentially. Signature of parent guardian is required for eligibility determination.

Signature of Parent/Guardian: _________________________________________________________  Date Signed: __________________________

* go2grow

Central Virginia's Guide to Early Care & Learning

Please complete the next page if you are applying for Charlottesville City School Preschool Program or Bright Stars Preschool Program.

Turn Page Over
## 2022-2023 Income Verification Form for Charlottesville City Preschool and Albemarle County Bright Stars

### Required Documentation & Income Verification - Parent Guardian 1

The following documents are required to determine program eligibility. Applications will not be processed until all required documents are submitted. Please check each box below for all documentation attached to this application.

- Proof of Residency (current deed or lease, or utility bill such as electric, cable, land line phone, or water)
- Income Verification for any financially contributing adult in the household
  - 2021 Income Tax Return(s) 1040
  - 2021 W-2
  - Current and Consecutive Pay Stubs
    - I get paid: □ weekly (4 pay stubs) □ every two weeks (3 pay stubs) □ 2x per month (3 pay stubs) □ monthly (2 pay stubs) □ yearly (1 pay stub)
  - Employer Letter
  - Rents and Royalties
  - Pension/Retirement Income Payments
  - SSI Award Letter
  - Alimony
- Other:

Are you currently working for the same employer as documented on the W-2/tax form/pay stubs? □ Yes □ No

### Required Documentation & Income Verification - Parent Guardian 2

The following documents are required to determine program eligibility. Applications will not be processed until all required documents are submitted. Please check each box below for all documentation attached to this application.

- Proof of Residency (current deed or lease, or utility bill such as electric, cable, land line phone, or water)
- Income Verification for any financially contributing adult in the household
  - 2021 Income Tax Return(s) 1040
  - 2021 W-2
  - Current and Consecutive Pay Stubs
    - I get paid: □ weekly (4 pay stubs) □ every two weeks (3 pay stubs) □ 2x per month (3 pay stubs) □ monthly (2 pay stubs) □ yearly (1 pay stub)
  - Employer Letter
  - Rents and Royalties
  - Pension/Retirement Income Payments
  - SSI Award Letter
  - Alimony
- Other:

Are you currently working for the same employer as documented on the W-2/tax form/pay stubs? □ Yes □ No

### The following documents are required to register your child in all schools/programs. Please check each box if documentation is attached.

- Birth Certificate
- Current Physical (must be dated within a year of the first day of school)
- Current Immunization Records
- Other
- I would like assistance collecting the required documents listed above.

### Number of People in Household

<table>
<thead>
<tr>
<th></th>
<th>Number of People in Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

### Parent/Guardian 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.

Parent/Guardian Signature: ___________________________ Date: ______________________

### Staff Verification (Staff Use Only)

I verify that I have received all documents listed indicated above.

Staff Name: ___________________________ Staff Signature: ___________________________

### Staff Notes:

<table>
<thead>
<tr>
<th>Total Income:</th>
<th># in Household:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# FPL:

Meets Income Guidelines: □ Yes □ No