



Many of the programs served through this application are income-based and needs-based programs. Your information is kept confidential. As part of our commitment to helping you find childcare that fits your family's needs, your application may be shared with other related programs for which you may be eligible. If you need help filling out this application, please email help@go2grow.org or call 434-326-5396.

Application is for the (select one):

- 2024-25 School Year
- 2025-26 School Year

I am applying for the following programs (please rank 1st, 2nd, and 3rd choice):

- _____ Albemarle County Public Preschool Program (4-year-olds)
- _____ Charlottesville City School Preschool Program (3-4-year-olds)
- _____ Head Start (3-5-year-olds)
- _____ Mixed Delivery through UWGC (0-5-year-olds)
- _____ Early Learners Scholarship (0-5-year-olds)

***Answer required to process application**

Primary parent/guardian information:

This person will serve as the primary point of contact for this application.

First Name *		Last Name *		Suffix
Email Address *			Mobile Phone Number *	Primary Other Phone
Primary Home Address *			Primary Parent/Guardian's Date of Birth *	
City *			State *	Zip Code *

- I want to receive communication by text message to the mobile number provided above.

Child information:

First Name *	Middle Name *	Last Name *
Birth Month *	Birth Day *	Birth Year *

If your child will be 5 on or before September 30 of the attending year, have you determined that your child is not yet ready for kindergarten and received an exception from an early care & education program stating that your child is not ready for kindergarten? *

- Yes
- No
- Not applicable, my child will not be 5 before September 30

The following questions are about the primary parent/guardian:

<p>Gender *</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose 	<p>Race (Check all that apply.) *</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White 	<p>Hispanic/Latino *</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Primary Language at Home * <input type="checkbox"/> American Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Swahili <input type="checkbox"/> Dari <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pashto		English Proficiency * <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Relationship to Child * <input type="checkbox"/> Biological/Adopted/Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____	Legal Guardian * <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody of Child * <input type="checkbox"/> Yes <input type="checkbox"/> No

Highest Education Completed * <input type="checkbox"/> Did not complete high school <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some college or advanced training <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree	What is the primary parent/guardian's employment status? (Check all that apply.) * <input type="checkbox"/> Employed – Full time <input type="checkbox"/> Training or school <input type="checkbox"/> Employed – Part time <input type="checkbox"/> Disabled <input type="checkbox"/> Employed – Seasonal <input type="checkbox"/> Seeking employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay-at-home parent <input type="checkbox"/> Employed – Full time & training <input type="checkbox"/> Retired <input type="checkbox"/> Employed – Part time & training Place of Employment: _____
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Is there another parent/guardian in the family? * Yes No

Only include adults who are legal parents/guardians to the child applicant through biological relations, marriage, or adoption. This secondary adult does not need to reside in the same home. Information regarding adults who contribute to the household but are not legal parents/guardians will be entered later. Appropriate paperwork such as custody papers must be attached if a legal parent/guardian is not allowed to pick up the child.

Secondary parent/guardian information:

First Name	Last Name	Suffix
Email Address	Mobile Phone Number	Secondary Other Phone
Home Address	Secondary Parent/Guardian's Date of Birth	
City	State	Zip Code

The next set of questions are about the secondary parent/guardian:

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	Race (Check all that apply.) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
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Spoken Language <input type="checkbox"/> American Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Swahili <input type="checkbox"/> Dari <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pashto	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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<p style="text-align: center;">Relationship to Child</p> <input type="checkbox"/> Biological/Adopted/Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____	<p style="text-align: center;">Legal Guardian</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;">Custody of Child</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all that apply to the secondary parent/guardian:</p> <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Not applicable	<p>Highest Education Completed</p> <input type="checkbox"/> Did not complete high school <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some college or advanced training <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree	<p>What is the secondary parent/guardian's employment status? (Check all that apply.)</p> <input type="checkbox"/> Employed – Full time <input type="checkbox"/> Employed – Part time <input type="checkbox"/> Employed – Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed – Full time & training <input type="checkbox"/> Employed – Part time & training <input type="checkbox"/> Training or School <input type="checkbox"/> Disabled <input type="checkbox"/> Seeking employment <input type="checkbox"/> Stay-at-home parent <input type="checkbox"/> Retired <p>Place of employment: _____</p>

The next set of questions are about either parent/guardian:

<p>Please check all that apply: *</p> <input type="checkbox"/> At least one parent/guardian has a disability. <input type="checkbox"/> At least one parent/guardian has a mental health concern. <input type="checkbox"/> At least one parent/guardian has a chronic health concern. <input type="checkbox"/> At least one parent/guardian has a learning challenge. <input type="checkbox"/> At least one parent/guardian is experiencing substance abuse. <input type="checkbox"/> None of the above	<p>Please check all that apply: *</p> <input type="checkbox"/> At least one parent/guardian is a veteran of the United States military. <input type="checkbox"/> At least one parent/guardian is an active-duty member of the United States military. <input type="checkbox"/> At least one parent/guardian is actively deployed to a combat zone. <input type="checkbox"/> None of the above	
<p>Is either parent/guardian a migrant worker? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Has either parent or guardian moved to the United States within the last three years? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is either parent/guardian incarcerated? *</p> <input type="checkbox"/> Parent(s)/Guardian(s) is/are incarcerated. <input type="checkbox"/> Parent(s)/Guardian(s) has/have been incarcerated in the past. <input type="checkbox"/> A household member has been incarcerated. <input type="checkbox"/> A household member is currently incarcerated. <input type="checkbox"/> None of the above

<p>Check all that apply: *</p> <input type="checkbox"/> The child has been exposed to domestic abuse/violence. <input type="checkbox"/> The child has had CPS involvement. <input type="checkbox"/> The child is currently experiencing domestic abuse/violence. <input type="checkbox"/> The child currently has CPS involvement. <input type="checkbox"/> None of the above	<p>Is either parent/guardian deceased? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Please select all benefits your family is currently receiving: *</p> <input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> Child Care Subsidy <input type="checkbox"/> VA View <input type="checkbox"/> WIC <input type="checkbox"/> SSI <input type="checkbox"/> None <input type="checkbox"/> Other: _____
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<p>Check all that apply to your family: *</p> <input type="checkbox"/> We are currently experiencing homelessness. <input type="checkbox"/> We share our living space with other person(s). <input type="checkbox"/> We have moved more than twice in 3 years. <input type="checkbox"/> We have moved twice or more in 1 year. <input type="checkbox"/> We are currently living in temporary/transitional housing.		<input type="checkbox"/> We live/have lived in a refugee camp. <input type="checkbox"/> We live/have lived in a campground/motel/shelter. <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____	
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Check all that apply to your housing situation: *

- We are overcrowded.
 We are having trouble paying utilities and/or rent.
 Our home is in need of major repairs.
 None of the above

Check all that apply to your family's transportation needs: *

- I/We do not have reliable transportation.
 Transportation is a barrier to my family getting my child to and from school.
 I/We do not have a driver's license.
 I/We work longer hours than the typical school day (7:30-2:30).
 Transportation is not an issue.
- Please explain why transportation is a barrier:

How many adults live in the home? * _____ What is the total number of people in the household? * _____
 How many children live in the home? * _____ What is the estimated annual household Income (from all sources before any deductions)? * _____

Please fill out the following information for ALL members of the child's household (including parents/guardians and child): *

Name of Household Member *	Date of Birth *	Does this household member's income contribute to the child's well-being? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member *	Date of Birth *	Does this household member's income contribute to the child's well-being? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No

Alternate Contact (in the event parent/guardian(s) cannot be reached):

Alternate Contact Name *	Alternate Contact Phone Number *	Alternate Contact Email Address
Alternate Contact Relationship to child: * <input type="checkbox"/> Biological/Adopted/Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other relative <input type="checkbox"/> Other: _____		

The following questions are about the child's household:

Select all that apply: * <input type="checkbox"/> Single parent/guardian <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Living together, not married <input type="checkbox"/> No contact with one/both parents	Select all that apply: * <input type="checkbox"/> Either parent was younger than 20 when the child they are applying for was born. <input type="checkbox"/> Either parent was younger than 20 when their first child was born. <input type="checkbox"/> Both parents were 20 or older when their first child was born. <input type="checkbox"/> Age of parent(s) when first child was born is unknown.
Were you referred to go2grow? * <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom? _____	How did you hear about go2grow? * <input type="checkbox"/> Flyers <input type="checkbox"/> Yard Sign <input type="checkbox"/> Banners <input type="checkbox"/> Social media (Facebook/Instagram) <input type="checkbox"/> Radio/TV <input type="checkbox"/> Family/Friend <input type="checkbox"/> School Referral <input type="checkbox"/> In-person Event <input type="checkbox"/> I already knew about the program <input type="checkbox"/> Other _____

The following questions are about the child applicant:

<p style="text-align: center;">Gender *</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	<p style="text-align: center;">Race (Check all that apply.) *</p> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	<p style="text-align: center;">Hispanic/Latino *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p style="text-align: center;">Primary Language at Home *</p> <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Dari <input type="checkbox"/> English <input type="checkbox"/> Pashto	<p style="text-align: center;">English Proficiency *</p> <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Mandarin <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not applicable/not yet verbal	<input type="checkbox"/> Not yet verbal <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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<p>Was the child born premature (before 37 weeks) or a high-risk pregnancy? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did the child weigh less than 5 lbs. at birth? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Was the child impacted by drugs and/or alcohol during pregnancy? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Has the child attended a formal early childhood care or education program? *</p> <input type="checkbox"/> Yes Please list: _____ <input type="checkbox"/> No	<p>Was the child on a waitlist for the previous school year? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the child a sibling of a former/current participant in one of the following programs? (Check all that apply.) *</p> <input type="checkbox"/> Head Start <input type="checkbox"/> Public School Division <input type="checkbox"/> Mixed Delivery <input type="checkbox"/> None of the above <input type="checkbox"/> Preschool
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Check all that apply: *

- Child/applicant has an IEP/IFSP from a school division or infant toddler program and receives services.
- Child/applicant has a medically diagnosed disability or impairment (i.e. from a doctor or specialist).
- Child/applicant receives services outside of a school division or infant toddler program.
- Child/applicant is being evaluated for special education services.
- None of the above

If applicable, describe the disability and/or services and what areas of development are affected.

Do you have any developmental concerns about your child? * Yes No

Please describe your developmental concerns.			
<p>Does the child have a sibling who is experiencing behavioral, social, and/or academic challenges? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the child (select all that apply): *</p> <input type="checkbox"/> Currently in foster care <input type="checkbox"/> Previously in foster care <input type="checkbox"/> Currently in kinship care <input type="checkbox"/> Being raised by non-relatives or non-biological parent/guardian <input type="checkbox"/> None of the above	<p>Is the child in counseling? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Is the child toilet trained? (Not a requirement.) *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the child a victim of abuse/neglect? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does the child have chronic health concerns or terminal illness and/or diagnoses, or severe allergy? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, please explain.</p>

Check all that apply to the child applicant's health insurance: *

- | | |
|---|--|
| <input type="checkbox"/> Children's Health Insurance Program (CHIP) | <input type="checkbox"/> Private health insurance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> State-only funded insurance |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Other: _____ |

What elementary school will your child attend for kindergarten? _____

Is there anything else you want to tell us about your child or their application? (Optional)

By signing below, I understand the information shared is kept private and safe. Federal law prohibits discrimination on the basis of race, color, religion, sex, national origin, disability, or age.

I agree that all shared information and income reported is true. Giving false information may lead to my child's application being denied. I agree to tell my program if any information changes.

I agree with my application being shared with partnering go2grow programs. My information may be used to support early education efforts in Ready Region Blue Ridge.

_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
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Proxy Attestation

(To be completed if the application was filled out by an adult who is NOT a parent or guardian.)

I am signing this attestation to confirm that I have acted as a proxy for the family applying through this application. I affirm that I have done so with their full consent and in accordance with their wishes. My signature below certifies that all the information provided is true and correct to the best of my knowledge, and that I have reviewed the family attestation above with the applicant family.

_____ Proxy Printed Name	_____ Proxy Phone Number	_____ Proxy Organization, if applicable
_____ Proxy Signature	_____ Date	

Please submit copies of the following documents with the application to determine eligibility:

- Proof of income (Ex. Current tax returns, SNAP letter, W-2s, paystubs or a letter from an employer, child support documentation)
 - o NOTE: This is REQUIRED for your application to be fully processed by public school preschool programs, Early Head Start, Head Start, the Early Learners Preschool Scholarship, and Mixed Delivery programs. Programs may require additional documentation and/or more than one form of documentation.
- Proof of address (Ex. Copy of current lease, proof of homeownership, or current utility bill (with service or premise address listed), such as your bill for gas, water, or cable)
 - o NOTE: This documentation is required to be accepted into certain programs and may delay your application if not included.
- Child's Birth Certificate or Proof of Birth Letter
 - o NOTE: This documentation is required to be accepted into certain programs and may delay your application is not included.
- Copy of primary adult's photo ID

The following documents are not required for eligibility but are required prior to enrollment.

- Child's School Health Entrance Form (signed by physician)
- Child's current immunization record (signed by physician)
- Any additional relevant documents (Ex. Custody order, court order, protective orders, IEP or IFSP documentation, referrals, etc.)