go2grow.org
A READY REGION BLUE RIDGE INITIATIVE

Required Documents for Application

- Proof of Income
  - Public School Preschool Programs (VPI)
    - Please provide proof of income for each legal guardian who financially contributes to the well-being of the child.
  - Head Start, Early Head Start, Mixed Delivery Programs, and/or Early Learners Scholarship
    - Please provide proof of income for all legal guardians who live in the same household as the child.
  - Preferred documents:
    - 2025 Tax Return or 2025 W2 Forms OR
    - Pay Stubs (must be consecutive)
      - Paid weekly: 4 pay stubs
      - Paid every two weeks: 3 pay stubs
      - Paid two times a month: 3 pay stubs
      - Paid monthly: 2 pay stubs
    - IF YOU DO NOT HAVE THESE DOCUMENTS, please work with the director of the program to complete the correct forms needed to verify income.
      - Programs can accept a letter or contract from the employer stating earnings.
      - If you have no income, you can complete a "No-Income Form" for some programs.
    - Documents needed to support other sources of income (SSI, TANF, and/or SNAP verification, child support/alimony, social security benefits, unemployment benefits, military allowances)
- Proof of address (One document from each list required for Head Start, Early Head Start, and Public School Preschool Programs, Early Learners Scholarship)

List A (1 required)	List B (1 required)
Property Deed	Paid Tax Receipt
Mortgage Statement	Utility Bill (within the last 2 months)
Signed Lease Agreement	Utility Hookup Notice
Home Sale Agreement	Homeowner's/Renter's Insurance
Shared Housing Affidavit/Letter	Recent Payroll Stub with address
	Motor Vehicle Registration

  - NOTE: This documentation is required to be accepted into certain programs and may delay your application if not included. Work with your program to get the Shared Housing Affidavit/Letter if needed.
- Child's Birth Certificate or Proof of Birth Letter
  - NOTE: This documentation is required to be accepted into certain programs and may delay your application if not included.
- Copy of primary adult's ID
- Custody records, IEP/IFSP documentation, or disability information, if applicable

go2grow.org

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Many of the programs served through this application are income- and needs-based. 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. Submitting this application does **not** guarantee placement or enrollment in any program. **If you need help filling out this application, please email help@go2grow.org or call 434-326-5396.**

Application is for the (select one):

- ☐ 2025-26 School Year
- ☐ 2026-27 School Year

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

- _____ Albemarle County Public Schools Preschool Programs (3-4-year-olds)
- _____ Charlottesville City Public Schools Preschool Programs (3-4-year-olds)
- _____ Nelson County Public Schools Preschool Programs (4-year-olds)
- _____ Mixed Delivery through UWGC (0-4-year-olds)
- _____ Early Head Start (0-2-year-olds)
- _____ Head Start (3-4-year-olds)
- _____ Early Learners Scholarship through UWGC (0-4-year-olds)

*Answer required to process application

Primary parent/guardian information:

The Primary Guardian is who we'll reach out to about this application and must be the child's legal guardian or have custody.
This information will be used to create your account on SchoolMint, our Go2Grow application system. You will receive an email once your information is entered in the system.

First Name *	Last Name *	Suffix
Email Address *	Mobile Phone Number *	Primary Other Phone

☐ 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 *
Grade Applying For: * ☐ 4-Year-old ☐ 1-Year-old ☐ 3-Year-old ☐ 0-Year-old ☐ 2-Year-old	Primary Home Address *	
City *	State *	Zip Code *
Gender * ☐ Female ☐ Male ☐ Prefer not to disclose ☐ Other: _____	Race (Check all that apply.) * ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other: _____	Hispanic/Latino * ☐ Yes ☐ No

Primary Parent/Guardian Information:

Birth Month * | Birth Day * | Birth Year *

Does this parent/guardian live at the student's physical address? * ☐ Yes ☐ No

If no, please provide address here:

Gender *
- ☐ Female
- ☐ Male
- ☐ Prefer not to disclose
- ☐ Other: _____

Relationship to Child Applicant*
- ☐ Biological/Adopted/Step Parent
- ☐ Grandparent
- ☐ Other Relative
- ☐ Foster Parent
- ☐ Other: _____

Legal Guardian *
- ☐ Yes
- ☐ No

Custody of Child *
- ☐ Yes
- ☐ No

Highest Education Completed *
- ☐ Did not complete high school
- ☐ Currently attending high school
- ☐ GED
- ☐ High School Graduate
- ☐ Some college or advanced training
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate Degree

Employment Status (Check all that apply.) *
- ☐ Employed Full Time
  Place of Employment: _____
  _____
- ☐ Employed Part Time
- ☐ Employed Seasonally
- ☐ Unemployed
- ☐ Employed Full Time and Training
- ☐ Employed Part Time and Training
- ☐ Training or School
- ☐ Disabled
- ☐ Seeking Employment
- ☐ Stay-at-home Parent
- ☐ Retired

Race (Check all that apply.) *
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other: _____

Hispanic/Latino *
- ☐ Yes
- ☐ No

Primary Language *
- ☐ American Sign Language
- ☐ Arabic
- ☐ Dari
- ☐ English
- ☐ Mandarin
- ☐ Pashto
- ☐ Spanish
- ☐ Swahili
- ☐ Other: _____

If English is not your primary language, do you speak English? *
- ☐ Yes
- ☐ No
- ☐ Just a little

Is there a second legal parent/guardian to this child? *
- ☐ 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.

Are either of the child applicant's parent(s)/guardian(s) deceased? *
- ☐ Yes
- ☐ No

Secondary Parent/Guardian Information:

First Name * | Last Name * | Suffix

Gender *
- ☐ Female
- ☐ Male
- ☐ Prefer not to disclose
- ☐ Other: _____

Race (Check all that apply.) *
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other: _____

Hispanic/Latino *
- ☐ Yes
- ☐ No

Primary Language *
- ☐ American Sign Language
- ☐ Arabic
- ☐ Dari
- ☐ English
- ☐ Mandarin
- ☐ Pashto
- ☐ Spanish
- ☐ Swahili
- ☐ Other: _____

If English is not their primary language, does the Secondary Parent speak English?
☐ Yes. ☐ No. ☐ Just a little

Date of Birth (mm/dd/yyyy) *

Email Address * | Mobile Phone Number * | Primary Other Phone

Primary Home Address if you DO NOT live with the child applicant * | City * | State * | Zip Code *

Relationship to Child Applicant*

- ☐ Biological/Adopted/Step Parent
- ☐ Grandparent
- ☐ Other Relative
- ☐ Foster Parent
- ☐ Other: _____

Does the Secondary Parent contribute financially to the child's well-being?

☐ Yes ☐ No

Highest Education Completed *

- ☐ Did not complete high school
- ☐ Currently attending high school
- ☐ GED
- ☐ High School Graduate
- ☐ Some college or advanced training
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate Degree

Employment Status (Check all that apply.) *

- ☐ Employed Full Time
  Place of Employment:
  _____
- ☐ Employed Part Time
- ☐ Employed Seasonally
- ☐ Unemployed
- ☐ Employed Full Time and Training
- ☐ Employed Part Time and Training
- ☐ Training or School
- ☐ Disabled
- ☐ Seeking Employment
- ☐ Stay-at-home Parent
- ☐ Retired

Household Information:

Select all that apply. *

- ☐ Single Parent/Guardian
- ☐ Married
- ☐ Divorced/Separated
- ☐ Not Married
- ☐ No contact with one/both biological parents

Military Status *

- ☐ At least one parent/guardian is a veteran of the United States military.
- ☐ At least one parent/guardian is an active-duty member of the United States military.
- ☐ At least one parent/guardian is actively deployed to a combat zone.
- ☐ None

Has either parent moved to the United States in the past three years?

☐ Yes
☐ No

Is either parent/guardian a migrant worker? *

☐ Yes
☐ No

Parent/Guardian Factors (Check all that apply.) *

- ☐ At least one parent/guardian has a disability.
- ☐ At least one parent/guardian has a mental health concern.
- ☐ At least one parent/guardian has a chronic health concern.
- ☐ At least one parent/guardian has a learning challenge.
- ☐ None

Substance Abuse (Check all that apply.) *

- ☐ At least one parent/guardian has experienced substance abuse in the past.
- ☐ At least one parent/guardian is experiencing substance abuse.
- ☐ A household member is experiencing substance abuse.
- ☐ A household member has experienced substance abuse in the past.
- ☐ None

Is either parent/guardian incarcerated? (Check all that apply.) *

- ☐ At least one parent/guardian is currently incarcerated.
- ☐ At least one parent/guardian has been incarcerated in the past.
- ☐ A household member is currently incarcerated.
- ☐ A household member has been incarcerated in the past.
- ☐ None

Family Well Being and Safety (Check all that apply.) *

- ☐ The child is currently experiencing domestic abuse/violence.
- ☐ The child currently has CPS involvement.
- ☐ The child has been exposed to domestic abuse/violence.
- ☐ The child has had CPS involvement in the past.
- ☐ None

Please select all benefits your family is currently receiving. *

- ☐ TANF
- ☐ SNAP
- ☐ Child Care Subsidy
- ☐ VA View
- ☐ WIC
- ☐ SSI
- ☐ Medicaid
- ☐ None
- ☐ Other: _____

Family Housing (Check all that apply.) *

- ☐ We are currently experiencing homelessness.
- ☐ We share our living space with other person(s).
- ☐ We have moved more than twice in 3 years.
- ☐ We have moved twice or more in 1 year.
- ☐ We are currently living in temporary/transitional housing.
- ☐ We live/have lived in a refugee camp.
- ☐ We live/have lived in a campground/motel/shelter.
- ☐ None
- ☐ Other: _____

If sharing a living space, would you choose this living situation if cost were not a concern? *

☐ Yes
☐ No

Housing Difficulties (Check all that apply.) *

- ☐ We are overcrowded.
- ☐ Our home is in need of major repairs.
- ☐ We are having trouble paying utilities and/or rent.
- ☐ None
- ☐ Other: _____

Transportation Needs (Check all that apply.) *

- ☐ I/We do not have reliable transportation.
- ☐ 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 a barrier to my family getting my child to and from school.
- ☐ Transportation is not an issue.

How many people live in the house? (Include all people in the house.) * _____

How many adults live in the home? * _____ How many children live in the home? * _____

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? * ☐ Yes ☐ No
Name of Household Member *	Date of Birth *	Does this household member's income contribute to the child's well-being? * ☐ Yes ☐ No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? ☐ Yes ☐ No
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Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? ☐ Yes ☐ No

Select all that apply. *	Were you referred to a preschool program accepting the go2grow application? *	How did you learn about this application? *
☐ Either parent was younger than 20 when the child they are applying for was born. ☐ Either parent was younger than 20 when their first child was born. ☐ Both parents were older than 20 when their first child was born. ☐ Age of parent(s) when first child was born is unknown.	☐ Yes ☐ No If so, by whom? _____	☐ Facebook/Social Media ☐ Family/Friend ☐ Flyer ☐ School Website ☐ School Referral ☐ Sibling attended program ☐ Yard Sign ☐ Banner ☐ In-person event ☐ I already knew about the program ☐ Other, please specify: _____

Alternate Contact (in the event parent/guardian(s) cannot be reached about this application): *

Alternate Contact Name *	Alternate Contact Phone Number *	Alternate Contact Email Address

Alternate Contact Relationship to child: *

☐ Biological/Adopted/Step Parent
☐ Grandparent
☐ Other relative
☐ Foster Parent
☐ Legal Guardian
☐ Other: _____

The following questions are about the child applicant:

Primary language spoken by child applicant *	Child Applicant English Proficiency *	Was the child applicant born premature (before 37 weeks) or a high-risk pregnancy? *
☐ American Sign Language ☐ Arabic ☐ Dari ☐ English ☐ Mandarin ☐ Pashto ☐ Spanish ☐ Swahili ☐ Other: _____ ☐ Not applicable/Not yet verbal	☐ Not yet verbal ☐ None ☐ Little ☐ Moderate ☐ Proficient	☐ Yes ☐ No

Did the child applicant weigh less than 5 pounds at birth? *	Was the child applicant impacted by drugs and/or alcohol during pregnancy? *	Is the child applicant currently attending a formal early childhood care or education program? *	Has the child applicant previously attended a formal early childhood care or education program? *
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No If so, where? _____	☐ Yes ☐ No If so, where? _____

Was the child applicant on a waitlist for the previous school year? *	Is the child applicant a sibling of a former/current participant in one of the following programs? (Check all that apply.) *
☐ Yes ☐ No	☐ Head Start/Early Head Start ☐ Public School Division Preschool ☐ Mixed Delivery ☐ None ☐ Other: _____

Check all that apply for special education/early intervention: *	If applicable, describe the disability and/or services and what areas of development are affected. *
☐ 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	

Do you have any developmental concerns about your child? *	If applicable, please describe your developmental concerns. *	Does the child have a sibling who is experiencing behavioral, social, and/or academic challenges? *
☐ Yes ☐ No		☐ Yes ☐ No

Select answers that apply to the child applicant: *	Is the child in counseling? *	Is the child toilet trained? (This is not a requirement to attend a program.) *
☐ Currently in foster care ☐ Previously in foster care ☐ Currently in kinship care ☐ Being raised by non-relative or non-biological parent/guardian ☐ None	☐ Yes ☐ No	☐ Yes ☐ No

Is the child a victim of abuse/neglect? *	Does the child have any chronic health concerns or terminal illnesses and/or diagnoses, or severe allergies? *	If yes, please explain. *	Check all that apply to the child applicant's health insurance *
☐ Yes ☐ No	☐ Yes ☐ No		☐ Children's Health Insurance Program (CHIP) ☐ Medicaid ☐ Private Health Insurance ☐ State-only funded insurance ☐ No Insurance ☐ 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 that the Go2Grow application and partnering programs do not discriminate based on race, color, religion, sex, national origin, disability, or age. All shared information is kept private and secure and may be used to understand and support early education efforts in Ready Region Blue Ridge.

I acknowledge that I understand this is an application only and does not guarantee enrollment. I certify that all information and documents provided are complete and truthful to the best of my knowledge, and I will notify programs for which I applied to or any changes to my information. I understand that giving false information may result in denial of my child's application, and I consent to my application being shared with partnering GO2Grow programs.

_____	_____	_____
Primary Parent/Guardian's Signature	Primary Parent/Guardian's Printed Name	Date

NELSON COUNTY RESIDENTS ONLY:

I understand The Nelson County School Board 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: Crystal Choate, Supervisor of Human Resources and Section 504, and Title II: Rachel Reutinger, Director of Student Services & Homeless and Foster Care Liaison. Both can be reached by mail at the following address: P.O. Box 276, Lovingston, VA 22949, or by phone by calling: (434) 260-7646. For further information on notice of non-discrimination, visit: https://www.ed.gov/laws-and-policy/civil-rights-laws For the address and phone number of the office that serves your area call 1-800-421-3481.

Primary Parent/Guardian's Signature	Primary Parent/Guardian's Printed Name	Date