

Date Received _____
(for office use only)

SPOTSYLVANIA COUNTY SCHOOLS
2010-2011 Head Start and Virginia Preschool Initiative Application
Child must be 4 years old by September 30, 2010

Application # _____
(for office use only)

Please complete all applicable information. Missing information could lead to a delay in processing.
Completing an application does not guarantee enrollment. Head Start and Virginia Preschool Initiative do not operate on a first come, first served basis.

These items must be reviewed in person by staff in order to process your application.

- 1) Original Birth Certificate
- 2) Income Verification (any of the following documents): *3 most recent pay stubs, an official letter from your employer, all 2009 W-2 forms, 2009 tax return, SSI or SSA checks, TANF/income verification from DSS, or a notarized statement of support*
- 3) Address Verification with parent/guardian's name (2 of the following documents): *driver's license, signed rental or mortgage contract, most recent utility bill, DSS statement, or Spotsylvania County Schools Verification of Residency Form if living in a residence other than your own*
- 4) Original Court Custody Documents, if applicable and/or Letter from DSS for foster parents

Bring all above items to the **Head Start Administrative Office** (located behind Chancellor Elementary School) at
5995 Plank Road, Fredericksburg, VA 22407

Please call if you have any questions or need assistance in completing this application: **(540) 548-0654** or **(540) 548-0655**

I. Child Information

Child's Full Legal Name: _____

Child's Date of Birth: _____

Sex: Primary Language of Parent: _____
 M Primary Language of Child: _____
 F Nationality of Child: _____

Race/Ethnicity: Black White Hispanic
 Native American Asian/Pacific Islander Bi-Racial Other

Was this child referred to the program by a community agency? Yes No
If yes, name of agency _____
Reason for referral _____

Does this child have a disability or special need? Yes No
Has this child ever been evaluated by Child Find? Yes No
Does your child have an Individualized Education Program (IEP)? Yes No
If yes, what is the reason? _____

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Verifying Staff: _____ Date: _____

Type of Birth Verification: _____ State: _____

Birth Certificate Number: _____

Type of Income Verification: _____

Type of Address Verification: _____

Documents Received with Application:
____ IEP ____ Physical ____ Immunizations
____ Custody Papers ____ Dental

Eligible for: Head Start VPI

Over-Income

I Series ____ I Series Student # _____

Home School _____

ChildPlus ____

II. Family Information

This child lives with: Both parents Father Mother Grandparent(s) Foster Parent(s) Other (specify) _____

Mother's Name: _____ Date of Birth _____ Race _____ biological custodial
Home Address _____ Home Phone (____) _____
City, State, Zip _____ Cell Phone (____) _____
E-mail Address _____ Work Phone (____) _____

Father's Name: _____ Date of Birth _____ Race _____ biological custodial
Home Address _____ Home Phone (____) _____
City, State, Zip _____ Cell Phone (____) _____
E-mail Address _____ Work Phone (____) _____

Legal Guardian's Name: _____ Date of Birth _____ Race _____ Relationship to Child: _____
Home Address _____ Home Phone (____) _____
City, State, Zip _____ Cell Phone (____) _____
E-mail Address _____ Work Phone (____) _____

Please inform us if any of your contact information changes, as we will use it to notify you if your child is accepted into a Preschool Program

Please continue application on reverse

Parental Status: <input type="checkbox"/> one parent in the home <input type="checkbox"/> two parents in the home Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	How many people are in your child's immediate family? Number of Parents _____ Number of Children _____ Total ____
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Who is (are) the financial provider(s) for this child? Father Mother Other (Specify) _____

III. Family Assistance Information

Child's Health Insurance:	<input type="checkbox"/> None	<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid/FAMIS	<input type="checkbox"/> Other
Mother's Health Insurance:	<input type="checkbox"/> None	<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other
Father's Health Insurance:	<input type="checkbox"/> None	<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other

Is your family **currently receiving** any of the following forms of income and/or assistance?

<input type="checkbox"/> TANF	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Housing Assistance (Section 8/subsidized)
<input type="checkbox"/> SSI	<input type="checkbox"/> WIC	<input type="checkbox"/> Utility Assistance
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Child Support	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Other _____		<input type="checkbox"/> None of the above

Do any of the following situations apply to your family? Please check all that apply.

<input type="checkbox"/> Homeless or living in a shelter	<input type="checkbox"/> Recent death of a relative; who? _____
<input type="checkbox"/> Abusive home	<input type="checkbox"/> Serious health concerns of a family member; who? _____
<input type="checkbox"/> Unsafe or unhealthy environment	<input type="checkbox"/> Disabled parent or family member; who? _____
<input type="checkbox"/> Over-crowded living environment	<input type="checkbox"/> Terminal illness in the family; who? _____
<input type="checkbox"/> No indoor plumbing	<input type="checkbox"/> Recently experienced fire or flood
<input type="checkbox"/> No high school diploma or GED; who? _____	<input type="checkbox"/> In need of emergency food assistance
<input type="checkbox"/> English as a second language	<input type="checkbox"/> In need of emergency shelter
<input type="checkbox"/> Child's parent currently incarcerated; who? _____	<input type="checkbox"/> In need of emergency medical assistance
<input type="checkbox"/> Teenage parent	<input type="checkbox"/> In need of emergency utility assistance
<input type="checkbox"/> Pregnant parent	<input type="checkbox"/> None at this time

Spotsylvania County Schools Head Start and Virginia Preschool Initiative (VPI) are comprehensive and tuition free preschool programs available to eligible four year olds living in Spotsylvania County. The programs are led by highly qualified educational and support staff. The programs run from August to June with classes held Monday through Friday. Preschool programs offer school bus transportation both to and from school; however transportation is not guaranteed depending on location.

- The following will be required if your child is accepted and enrolled into a preschool program:**
- **Head Start:** up-to-date immunization record, school physical and dental examination.
 - **VPI:** up-to-date immunization record & school physical

I certify that this information is true. If any part is false, my participation in Spotsylvania County Schools Preschool Programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours. In addition, my signature below authorizes sharing of information between Spotsylvania County Schools Preschool Programs and the Department of Social Services regarding my income, public assistance recipient status, and/or any other information needed to determine eligibility for their programs.

Parent/Guardian Signature: _____ **Date:** _____