Dear Parents/Guardians,

Thank you for your interest in Fluvanna County/MACAA 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!

<table>
<thead>
<tr>
<th>What public preschool programs are available?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fluvanna County Public School Program</strong></td>
</tr>
<tr>
<td>Early intervention preschool program for 4-year-old children with risk factors that may prevent early academic success.</td>
</tr>
<tr>
<td><em>Children must be 4 by September 30th.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How do I apply for public preschool programs for my child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This application is used to apply for Fluvanna County Public School Program and MACAA Head Start Preschool Program</td>
</tr>
<tr>
<td>1. Fill out <strong>one application</strong> for each child.</td>
</tr>
<tr>
<td>2. Include <strong>ALL sources of household income</strong> with the application.</td>
</tr>
<tr>
<td>3. Include <strong>current proof of residency</strong>.</td>
</tr>
</tbody>
</table>

*Your child’s application will **NOT** be processed until all documents are received.*

<table>
<thead>
<tr>
<th>Where do I submit my child’s application?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fluvanna County Public School Program</strong></td>
</tr>
<tr>
<td>West Central Primary</td>
</tr>
<tr>
<td>3188 Central Plains Road</td>
</tr>
<tr>
<td>Palmyra, VA 22963</td>
</tr>
<tr>
<td>Abby Harlow</td>
</tr>
<tr>
<td>Registrar/Attendance Secretary</td>
</tr>
<tr>
<td>(434) 510-1016 ext. 1405</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Important Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fluvanna County Public School Program and MACAA Head Start</strong></td>
</tr>
<tr>
<td>Submit the application and <strong>all required documentation</strong> by the processing date of <strong>April 3rd</strong>.</td>
</tr>
<tr>
<td>Families will be notified regarding placement decisions in <strong>May</strong>.</td>
</tr>
</tbody>
</table>

*Applications are accepted year-round to fill vacancies within the preschool programs as they occur. *

<table>
<thead>
<tr>
<th>If you think your child may have a disability, contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCPS Early Childhood Special Education Department</td>
</tr>
<tr>
<td>Lori Scalzo</td>
</tr>
<tr>
<td>(434) 510-1016 or <a href="mailto:lscalzo@apps.fluco.org">lscalzo@apps.fluco.org</a></td>
</tr>
</tbody>
</table>
This page intentionally left blank.
Fluvanna County/MACAA Preschool Programs
Application and Information for School Year 2020-2021

I understand this is an application only and completing it does not guarantee enrollment in the Fluvanna County/MACAA Preschool Programs. The information I provide will only be used to determine my child’s eligibility for participation.

### Income Documentation

Income documentation is required to process this application. Indicate ALL income sources for the household. (All information is confidential)

Check all documentation provided and ATTACHED to this application:

- ☐ 2019 Income Tax Return(s) 1040
- ☐ 2019 W-2(s)
- ☐ Employer Letter
- ☐ Rents and Royalties
- ☐ Pension/Retirement Income
- ☐ Current and Consecutive Pay Stubs
  - ☐ Weekly= 4 pay stubs
  - ☐ Bi-weekly= 3 pay stubs
  - ☐ Monthly= 2 pay stubs
- ☐ SSI Award Letter
- ☐ Disability/Social Security Letter
- ☐ TANF Award Letter
- ☐ Alimony
- ☐ Survivor Benefits Payments
- ☐ Child Support Documentation
- ☐ Educational Assistance/Scholarship(s)
- ☐ Unemployment/Worker’s Comp.
- ☐ Interest and Dividends
- ☐ Veterans’ Benefits Payments
- ☐ Other

### Child’s Information

**Applying for:**

- ☐ Fluvanna County Public School Program 4-year-olds
- ☐ MACAA Head Start 3- and 4-year-olds

**First** | **Middle** | **Last** | **Date of Birth** | **Gender**
---|---|---|---|---

**Race** (check all that apply)

- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Black
- ☐ Hawaiian/Pacific Islander
- ☐ White
- ☐ Other

**Hispanic/Latino**

- ☐ Yes
- ☐ No

**English Proficiency**

- ☐ None
- ☐ Moderate
- ☐ Little
- ☐ Proficient

**First/Primary Language**

**Health Coverage**

- ☐ FAMIS
- ☐ Medicaid
- ☐ Other
- ☐ Private
- ☐ Does not have insurance

**Insurance/Medicaid #**

**Living Address** *Proof of residency is required* Apartment/Unit # City State Zip Code

**Mailing Address (if different)** Apartment/Unit # City State Zip Code

### Parent/Guardian 1

**First** | **Middle** | **Last** | **Date of Birth** | **Gender**
---|---|---|---|---

**Race** (check all that apply)

- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Black
- ☐ Hawaiian/Pacific Islander
- ☐ White
- ☐ Other

**Hispanic/Latino**

- ☐ Yes
- ☐ No

**English Proficiency**

- ☐ None
- ☐ Moderate
- ☐ Little
- ☐ Proficient

**First/Primary Language**

**Highest Grade Completed**

- ☐ Less than 12th grade
- ☐ GED
- ☐ High School Graduate
- ☐ Adv. Training Cert.
- ☐ Bachelor’s Degree
- ☐ Other

**Employment Status**

- ☐ Full Time
- ☐ Part Time
- ☐ Seasonal
- ☐ Unemployed
- ☐ Training or School
- ☐ Retired or Disabled
- ☐ Employer:

**Relationship to Child**

- Natural/Adoptive/Step Parent
- Grandparent
- Aunt/Uncle
- Foster
- Other

**Custody**

- Yes
- No

### Contact Information

**E-mail Address**

**Permission to Text/Email**

- Text
- Email

**Home Phone:**

**Cell Phone:**

**Work Phone:**

**Living Address** *Proof of residency is required* Apartment/Unit # City State Zip Code
**Parent/Guardian 2 (provide information even if not living in the home with the child)**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
</table>

**Race** (check all that apply)
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Black
- ☐ Hawaiian/Pacific Islander
- ☐ White
- ☐ Other

**Hispanic/Latino** ☐ Yes ☐ No

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

**Highest Grade Completed**
- ☐ Less than 12th grade
- ☐ GED
- ☐ High School Graduate
- ☐ Adv. Training Cert.

**Employment Status**
- ☐ Full Time
- ☐ Part Time
- ☐ Seasonal
- ☐ Unemployed
- ☐ Employer:

**Relationship to Child**
- ☐ Natural/Adoptive/Step Parent
- ☐ Parent
- ☐ Grandparent
- ☐ Foster
- ☐ Other

**Custody**
- ☐ Yes
- ☐ No

**Contact Information**
- Home Phone: ____________________________
- Cell Phone: ____________________________
- Work Phone: ____________________________
- E-mail Address: ____________________________
- Permission to Text/Email:
  - Text ☐ Yes ☐ No
  - Email ☐ Yes ☐ No

**Living Address** *Proof of residency is required*
- 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)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Relationship to Child</th>
<th>Grade &amp; School</th>
</tr>
</thead>
</table>

**Child and Family Factors** *These are need-based programs. Please check all that apply.*

**Child**
- ☐ Child has no contact with one or both parents
- ☐ Child does not live with his/her parents
- ☐ Child or siblings have been removed from the home
- ☐ Child is/was in foster care
- ☐ Child is an English Language Learner
- ☐ Child has been abused (physically, sexually, or emotionally)
- ☐ Child is in counseling
- ☐ Child has a medical condition and/or allergies
- ☐ Child has a court order custody agreement in place

**Additional Information**

**Family** *(include all parents and guardians) (check all that apply)*

<table>
<thead>
<tr>
<th>Parent 1</th>
<th>Parent 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Deceased</td>
<td>☐ Currently</td>
</tr>
<tr>
<td>☐ Incarceration</td>
<td>☐ Absent from the home</td>
</tr>
<tr>
<td>☐ Victim of violence</td>
<td>☐ Mental health concerns</td>
</tr>
<tr>
<td>☐ History of substance abuse</td>
<td>☐ Has a disability</td>
</tr>
<tr>
<td>☐ Single parent family</td>
<td>☐ Child’s parents are separated/divorced</td>
</tr>
<tr>
<td>☐ Long-term or chronic illness</td>
<td></td>
</tr>
</tbody>
</table>

*Proof of residency is required*
**Household** (check all that apply)

<table>
<thead>
<tr>
<th>Housing Factors</th>
<th>Nutritional Factors</th>
<th>Other Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Family is currently experiencing homelessness</td>
<td>☐ Family is receiving SNAP</td>
<td>☐ Domestic violence in the home</td>
</tr>
<tr>
<td>☐ Family is living in temporary housing</td>
<td>☐ Family is receiving WIC</td>
<td>☐ No driver’s license holder in household</td>
</tr>
<tr>
<td>☐ Housing concerns: overcrowded, needs major repairs, lack of heat, etc.</td>
<td>☐ Family has nutritional needs</td>
<td>☐ Household member has mental health concerns</td>
</tr>
<tr>
<td>☐ Family has moved 2 or more times in the past 3 years</td>
<td></td>
<td>☐ Sibling(s):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Has a disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Has learning challenges</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Has behavior concerns</td>
</tr>
</tbody>
</table>

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)**

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Fluvanna County/MACAA 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 Fluvanna County Public School Program.
**2020-2021 VPI INCOME VERIFICATION FORM**

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Child’s DOB:</th>
<th>School:</th>
</tr>
</thead>
</table>

**CONFIDENTIAL INFORMATION** Include total **gross** annual income (before taxes) of the child’s parent or parents (defined as parent, guardian, legal custodian, or other person having control or charge of the child – as per VPI Income Criteria Guidelines).

### #1 Parent/Guardian Name:

<table>
<thead>
<tr>
<th><strong>Verification Documentation Included:</strong></th>
<th>☐ W-2 Form</th>
<th>☐ Pay Stubs</th>
<th>☐ SNAP Verification</th>
<th>☐ Employer Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 2019 Tax Form</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ SSI Verification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ TANF Verification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Sources:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Frequency of Pay**

- I get paid: ☐ Weekly (4 pay stubs) ☐ Every 2 Weeks (3 pay stubs) ☐ 2X a month (3 pay stubs) ☐ Monthly (2 pay stubs) ☐ Yearly

- ☐ Other: _______________________________

(If submitting pay stubs, please include the number of pay stubs noted above.)

**Are you currently working for the same employer as documented on the W-2/tax form/pay stubs?**

- ☐ Yes ☐ No

(If either P/G answered “No” above, current income information is needed to determine income eligibility.)

**Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?**

- ☐ Yes ☐ No

Please describe and provide documentation (if yes):

### #2 Parent/Guardian Name:

<table>
<thead>
<tr>
<th><strong>Verification Documentation Included:</strong></th>
<th>☐ W-2 Form</th>
<th>☐ Pay Stubs</th>
<th>☐ SNAP Verification</th>
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<td></td>
</tr>
<tr>
<td>☐ Other Sources:</td>
<td></td>
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(If either P/G answered “No” above, current income information is needed to determine income eligibility.)

**Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?**

- ☐ Yes ☐ No

Please describe and provide documentation (if yes):

### ***Household Information:***

<table>
<thead>
<tr>
<th>Number of people in household:</th>
<th>Children</th>
<th>Adults</th>
<th>= Total</th>
</tr>
</thead>
</table>

### ***PARENT 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.

**Signature of Parent/Guardian (Required for Consideration) | Relationship to Child | Date**

### STAFF VERIFICATION:

I verify that I have examined **ALL** information provided by the family.

**Income Verified By: ______________________________ (Staff Member) ______________________________ (Please print) (Please sign) (Date)**