Dear Parents/Guardians,

Thank you for your interest in Nelson 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!

### What public preschool programs are available?

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelson County Public School Program</td>
<td>Early intervention preschool program for 4-year-old children with risk factors that may prevent early academic success.</td>
</tr>
<tr>
<td></td>
<td><em>Children must be 4 by September 30th.</em></td>
</tr>
<tr>
<td>MACAA Head Start Program</td>
<td>Early intervention preschool program for 3- and 4-year-old children with risk factors that may prevent early academic success.</td>
</tr>
<tr>
<td></td>
<td><em>Children must be 3 or 4 by September 30th.</em></td>
</tr>
</tbody>
</table>

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

This application is used to apply for Nelson County Public School Program and MACAA Head Start Preschool Program

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.*

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

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
</tr>
</thead>
</table>
| Nelson County Public School Program | Rockfish River Elementary  
200 Chapel Hollow Rd  
Afton, VA 22920  
Tye River Elementary  
5198 Thomas Nelson Hwy  
Arrington, VA 22922  
Kim Candler  
Director of Elementary Education  
(434) 260-7646 Ext. 1002 |
| MACAA Head Start Program        | MACAA Central Office  
1025 Park Street  
Charlottesville, VA 22901  
Lina Abril  
Head Start Program Coordinator  
(434) 295-3171 ext. 3008 |

### Important Dates

**Nelson County Public School Program and MACAA Head Start**

Submit the application and all required documentation by the processing date of **April 10th**.  
Applications will be reviewed by the end of **April**.  
Families will be notified regarding placement decisions by **April 24th**.  

*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:

Early Childhood Special Education Department  
(434) 260-7646 Ext. 1005 or sirby@nelson.k12.va.us
Nelson 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 Nelson 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 (state wages + hours)
- ☐ 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
- ☐ Unemployment/Worker’s Comp.
- ☐ Alimony
- ☐ Interest and Dividends
- ☐ Survivor Benefits Payments
- ☐ Veterans’ Benefits Payments
- ☐ Other

Child’s Information
Applying for:
☐ Nelson County Public School Program 4-year-olds
☐ MACAA Head Start 3- and 4-year-olds

You can check more than one:
- □ Nelson County Public School Program
- □ MACAA Head Start

First Middle Last Date of Birth mm/dd/yyyy Gender

Race (check all that apply)
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other

Hispanic/Latino
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

First/Primary Language
☐ English ☐ Spanish ☐ Russian

☐ Other

Health Coverage
- ☐ FAMIS
- ☐ Medicaid
- ☐ Private
- ☐ Other

Insurance/Medicaid #

☐ Does not have insurance

Living Address
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 mm/dd/yyyy Gender

Race (check all that apply)
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other

Hispanic/Latino
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

First/Primary Language
☐ English ☐ Spanish ☐ Russian

☐ Other

Highest Grade Completed
- ☐ Less than 12th grade
- ☐ GED
- ☐ High School Graduate
- ☐ Adv. Training Cert.
- ☐ Some College or Training
- ☐ Bachelor’s Degree
- ☐ Other

Employment Status
- ☐ Full Time
- ☐ Part Time
- ☐ Seasonal
- ☐ Unemployed

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

Custody
- ☐ Yes
- ☐ No

Contact Information
E-mail Address Permission to Text/Email

Home Phone: ________________________________
Cell Phone: ________________________________
Work Phone: ________________________________

Text ☐ Yes ☐ No
Email ☐ Yes ☐ No

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 mm/dd/yyyy</th>
<th>Gender</th>
</tr>
</thead>
</table>

**Race** (check all that apply)

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

**Hispanic/Latino**

- ☐ Yes
- ☐ No

**English Proficiency**

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

**First/Primary Language**

- ☐ English
- ☐ Spanish
- ☐ Russian
- ☐ Other

**Highest Grade Completed**

- ☐ Less than 12th grade
- ☐ GED
- ☐ High School Graduate
- ☐ Adv. Training Cert.

**Employment Status**

- ☐ Full Time
- ☐ Part Time
- ☐ Seasonal
- ☐ Unemployed

**Relationship to Child**

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

**Custody**

- ☐ Yes
- ☐ No

**Contact Information**

- Home Phone: ___________________________
- Cell Phone: ___________________________
- Work Phone: ___________________________

**E-mail Address**

- ☐ Text
- ☐ Email

**Permission to Text/Email**

- ☐ Yes
- ☐ No

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

<table>
<thead>
<tr>
<th>Apartment/Unit #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**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 mm/dd/yyyy</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 has no contact with one or both parents
- ☐ Child uses medical devices (e.g. glasses, hearing aid(s), wheelchair)
- ☐ Child does not live with his/her parents
- ☐ Child has a suspected/identified disability
- ☐ Child or siblings have been removed from the home
- ☐ Child is not potty trained
- ☐ Child is/was in foster care
- ☐ Child does not have a pediatrician and/or dentist
- ☐ Child is an English Language Learner
- ☐ Child was born before 37 weeks
- ☐ Child has been abused (physically, sexually, or emotionally)
- ☐ Child weighed less than 5 lbs. at birth
- ☐ Child is in counseling
- ☐ Safety Plan/Protective Order is/was in place
- ☐ Child has a medical condition and/or allergies
- ☐ Child has had Child Protective Services involvement
- ☐ Has a court order custody agreement in place

*(If yes, a copy will need to be provided to the school)*

**Additional Information**

__________________________

__________________________

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

<table>
<thead>
<tr>
<th>PARENT 1</th>
<th>PARENT 2</th>
<th>Deceased</th>
<th>Incarceration</th>
<th>Currently</th>
<th>Previously</th>
<th>Absent from the home</th>
<th>Victim of violence</th>
<th>Mental health concerns</th>
<th>History of substance abuse</th>
<th>Has a disability</th>
<th>Military Services</th>
<th>Active-Deployed</th>
<th>Active-Home</th>
<th>Reserve</th>
<th>Retired</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

**Single parent family**  ☐

**Child’s parents are separated/divorced**  ☐

**Limited reading skills in primary language**  ☐

**Teen mother or father (under 19 yrs. of age)**  ☐

**Long-term or chronic illness**  ☐
### 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>□ 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

The Nelson County Board and MACAA Head Start 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 nondiscrimination policies: Title VI and Title IX, Age and Boy Scouts of America Equal Access Act: Shannon Irvin, Assistant Superintendent and Section 504 and Title II: Sandra Irby, Director of Student Services. 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 nondiscrimination, visit [http://wdcrobcolp01.ed.gov/CFAPPS?OCR/contactus.cfm](http://wdcrobcolp01.ed.gov/CFAPPS?OCR/contactus.cfm). For the address and phone number of the office that serves your area, call 1-800-421-3481.

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 the Nelson County Public School Program.
**2020-2021 VPI INCOME VERIFICATION FORM**

**CONFFIDENTIAL 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:

- **Verification Documentation Included:**
  - [ ] W-2 Form
  - [ ] 2019 Tax Form
  - [ ] Pay Stubs
  - [ ] SSI Verification
  - [ ] SNAP Verification
  - [ ] TANF Verification
  - [ ] Employer Letter
  - [ ] Child Support
  - [ ] Other Sources:

- **Frequency of Pay**
  - If submitting pay stubs, please include the number of pay stubs needed below.
  - I get paid: [ ] Weekly (4 paystubs) [ ] Every 2 Weeks (3 pay stubs) [ ] 2X a month (3 pay stubs) [ ] Monthly (2 pay stubs) [ ] Yearly
  - [ ] Other: __________________________

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

- **Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?**
  - [ ] Yes [ ] No

### #2 Parent/Guardian Name:

- **Verification Documentation Included:**
  - [ ] W-2 Form
  - [ ] 2019 Tax Form
  - [ ] Pay Stubs
  - [ ] SSI Verification
  - [ ] SNAP Verification
  - [ ] TANF Verification
  - [ ] Employer Letter
  - [ ] Child Support
  - [ ] Other Sources:

- **Frequency of Pay**
  - If submitting pay stubs, please include the number of pay stubs needed below.
  - I get paid: [ ] Weekly (4 paystubs) [ ] Every 2 Weeks (3 pay stubs) [ ] 2X a month (3 pay stubs) [ ] Monthly (2 pay stubs) [ ] Yearly
  - [ ] Other: __________________________

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

- **Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?**
  - [ ] Yes [ ] No

### ***Household Information:

- **Number of people in household:**
  - Children
  - Adults
  - Total

### ***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)