Dear Parents/Guardians,

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

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

This application is used to apply for Louisa 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.

*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>Louisa County Public School Program</th>
<th>MACAA Head Start Program</th>
</tr>
</thead>
</table>
| Trevilians Elementary  
2035 S Spotswood Trail  
Louisa, VA 23093 | Jouett Elementary  
315 Jouett School Road  
Mineral, VA 23117 |
| Thomas Jefferson Elementary  
1782 Jefferson Hwy  
Louisa, VA 23093 | Moss-Nuckols Elementary  
2055 Courthouse Road  
Louisa, VA 23093 |
| Justin Grigg  
Director of Elementary Education  
(540) 894-5115 | MACAA Central Office  
1025 Park Street  
Charlottesville, VA 22901 |
| Lina Abril  
Head Start Program Coordinator  
(434) 295-3171 ext. 3008 |

Important Dates

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

Submit the application and **all required documentation** by the processing date of **April 21st**.

Applications will be reviewed by the end of **May**.

Families will be notified regarding placement decisions the **first week of June**.

*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:

| LCPS Early Childhood Special Education Department  
Dr. Carla Alpern  
(540) 894-5115 |
Louisa 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 Louisa 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
- ☐ 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:
You can check more than one

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

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 ☐ Moderate ☐ Proficient
☐ First/Primary Language ☐ English ☐ Spanish ☐ Other

Health Coverage
☐ FAMIS ☐ Private ☐ Does not have insurance
☐ Medicaid ☐ Other

Insurance/Medicaid # ☐

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 ☐ Moderate ☐ Proficient
☐ First/Primary Language ☐ English ☐ Spanish ☐ Other

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

Employment Status
☐ Full Time ☐ Full Time & Training
☐ Part Time ☐ Part Time & Training
☐ Seasonal ☐ Training or School
☐ Unemployed ☐ Retired or Disabled

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: ____________________________ Text ☐ Yes ☐ No
Cell Phone: ____________________________ Text ☐ Yes ☐ No
Work Phone: ____________________________ Text ☐ 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>Race (check all that apply)</th>
<th>Hispanic/Latino</th>
<th>English Proficiency</th>
<th>First/Primary Language</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Asian</td>
<td>☐ None</td>
<td>☐ English</td>
<td>☐ Other</td>
<td></td>
</tr>
<tr>
<td>☐ Black</td>
<td>☐ Yes</td>
<td>☐ Moderate</td>
<td>☐ Spanish</td>
<td></td>
</tr>
<tr>
<td>☐ White</td>
<td>☐ No</td>
<td>☐ Little</td>
<td>☐ Russian</td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Two or more</td>
<td></td>
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</tr>
</tbody>
</table>

#### Highest Grade Completed
- ☐ Less than 12th grade
- ☐ Some College or Training
- ☐ Full Time & Training
- ☐ Natural/Adoptive/Step Parent

- ☐ GED
- ☐ Bachelor’s Degree
- ☐ Part Time & Training
- ☐ Grandparent

- ☐ High School Graduate
- ☐ Seasonal
- ☐ Part Time
- ☐ Aunt/Uncle

- ☐ Adv. Training Cert.
- ☐ Unemployed
- ☐ Training or School
- ☐ Foster

- ☐ Favorite/Skillful
- ☐ Other

#### Employment Status
- ☐ Full Time
- ☐ Full Time & Training
- ☐ Natural/Adoptive/Step Parent

- ☐ Part Time
- ☐ Part Time & Training
- ☐ Grandparent

- ☐ Seasonal
- ☐ Part Time
- ☐ Aunt/Uncle

- ☐ Unemployed
- ☐ Training or School
- ☐ Foster

- ☐ Retired
- ☐ Other

#### Relationship to Child
- ☐ Natural/Adoptive/Step Parent

- ☐ Grandparent

- ☐ Aunt/Uncle

- ☐ Foster

- ☐ Retired

- ☐ Other

#### Custody
- ☐ Yes
- ☐ No

### Contact Information

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>E-mail Address</th>
<th>Permission to Text/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Text</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email</td>
</tr>
</tbody>
</table>

#### 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 mm/dd/yyyy</th>
<th>Gender</th>
<th>Relationship to Child</th>
<th>Grade &amp; School</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Child and Family Factors

*These are need-based programs. Please check all that apply.*

#### Child
- ☐ Child does not live with his/her parents
- ☐ Child uses medical devices (e.g. glasses, hearing aid(s), wheelchair)
- ☐ Child has been abused (physically, sexually, or emotionally)
- ☐ Child has a suspected/identified disability
- ☐ Child has a medical condition and/or allergies
- ☐ Child has been removed from the home
- ☐ Child is not potty trained
- ☐ Child is in foster care
- ☐ Child weighed less than 5 lbs. at birth
- ☐ Child is an English Language Learner
- ☐ Safety Plan/Protective Order is/was in place
- ☐ Child has/had Child Protective Services involvement
- ☐ Child has/had court order custody agreement
- ☐ The child has received English as a second language services (ESOL)

#### 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>☐</td>
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</tr>
</tbody>
</table>

- ☐ Deceased
- ☐ Incarceration
- ☐ Currently
- ☐ Previously
- ☐ Absent from the home
- ☐ Victim of violence
- ☐ Mental health concerns
- ☐ History of substance abuse
- ☐ Has a disability
- ☐ Military Services

- ☐ Active-Deployed
- ☐ Active-Home
- ☐ Reserve
- ☐ Retired

- ☐ 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>
</tbody>
</table>
| ☐ Family has moved 2 or more times in the past 3 years | | ☐ Sibling(s):
| | | ☐ Has a disability |
| | | ☐ Has learning challenges |
| | | ☐ Has behavior concerns |

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? ☐ Yes ☐ No

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>
</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 Louisa County/MACAA Preschool programs immediately. I understand that falsifying information may result in the disqualification of this application.

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

### 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. 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)