

Louisa County Public Schools and MACAA Preschool Application 2024

If you have any questions or concerns about the LCPS preschool program, please contact Stephanie Stanley at preschool@lcps.k12.va.us or 540.603.9290.

If you have any questions about MACAA Head Start please contact Mackenzie Wolfe at mwolfe@macaa.org or 434-995-9800 or Karla Martinez at khonaker@macaa.org or 434-270-2620.

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

* Indicates required question

This is an application only and completing this application does not guarantee enrollment in the Louisa County Preschool Program or the MACAA Head Start Program. The information provided will only be used to determine your child's eligibility for participation.

2024–2025 Academic School Year

If you are applying for the LCPS Preschool Program, children must be 4 years–old by September 30, 2024. If applying for the MACAA Head Start Program, children must be 3 years–old or 4 years–old by September 30, 2024. This application does not guarantee enrollment in the LCPS Preschool Program or the MACAA Head Start Program. All information provided is confidential and is used to determine eligibility.

1. Email Address: *

CHILD'S INFORMATION

2. Please check ALL of the programs you are applying for: *

Check all that apply.

- Louisa County Public School Program (4 year-olds only)
- MACAA Head Start (3-5 year-olds)

3. Child's Name (First Name, Middle Name, & Last Name): *

4. Child's Birth Date: *

Example: January 7, 2019

5. Child's Physical Address (include Street Address, City, State, and Zip Code): *

6. Child's Mailing Address if different from above. (Please include Street Address, City, State, and Zip Code):

7. Elementary school district where your child resides: *

Mark only one oval.

- Jouett Elementary School
- Moss–Nuckols Elementary School
- Thomas Jefferson Elementary School
- Trevilians Elementary School
- Unsure

8. Child's Gender: *

Mark only one oval.

- Boy
- Girl

9. Child's First and/or Primary Language at Home:

Mark only one oval.

- American Sign Language
- English
- French
- Mandarin
- Russian
- Spanish
- Ukranian
- Other: _____

10. Child's English Proficiency:

Mark only one oval.

- None
- Little
- Moderate
- Proficient

11. Child's Race (Check ALL that Apply):

Check all that apply.

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

12. Hispanic/Latino:

Mark only one oval.

- Yes
- No

13. Health Coverage:

Mark only one oval.

- FAMIS
- Medicaid
- Private
- No Insurance
- Other: _____

14. Insurance/Medicaid #:

15. 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?

Mark only one oval.

- Yes
- No

16. If you answered yes to above question, please list when your child was referred and evaluated, where referred and evaluated, and the outcome of the referral/evaluation.

17. Does your child have an Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or is he/she currently receiving special services?

Mark only one oval.

Yes

No

PARENT/GUARDIAN INFORMATION

18. Name of Parent/Guardian # 1: *

19. Parent/Guardian # 1 Relationship to Child: *

Mark only one oval.

Natural/Adoptive/Step Parent

Grandparent

Aunt/Uncle

Foster

Other: _____

20. Address of Parent/Guardian # 1 (Street Address, City, State, and Zip Code):

21. Phone Number of Parent/Guardian # 1: *

22. Parent/Guardian # 1's Email Address:

23. Parent/Guardian # 1's Education Level: *

Mark only one oval.

Did not complete High School

GED

High School Graduate

Some College or Training

Bachelor's Degree

Master's Degree

Other: _____

24. Parent/Guardian # 1's Occupation and Employer: *

25. Parent/Guardian # 1's Employment Status: *

Mark only one oval.

- Full-Time
- Part-Time
- Seasonal
- Unemployed
- Enrolled in Training or School
- Retired or Disabled
- Other: _____

26. Parent/Guardian #1's ANNUAL Income before Taxes: *

27. Parent/Guardian # 1's Frequency of Pay: *

Mark only one oval.

- Weekly (4 pay stubs must be provided)
- Every 2 weeks (3 pay stubs must be provided)
- Semi-Monthly (3 pay stubs must be provided)
- Monthly (2 pay stubs must be provided)
- None

28. Parent #1 – Have you moved to the United States within the past three years?

Mark only one oval.

Yes

No

Other: _____

29. Is there another parent/guardian in the family?

Only include adults who are legal parents/guardians to the child applicant through biological relations, marriage, or adoption. The secondary adult does not need to reside in the same home. Appropriate paperwork such as custody papers must be attached if a legal parent/guardian is not allowed to pick up the child.

Mark only one oval.

Yes

No

30. Name of Parent/Guardian # 2:

31. Parent/Guardian # 2's Relationship to Child:

Mark only one oval.

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

32. Address of Parent/Guardian # 2 (Street Address, City, State, and Zip Code):

33. Phone Number of Parent/Guardian # 2:

34. Parent/Guardian # 2's Email Address:

35. Parent/Guardian # 2's Education Level:

Mark only one oval.

- Did Not Complete High School
- GED
- High School Graduate
- Some College or Training
- Bachelor's Degree
- Master's Degree
- Other: _____

36. Parent/Guardian # 2's Occupation and Employer:

37. Parent/Guardian # 2's Employment Status:

Mark only one oval.

- Full-Time
- Part-Time
- Seasonal
- Unemployed
- Enrolled in Training or School
- Retired or Disabled
- Other: _____

38. Parent/Guardian #2's ANNUAL Income before Taxes:

39. Parent/Guardian # 2's Frequency of Pay:

Mark only one oval.

- Weekly (4 pay stubs must be provided)
- Every 2 weeks (3 pay stubs must be provided)
- Semi Monthly (3 pay stubs must be provided)
- Monthly (2 pay stubs must be provided)
- None
- Parent # 2 is Not in Household

40. Parent #2 – Have you moved to the United States within the past three years?

Mark only one oval.

- Yes
- No
- Other: _____

41. Every person living in the home must be listed here. *

List each adult's name, relationship to child applying, and the adult's birthdate for every adult living in the home. Also list each child's name, relationship to child applying, and the child's birthdate for every child living in the home.

Example:

John Smith, father, 01/01/1963

Jane Smith, mother, 02/15/1963

Joe Smith, brother, 02/01/2019

Jack Smith, brother, 05/13/2021

FAMILY FACTORS and CHILD'S MEDICAL HISTORY

42. Family Factors (Check ALL that Apply): *

Check all that apply.

- 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
- Custody Agreement in place (will need to provide agreement)
- None
- Other: _____

43. Housing Factors (Check ALL that Apply): *

Check all that apply.

- Our home is overcrowded.
- Our home is in need of major repairs.
- Our family is having troubles paying utilities and/or rent.
- None
- Other: _____

44. Transportation Factors (Check ALL that Apply): *

Check all that apply.

- I do not have reliable transportation.
- I do not have a driver's license.
- I work longer hours than the typical school day (7:30 AM – 2:30 PM).
- Transportation is a barrier to me getting my child to and from school.
- I am applying for the Louisa County Public Schools' VPI program and my child will ride the bus.
- None
- Other: _____

45. Child's Medical History (Check ALL that Apply): *

Check all that apply.

- Medical Condition
- Allergies
- Child was Born Before 37 Weeks
- Suspected/Identified Disability
- Weighed Less Than 5 lbs at Birth
- Safety Plan and/or Protective Order is and/or was in Place
- Received English as a Second Language Services
- Uses Medical Devices (Example: glasses, hearing aid(s), wheelchair, etc.)
- Child Does Not Have a Pediatrician and/or Dentist
- Child Has and/or Had Child Protective Services Involvement
- Child receives more than one hour a day of screentime (phone, iPad, TV, video games, etc.)
- None
- Other: _____

46. Family – Please include all parents and guardians. (Check ALL that Apply):

Check all that apply.

	Parent/Guardian # 1	Parent/Guardian # 2
Deceased	<input type="checkbox"/>	<input type="checkbox"/>
Currently Incarcerated	<input type="checkbox"/>	<input type="checkbox"/>
Previously Incarcerated	<input type="checkbox"/>	<input type="checkbox"/>
Absent from the Home	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>
History of Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Has a Disability	<input type="checkbox"/>	<input type="checkbox"/>
Active – Deployed Military Services	<input type="checkbox"/>	<input type="checkbox"/>
Active– Home Military Services	<input type="checkbox"/>	<input type="checkbox"/>
Military Reserves	<input type="checkbox"/>	<input type="checkbox"/>

Retired

Military Retired	<input type="checkbox"/>	<input type="checkbox"/>
Military Long-term		
or Chronic Long-term Illness or Chronic	<input type="checkbox"/>	<input type="checkbox"/>
Illness None Apply		
None Apply	<input type="checkbox"/>	<input type="checkbox"/>

47. Housing Factors (Check ALL that Apply):

Check all that apply.

- Family is currently experiencing homelessness.
- Family is living in temporary housing.
- Housing concerns: overcrowded, needs major repairs, lack of heat, etc.
- Family has moved 2 or more times in the past 3 years.

48. Nutritional Factors (Check ALL that Apply):

Check all that apply.

- Family is receiving Supplemental Nutrition Assistance Program (SNAP) benefits.
- Family has nutritional needs.
- Family is receiving Medicaid.
- Family is receiving Temporary Assistance for Needy Families (TANF) benefits.
- Family is receiving Supplemental Security Income (SSI).

49. Other Factors (Check ALL that Apply):

Check all that apply.

- Domestic violence in the home
- No driver's license holder in household
- Household member has mental health concerns
- Sibling(s) has a disability
- Sibling(s) has learning challenges
- Sibling(s) has behavior concerns
- Single Parent Family
- Child's parents are separated/divorced
- Limited Reading Skills in primary language
- Teen mother or father (under 19 years of age)
- None Apply
- Other: _____

50. Is your child currently enrolled in a childcare or preschool service? *

Mark only one oval.

- Yes
- No

51. If you answered yes to the question above, please provide the name of the preschool or childcare center.

52. Does your family receive Childcare Subsidy or Assistance? *

Mark only one oval.

Yes

No

53. Are you willing to apply for Childcare Subsidy? *

Mark only one oval.

Yes

No

54. If your child is selected, what are your child's after-school care plans?

55. LCPS ONLY: Would you like assistance in developing an after-school care plan? *

Mark only one oval.

Yes

No

56. Do you have concerns about your child in the following areas? (Check ALL that apply) *

Check all that apply.

- Weight
- Sleep Patterns
- Eating Habits
- Health
- Development
- Behavior
- Social Interaction
- Speech
- Toileting
- None of the above
- Other: _____

57. If you have a concern and checked a box above, please explain your concern below:

58. Alternate Contact Name:
In the event the parent/guardian cannot be reached, please contact the person below.

59. Alternate Contact's Phone Number:

60. Alternate Contact's Email Address:

61. Alternate Contact's Relationship to Child:

Mark only one oval.

Biological/Adopted/Step Parent

Grandparent

Foster Parent

Legal Guardian

Other Relative

Other: _____

INCOME DOCUMENTATION

Income documentation is required to process this application. Indicate ALL income sources for the household. Your child's application CANNOT be processed without all of the required documentation. (All information is confidential.)

62. Check all income documentation that will be provided. Please email documentation to preschool@lcps.k12.va.us or mail to: PRESCHOOL APPLICATION 953 Davis Highway, Mineral, VA 23117 or text to 540.603.9290. *

Check all that apply.

- 2023 Income Tax Return(s)
- 2023 W-2(s)
- Employer Letter (Letter must state total wages and hours)
- Rents and Royalties
- Pension/Retirement Income
- Current and Consecutive Pay Stubs according to frequency of pay
- SSI Award Letter
- Disability/Social Security Letter
- SNAP Award Letter
- TANF Award Letter
- Alimony
- Survivor Benefits Payments
- Child Support Documentation
- Educational Assistance/Scholarships
- Unemployment/Worker's Comp
- Interest and Dividends
- Veterans' Benefits Payments
- Other: _____

ACKNOWLEDGEMENT

By submitting this application, I/we certify that, to the best of my/our knowledge, the information provided in this application is true and accurate. I/we understand that if any of this information changes or is found to be incorrect, I/we will be obligated to notify Louisa County Public Schools Preschool program immediately. I understand that falsifying information may result in the disqualification of this application.

63. I give permission for my application to be shared with MACAA if there are other services and/or programs appropriate for families with preschool-aged children. *

Check all that apply.

Yes

No

2024–2025 INCOME VERIFICATION DOCUMENTATION

Check all sources of income provided with application. 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).

64. Parent/Guardian #1 Income Verification Included with application. *

Check all that apply.

2023 W-2 Form

2023 Income Tax Return

Pay Stubs

SSI Verification

SNAP Verification

TANF Award Letter

Employer Letter

Child Support

Other: _____

65. Parent/Guardian # 1 Employer: Are you currently working for the same *
employer as documented on W-2s, Tax Return and/or pay stubs?

Mark only one oval.

Yes

No

66. If you answered NO to the question above, please list your current
employer and provide income verification for your current employer with
this application.

67. Parent/Guardian #1 Other Forms of Income: Do you have any other *
forms of income not reported on this document such as rental income,
trust fund, etc.?

Mark only one oval.

Yes

No

68. If you answered yes to the above question, please describe and provide
documentation.

69. Parent/Guardian #2 Income Verification Included with Application:

Check all that apply.

- 2023 W-2 Form
- 2023 Income Tax Return
- Pay Stubs
- SSI Verification
- SNAP Verification
- TANF Award Letter
- Employer Letter
- Child Support

70. Parent/Guardian # 2 Employer – Are you currently working for the same employer as documented on W-2s, Tax Return and//or pay stubs? *

Mark only one oval.

- Yes
- No

71. If you answered NO to the question above, please list your current employer and provide income verification for your current employer with this application.

72. Parent/Guardian #2 – Other Forms of Income – Do you have any other * forms of income not reported on this document such as rental income, trust fund, etc.?

Mark only one oval.

Yes

No

73. If you answered yes to the above question, please describe and provide documentation.

74. List the total number of children in the household. *

75. List the total number of adults in the household. *

ACKNOWLEDGEMENT

By submitting this Income Verification Form, I/we certify that all of the above information is true and correct, and that all income is reported. I/we understand that if any of this information changes, I/we am/are obligated to notify the program immediately. I/we understand that the school/program will receive state funds based on the information I/we give. I/we understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for the preschool program.

76. Do you need assistance with anything else? *

Mark only one oval.

Yes

No

Other: _____

77. Date Completed: *

Example: January 7, 2019

78. How did you hear about LCPS and MACAA? (Check ALL that Apply): *

Mark only one oval.

Flyers

Yard Sign

Banners

Social Media (Facebook/Instagram)

Radio or TV

Newspaper (Central Virginian)

Family or Friend

In-person Event

I already knew about the program.

Other: _____

Google Forms

