



York County Preschool Programs
 Joint Application
Application Deadline: Until Filled
2017-2018



PROGRAM DESCRIPTIONS:

Head Start is a national child development program for children. Families of children who live in York County between the ages of three and five can apply. Children enrolled in the program receive educational services to help prepare them for kindergarten. Families also receive services in health, nutrition, mental health, education, disabilities and family support. **Head Start provides services at no cost for those children and families that meet the entrance criteria.** Breakfast and lunch are also provided daily free of charge. Limited transportation services are available within York County. Classes are in session from September- May.

Head Start Locations and Hours of Operation:

Bethel Manor Elementary School	M – F	6.5 Hours (full day preschool)
Griffin Yeates Center	M – F	4.5 hours (half day preschool)
Yorktown Elementary School	M – F	6.5 hours (full day preschool)

If you need more information regarding Head Start services prior to making a decision, contact the Head Start Office at (757) 890-3888.

Virginia Preschool Initiative (VPI) VPI is an initiative to identify and serve at-risk 4 year old preschoolers in the Commonwealth of Virginia through the local educational agency (YCSD). **The program is provided at no cost for children meeting entrance criteria.** The child must have reached their fourth birthday on or before September 30th and not be served by Head Start. Final selections are prioritized and based on critical need(s) of each child. Transportation is provided to and from the attendance location. VPI students are provided a language-based, developmentally appropriate school curriculum.

VPI Hours of Operation and Locations:

Monday – Thursday
 Afternoon Sessions Only (Hours vary by school)
 Locations (TBD)

SUBMIT APPLICATIONS TO ONE OF THE FOLLOWING LOCATIONS:

York County School Division
Valerie Wilson
Coordinator of Preschool Programs
302 Dare Road
Yorktown, VA 23692

York County Head Start
Tracy Bridgeforth
Family Services Coordinator
1490 Government Road
Williamsburg, VA. 23185

This application serves as a single point of entry for the Head Start and Virginia Preschool Initiative (VPI) preschool programs. Please complete pages 2 and 3 of the application and return the completed application and appropriate documentation to either of the agency listed above. Agency staff will review your information and notify you of all programs for which your child qualifies.

***Interested applicants must provide proof of residency for York County, income verification and a copy of the child's birth certificate to verify the age of the child.*

DEMOGRAPHIC INFORMATION:

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Child's Full Name: _____ DOB: _____ Sex: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

Phone Number(s): [Home] _____ [Work] _____ [Cell] _____

Best time to reach parents: _____

Email Address: _____

Emergency Contact Information (2): Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

****Interested applicants must provide proof or verification of residency for York County and Income Verification.**

Financial Information:

Some preschool programs have income limitations. The information below is required for your application to be considered. Use back if needed to list additional family members.

Please list all adults who live in the home whose income supports the household and all siblings being supported by family income below. Please attach either a 1040, W-2, or the last 12 months of paystubs (Head start). VPI applicants, W-2 only.

We must have this documentation to finalize your child's acceptance.

Household Member	Birth Date	Race optional	Relationship to Child	Income before taxes	Is the child's family supported by this income?
			parent/guardian	\$ _____ Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			parent/guardian	\$ _____ Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Sibling		
			Sibling		
			Sibling		

*** Other Family Income: \$ _____ Weekly Every 2 Weeks Twice Monthly Monthly Annually

***Number of immediate family members (parents and siblings) living in your home _____

SELECT PROGRAM(S) OF INTEREST: (Application will be processed at your option 1 location first)

- Head Start (Option 1 Option 2) VPI (Option 1 Option 2)

PLEASE CHECK ALL THAT APPLY:

State Criteria

- Child will turn 4 years- old by September 30, 2017 (Attach child's birth certificate for verification)
- Child/ Sibling receives Free or Reduced Lunch
- Child / Family is Homeless
- Child's parent did not complete high school (If no, explain) _____
- Child has an IEP or an IFSP (If yes, explain) _____

Local Criteria

- Child speaks a language other than English at home List Native language _____
- Child in Foster Care or living with non- relative
- Family receives SSI Services
- Child has a family member that is Active Military
- Child has a parent or guardian that has been incarcerated (If yes, please explain)

Additional Information

- Child has a Dental Home; Provide Name of Dentist or Practice: _____
- Child has a Medical Home; Provide Name of Doctor or Practice: _____
- Child has the following medical/ health condition(s): _____

CERTIFICATION:

I certify that the information I have provided is true. I understand that this information will be used to determine whether my child is eligible for any pre-school programs with York County including, but not limited to Head Start and Virginia Pre-School Initiative. Completion of this application does not guarantee acceptance into any program.

I understand that if I am eligible for the Head Start Program, I will be notified and will receive an enrollment application packet to complete that will determine whether or not my child is accepted into this program.

Please remember to attach a copy of your child's Birth Certificate and a copy of the recent W-2 for each parent employed.

Thank you for choosing York County for your child's preschool needs.

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