



2024-2025 York County Preschool Joint Application 3-year and 4-year Old Programs



Application Deadline: open until filled and maintained for the school year
(Waitlist families from the 2023-2024 school year will need to submit a current application)

This application is for the York County Preschool Programs including Head Start and Virginia Preschool Initiative (VPI). Please complete the attached application and return it, along with appropriate documentation, to one of the agencies listed below. You will be notified by the program’s Coordinator for which your child qualifies.

This application is for York County Preschool Programs including Head Start and Virginia Preschool Initiative (VPI). 1) Complete the application 2) Submit with appropriate documentation for a complete application, to one of the points of contact listed below.

Applications can be mailed, faxed, or emailed to one of the following locations:

York County School Division (VPI)
Okrika Harold
VPI Coordinator
302 Dare Road
Yorktown, VA 23692
Fax Number: (855) 878-9064
preschool@ycsd.york.va.us

York County Head Start
Leyda Vazquez
Family Services Coordinator
1490 Government Road
Williamsburg, VA 23185
Fax Number: (757) 890-2430
headstart@yorkcounty.gov

Program Descriptions

Head Start

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, lunch, and snacks are also provided daily free of charge. Limited transportation services are available within York County. Classes are in session from August-May.

Head Start Locations and Hours of Operation:

Head Start operates Monday-Friday at the following locations:
Bethel Manor Elementary School (1797 First Street, Hampton, VA 23665)
Griffin-Yeates Center (1490 Government Road, Williamsburg, VA 23185)
Yorktown Elementary School (131 Siege Lane, Yorktown, VA 23692)

For more information about Head Start services, contact the Head Start office at (757) 890-3888.

Virginia Preschool Initiative (VPI)

VPI is an initiative to identify and serve at-risk 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 be at least 3 on or before September 30th and not already receiving services from Head Start. Transportation is provided to and from the attendance location. VPI students are provided a Virginia Department of Education approved curriculum. VPI applications are accepted year-round and a waitlist is maintained after all available slots are filled.

VPI Locations and Hours of Operation

VPI is a half-day program that meets Monday-Friday.

For more information about the VPI program, contact Okrika Harold, VPI Coordinator at (757) 833-7238 or (757) 898-0308.

Please keep this page for informational purposes.

Demographic Information (Complete all of the information below.)

Child's Full Name:	DOB:	Sex:	Child's Zoned Elementary School:
Child's Address:			
Parent/Guardian Name #1:			Parent/Guardian DOB:
Best Phone Number:		Email Address	
Parent/Guardian Name #2:			Parent/Guardian DOB:
Parent Address #2 (if different from the child's address):			
Best Phone Number:		Email Address	

***VPI only: Application status will be sent via email. Do you give permission for notifications to be sent through email?** Yes No
If checked no, notification will be sent via postal mail.

Total number of immediate family members (parents/guardians and children) living in your home:

Financial Information

Families applying for Head Start and VPI programs must submit financial documentation with this application. See the table below for required documentation for each program.

VPI	Head Start
One of the following: <ul style="list-style-type: none">• Most recent W-2 form• Most recent LES	One of the following: <ul style="list-style-type: none">• Most recent W-2 form or 1040 IRS Tax form• 3-6 months of most recent paystubs• Verification of employment/unemployment
Verification form – see attached	Child support verification, if applicable
	SSI/TANF/SNAP verification, if applicable

Program Criteria (Please check all that apply :)

- Child will be at least 3 years old on or before September 30th. **Attach a copy of the child's birth certificate to the application.**
- Child/family resides in York County. **Attach proof of residency in York County (e.g., lease, mortgage statement, utility bill)**
- Family receives TANF/SSI/SNAP benefits
- Parent(s)/Guardian(s) is active duty military
- Parent(s)/Guardian(s) is deployed
- Child/Sibling(s) receive free or reduced priced lunch
- Child/family is homeless
- Child is in foster care or living with a non-relative
- Single parent family
- Student's parent(s)/guardian(s) is incarcerated
- Student's parent(s)/guardian(s) did not complete high school
- Child has an IEP/IFSP or is in the special education evaluation process
- Child have medical/mental health/behavioral challenge(s)?
- Family speaks a language other than English at home (**If yes, list language(s):**) _____
- Other: _____

Certifications

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 York County Head Start and VPI programs. 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 to complete additional documentation that will determine my child's acceptance. I give permission for this application to be shared between the York County School Division and Head Start to determine programs for which my child may be eligible.

Parent/Guardian Signature: _____

Date: _____

York County School Division VPI INCOME VERIFICATION FORM

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). Determine which income box to complete based on pay period.

Student Name _____ Elementary School Name _____ Student Date of Birth: _____ Parent/Guardian Name #1: _____ Employer: _____	Weekly	X 52	= Annual Income
	Every 2 weeks	X 26	=
	Twice a month	X 24	=
	Monthly	X 12	=
	Other Income*		
Parent/Guardian Name #2: _____ Employer: _____	Weekly	X 52	= Annual Income
	Every 2 weeks	X 26	=
	Twice a month	X 24	=
	Monthly	X 12	=
	Other Income*		

Total Household Income	Parent #1 Income: _____	+	Parent #2 Income: _____	+	Other Income: _____	=	Total:
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VERIFICATION OF INCOME and CERTIFICATION

Number of people in household: ___ Children ___ Adults = ___ Total

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

- P/G#1: Yes ___ No ___
- P/G#2: Yes ___ No ___

(If either Parent 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. **Y** ___ **N** ___

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))

Date

School Division Complete Below

How Verified: ___ W-2 Form ___ Tax Form	___ Pay Stubs (Salary) ___ SSI Verification ___ SNAP Verification ___ TANF Verification	___ Written statement from employer ___ Child Support ___ OTHER
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I verify that I have examined ALL information: _____

Staff Signature

Date