



2026-2027 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 2025-2026 school year will need to submit a New 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)
Amy Stull
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 applications are reviewed year-round and a waitlist is maintained after all available slots are filled.

Head Start Locations and Hours of Operation:

Head Start operates Monday-Friday, 8:30 – 3:00 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 (YCSA). **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. Classes are in session from August-June. VPI applications are reviewed year-round and a waitlist is maintained after all available slots are filled.

VPI Locations and Hours of Operation

VPI locations are at elementary schools and operate Monday – Friday, 8:55-1:00.

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

Please keep this page for informational purposes.

2026-2027 Joint Application - Demographic Information (Complete all 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 | | |

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

***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.

Families applying for Head Start or VPI must submit the documentation listed below.

| | VPI | Head Start |
|-----------------------------|--|--|
| Income Verification | One of the following: <ul style="list-style-type: none"> • Most recent W-2 form or 1040 IRS Tax form • 2 Most recent Paystubs or 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 • Child support verification, if applicable • SSI/TANF/SNAP verification, if applicable |
| Child Identity Verification | Please submit a copy of the child's birth certificate. | Please provide the original copy of the child's birth certificate for the Head Start intake appointment |
| Verification of Residency | One of the following: <ul style="list-style-type: none"> • Lease or mortgage statement, utility bill | Provide a monthly statement of the bills listed: Rent/House Payment, VA Dominion Power, VA Natural Gas, and Water Bill. |

Program Requirement:

- 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)**

Program Criteria (Please check all that apply :)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Family receives TANF/SSI/SNAP benefits <input type="checkbox"/> Parent(s)/Guardian(s) is active-duty military <input type="checkbox"/> Parent(s)/Guardian(s) is deployed <input type="checkbox"/> Child/Sibling(s) receive free or reduced priced lunch <input type="checkbox"/> Child/family is homeless <input type="checkbox"/> Child is in foster care or living with a non-relative <input type="checkbox"/> Single parent family | <ul style="list-style-type: none"> <input type="checkbox"/> Student's parent(s)/guardian(s) is incarcerated <input type="checkbox"/> Student's parent(s)/guardian(s) did not complete high school <input type="checkbox"/> Child has an IEP/IFSP or is in the special education evaluation process <input type="checkbox"/> Child have medical/mental health/behavioral challenge(s)? <input type="checkbox"/> Family speaks a language other than English at home (If yes, list language(s)): _____ <input type="checkbox"/> 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: _____

2026-2027 Joint Application - 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: _____ | Date of Birth: _____ | School Name: _____ | |
| Parent/Guardian Name #1: _____ Employer: _____ <input type="checkbox"/> No Income | 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: _____ <input type="checkbox"/> No Income | 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: |
|-------------------------------|-------------------|---|-------------------|---|---------------|---|---------------|

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: | <input type="checkbox"/> Pay Stubs (Salary) | <input type="checkbox"/> SSI Verification <input type="checkbox"/> SNAP Verification <input type="checkbox"/> TANF Verification | <input type="checkbox"/> Written statement from employer <input type="checkbox"/> Child Support <input type="checkbox"/> OTHER |
| <input type="checkbox"/> W-2 Form <input type="checkbox"/> Tax Form | | | |

I verify that I have examined ALL information: _____

Staff Signature _____
Date