



2018-2019 York County Preschool Programs Joint Application



Application Deadline: until filled

Program Descriptions

Head Start

Head Start is a national child development program for children. Families of children who live in York County between 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 SchoolMonday-Friday6.5 Hours (full day preschool)

Griffin-Yeates CenterMonday-Friday4.5 Hours (half day preschool)

Yorktown Elementary School.....Monday-Friday6.5 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)

Virginia Preschool Initiative (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 Locations and Hours of Operation

Locations TBDMonday-ThursdayPM sessions only (hours vary by school)

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
1490 Government Road
Williamsburg, VA 23185

If you have any questions, please contact your option 1 location for assistance.

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 agencies listed above. Agency staff will review your information and notify you of all programs for which your child qualifies.

Please detach this page and keep for informational purposes.

Demographic Information

Child's Full Name:		DOB:	Sex:
Child's Zoned Elementary School:			
Parent(s)/Guardian(s) Name:		Address:	
Phone Number(s):	Home:	Work:	Cell:
Best time to reach parents:			
E-mail Address:			
Emergency Contact Information (List two <u>local</u> emergency contacts):			
Emergency 1 Name:		Relationship to Child:	
Emergency 1 Address:		Emergency 1 Phone:	
Emergency 2 Name:		Relationship to Child:	
Emergency 2 Address:		Emergency 2 Phone:	

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

Financial Information

Some preschool programs have income limitations. The information below is required for your application to be considered. Use the 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, SSI/TANF/Child Support Statement, or 1 months' worth of proof of income (Head Start). For VPI applications, submit a W-2 only.

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

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

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

Total number of immediate family members living in your home _____

Program(s) of Interest

Please select the program(s) of interest. The application will be processed at your option 1 location first. If you have any questions, please contact your option 1 location about the status of your application.

- Head Start (Please circle: Option 1/Option 2) VPI (Please circle: Option 1/Option 2)

For Head Start, select preferred location: Griffin-Yeates Bethel Manor Elementary Yorktown Elementary

Program Criteria

Please check all that apply.

State Criteria:

- Child will turn 4 years old by September 30 (attach a copy of child's birth certificate for verification)
- Child/sibling received free or reduced lunch
- Child/family is homeless
- Child's parent did not complete high school (If no, please explain): _____
- Child has an IEP or an IFSP (If yes, please explain): _____

Local Criteria:

- Family speaks a language other than English at home (List language(s)): _____
- Child in foster care or living with a non-relative
- Family receives SSI/TANF 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 a medical/mental health/behavioral challenge(s) (If yes, please explain): _____
- Child has an IEP or is in the special education evaluation process (If yes, please explain): _____
- Do you have any concerns about your child's behavior? (Please circle): Yes/No
- Child is protected by a custody arrangement/order (please provide a copy of any necessary court documents)

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 preschool programs with York County, including, but not limited to Head Start and Virginia Preschool 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 to complete additional documentation that will determine whether my child is accepted into this program.

Please remember to attach a copy of your child's birth certificate and appropriate proof of income for the program that you are applying for. Thank you for choosing York County for your child's preschool needs.

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