



The Preschool Program of the Charlottesville City Schools

416 13th Street NW
Charlottesville, Virginia 22903
434-245-2813

Dear Parent or Guardian,

The Charlottesville City Schools provides a **Four-Year-Old Program** for qualifying city residents. The **Four-Year-Old Program** offers your child a positive, nurturing environment and preparation for kindergarten. Classrooms are located in all six elementary schools and follow the Charlottesville City Schools' calendar. Transportation is provided.

Eligibility requirements:

- **City of Charlottesville resident**
- **Child is four years old on or before September 30, 2012**
- **Child is toilet trained**

Applications must be received by MARCH 1, 2012

APPLICATIONS MUST include PROOF OF INCOME and PROOF OF RESIDENCY

Income: 2011 W-2's, tax returns, pay stubs for the last 4 weeks, child support, SSI or TANF.

Proof of Residency: lease, rent receipt, or utility bill.

Our acceptance policy is based on household income as well as child and family needs. It is to your benefit to respond honestly about factors that impact your family and your child. All application information will be treated in a confidential manner. If you have questions or need help in completing the application, call one of us at the numbers below.

Return your completed application with the **required proof of residency and income** to any local elementary school or to the address at the top of this letter. **Space is limited, so apply today!**

Sincerely,

Ann Dublirer, Preschool Coordinator, 245-2797

Eursaline Inge, Preschool Family Worker, 245-2813

Eleanor Barrese, Johnson School Preschool Family Worker, 245-2865

Clark School Preschool Family Worker, 245-2525

Nondiscrimination Notice

Charlottesville City Schools does not discriminate on the basis of race, color, national origin, sexual orientation, sex, disability or age in its programs or activities.

The Director of Human Resources shall act as the Compliance Officer for discrimination issues regarding employees and the general public under Title IX. The Director of Student Services shall act as the Compliance Office for discrimination issues regarding students under Title IX and Section 504 of Rehabilitative Act of 1973. Both compliance officers may be contacted at the Administrative Offices of Charlottesville City Schools, 1562 Dairy Road, Charlottesville, VA. 22901. The phone number is 434-245-2400.



The Charlottesville Preschool Program 2012-2013

416 13th Street NW, Charlottesville, Virginia 22903

(434) 245-2813

Priority consideration given to applications in the order they are received by MARCH 1, 2012.

Referred by: _____

Applications **WILL NOT** be considered without **PROOF OF RESIDENCY** (lease, rent receipt, utility bill) and **PROOF OF INCOME** (2011 W's, tax returns, 4 weeks of pay stubs, child support, SSI, TANF).

I. Child Information

Child's Name: (Last, First, Middle)

Sex: M F

Birth Date:

Ethnicity:

American Indian Asian Black Hispanic White
 Other Unspecified

Child's Address:

Zip:

Emergency Contact if parent/guardian can not be reached :

II. Parent/Guardian Information: ** ATTACH PROOF OF RESIDENCY FOR PARENT/GUARDIAN RESIDING WITH APPLICANT

Mother's/Guardian's Name:

Father's/Guardian's Name:

Address:

Address:

Home phone:

Home phone:

Work phone:

Work phone:

Cell phone:

Cell phone:

E-mail:

E-mail:

Date of birth:

Date of birth:

Are you employed? Yes/No

**** ATTACH PROOF OF INCOME**

Are you employed? Yes/No

**** ATTACH PROOF OF INCOME**

Employer:

Employer:

Last grade completed/GED:

Last grade completed/GED:

What is the language usually spoken at home by parents: _____ by child: _____

Child lives with : Mother Father Both Parents Other (Please List) :

If "Other", does this person have legal custody? Yes No

List everyone living in the home:

Last Name	First Name	Date of Birth	Sex	Grade Level	Relationship to child
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		

FOR OFFICE USE ONLY Proof of Residency Date Rec'd. _____
 (Do Not Write in this area) Proof of Income Date Rec'd. _____

List all siblings not in the home

Last Name	First Name	Date of Birth	Sex	Grade	Location
		/ /	M / F		
		/ /	M / F		

III. Please check the services you or your child receives:

TANF
 WIC
 Region Ten
 Food Stamps
 Jefferson Area CHIP
 Family Partners/ Healthy Families
 Name of Worker : _____

IV. Child History

Is your child toilet trained?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Has your child been in a preschool or childcare?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain: (When, where, how long?)
Are there any problems with your child's speech?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Do others have difficulty understanding what your child says?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Does your child have any diagnosed emotional or behavioral problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Does your child have any chronic medical conditions, such as asthma, allergies, diabetes or seizures?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Have you been told by a teacher, doctor, or nurse that your child has a disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Does your child use any medical device (i.e. wheelchair, hearing aid, glasses)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:
Has your child been found eligible for special education or speech services?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:

List any additional concerns you have about your child: _____

V. Family History - Please check any of the following factors that apply to your immediate family:

Currently we <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Share a Home	
Were you a teen parent when any of your children were born?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is anyone in the family in jail or on probation (current or past)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have learning problems or difficulty reading?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been a victim of violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a serious physical condition that requires ongoing medical care?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been homeless or lived in a shelter?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has the child/ family moved two or more times in the past year?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other than service workers, how many people can you call on to help with this child in an emergency?	Total Number:
Have you ever received mental health services?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes

Please list any other family needs, crises, or anything else that you think would be helpful to your application: _____

I understand that this information will only be used to help determine my child's eligibility for the Charlottesville Preschool Program and will not be released to anyone other than necessary personnel. I understand that if my child is not accepted, this application may be shared with MACAA/Head Start. I certify that the information on this application is true and correct and give my permission for its verification.

Parent/Guardian Signature

Date

Nondiscrimination Notice

Charlottesville City Schools does not discriminate on the basis of race, color, national origin, sexual orientation, sex, disability or age in its programs or activities.

The Director of Human Resources shall act as the Compliance Officer for discrimination issues regarding employees and the general public under Title IX. The Director of Student Services shall act as the Compliance Officer for discrimination issues regarding students under Title IX and Section 504 of Rehabilitative Act of 1973. Both compliance officers may be contacted at the Administrative Offices of Charlottesville City Schools, 1562 Dairy Road, Charlottesville, VA. 22901. The phone number is 434-245-2400.