



**Spotsylvania County Public Schools Preschool Programs**  
**Head Start and Virginia Preschool Initiative**

7409 Brock Road, Spotsylvania, VA 22553 Phone: 540-582-8816 Fax: 540-582-8819



## 2019-2020 Application Information

*Child must be 4 years old on or before September 30, 2019*

*Applications **MUST BE SUBMITTED IN PERSON** by a parent or legal guardian. Incomplete applications will not be accepted. Please bring ALL of the following documents:*

- Completed and Signed Application**
- Parent/Guardian ID** (*driver's license, permit, passport or photo ID*)
- Child's Original Birth Certificate** (*birth letter or custody papers accepted as temporary verification*)
- Income Verification for Both Parents/Guardians Living in the Home.** *Bring all that apply: Paystubs (3 most recent) or 2018 tax return, TANF, Supplemental Security Income (SSI), Retirement, Disability, Unemployment, Child Support, Alimony, Veteran's Benefits, Scholarships/Grants, Rental Income, or Work for Cash.*
- Legal Custody/Guardianship, Visitation, or Protective Orders** (*if applicable*)
- Foster Parent Verification** (*if applicable*)
- Residency Requirements** (*see below*)

SPOTSYLVANIA COUNTY PUBLIC SCHOOLS (SCPS) RESIDENCY REQUIREMENTS		
<p align="center"><b>I AM THE HOMEOWNER</b> (MUST BE YOUR PRIMARY RESIDENCE)</p> <p align="center"><b>MUST BRING IN THE FOLLOWING:</b></p> <p>___ MORTGAGE STATEMENT, DEED, SALES AGREEMENT OR TAX BILL FOR THE RESIDENCE</p> <p align="center"><b>AND</b></p> <p align="center"><b><u>ONE</u> OF THE FOLLOWING:</b></p> <p>___ ONE UTILITY BILL (ELECTRIC, WATER, GAS OR CABLE/SATELLITE ONLY)            ___ VOTER REGISTRATION            ___ AUTO REGISTRATION            ___ PAYROLL STUB            ___ DSS/SNAP BENEFITS            ___ PERSONAL PROPERTY TAX RECEIPT            ___ W2 FORM            ___ 2 MONTHS OF BANK STATEMENTS</p>	<p align="center"><b>I RENT</b></p> <p align="center"><b>MUST BRING THE FOLLOWING:</b></p> <p>___ CURRENT SIGNED AND BONAFIDE LEASE, RESIDENCE MANAGER LETTER (MUST INCLUDE CONTACT INFORMATION)</p> <p align="center"><b>AND</b></p> <p align="center"><b><u>ONE</u> OF THE FOLLOWING:</b></p> <p>___ ONE UTILITY BILL (ELECTRIC, WATER, GAS OR CABLE/SATELLITE ONLY)            ___ VOTER REGISTRATION            ___ AUTO REGISTRATION            ___ PAYROLL STUB            ___ DSS/SNAP BENEFITS            ___ PERSONAL PROPERTY TAX RECEIPT            ___ W2 FORM            ___ 2 MONTHS OF BANK STATEMENTS</p>	<p align="center"><b>I LIVE WITH ANOTHER SPOTSYLVANIA COUNTY RESIDENT</b></p> <p align="center"><b>MUST BRING THE FOLLOWING:</b></p> <p>___ <i>*NOTARIZED VERIFICATION OF RESIDENCY AFFIDAVIT FORM</i></p> <p align="center"><b>AND</b></p> <p>___ BOTH OF THE HOMEOWNERS RESIDENCY REQUIREMENTS (PLEASE REFER TO "I AM THE HOMEOWNER").</p> <p align="center"><b>AND</b></p> <p><b>PARENT/GUARDIAN MUST BRING <u>ONE</u> OF THE FOLLOWING:</b></p> <p>___ ONE UTILITY BILL (ELECTRIC, WATER, GAS OR CABLE/SATELLITE ONLY)            ___ VOTER REGISTRATION            ___ AUTO REGISTRATION            ___ PAYROLL STUB            ___ DSS/SNAP BENEFITS            ___ PERSONAL PROPERTY TAX RECEIPT            ___ W2 FORM            ___ 2 MONTHS OF BANK STATEMENTS</p>
<p align="center"><b>We cannot accept a driver's license, cell phone bill, or medical statements as proof of residency.</b>  <i>*Verification of Residency Affidavit Form can be found on SCPS website under student registration.</i></p>		

### General Information

- Completing an application does not guarantee enrollment
- Enrollment is based on income eligibility and child/family needs, not application date
- All families who apply cannot be enrolled into the program due to space availability
- Selections begin in April and are continuous until the program is full
- Children selected are notified by telephone or mail to schedule enrollment
- Children not selected are placed on a waiting list for vacancies during the school year
- Applications are accepted throughout the school year to maintain a waiting list for vacancies

**For Office Use Only**

Verifying Staff \_\_\_\_\_ Date \_\_\_\_\_ Application # \_\_\_\_\_ McKinney Vento Referral \_\_\_\_\_  
 Home School \_\_\_\_\_ Serving School \_\_\_\_\_ Self Transport \_\_\_\_\_  
 Documents Received: Physical \_\_\_ Dental \_\_\_ Immunizations \_\_\_ IEP \_\_\_ Custody \_\_\_ Foster Care \_\_\_ Community Referral \_\_\_

**Child Applicant**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_ **Nickname** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Race**  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Multi-Racial  Other:  
**Hispanic**  Yes  No **English Proficiency**  None  Little  Moderate  Proficient **Other Language** \_\_\_\_\_ **Other Language Proficiency**  None  Little  Moderate  Proficient

**Primary Health Coverage** \_\_\_\_\_ **Doctor Name** \_\_\_\_\_ **Dentist Name** \_\_\_\_\_

**Diagnosed Disability** \_\_\_\_\_ **Current Individualized Education Program (IEP)**  Yes  No  Pending **Location of Services (i.e.School, Facility, etc.)** \_\_\_\_\_

**Diagnosed Health Conditions** \_\_\_\_\_ **Written Community Agency Referral**  Yes (from \_\_\_\_\_)  No

**Child lives with (check all that apply):**  Biological Father  Step Father  Brothers - How many? \_\_\_\_\_  
 Biological Mother  Step Mother  Sisters - How many? \_\_\_\_\_  
 Foster Parent  Legal Guardian **Total # in Family:** \_\_\_\_\_

**Extended Family in the Home**  Grandmother  Other \_\_\_\_\_  
 Grandfather  Other \_\_\_\_\_ **Total # in Household:** \_\_\_\_\_

**Primary Parent/Guardian**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_ **Nickname** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Race**  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Multi-Racial  Other:  
**Hispanic**  Yes  No **English Proficiency**  None  Little  Moderate  Proficient **Other Language** \_\_\_\_\_ **Other Language Proficiency**  None  Little  Moderate  Proficient

**Highest Grade Completed**  High School Graduate  < Grade 9  Some College or Training  Grade 10  Associate's  Grade 11  Bachelor's  Grade 12  Master's  GED  
**Employment Status**  Full Time  Full Time & Training  Part Time  Part Time & Training  Seasonal  Training or School  Unemployed  Retired or Disabled  
**Child's Relationship**  Biological/Adopted/Step  Grandchild  Niece/Nephew  Foster  Other  
**Check all that apply:**  Teen Parent  Custody Documents

**Employer** \_\_\_\_\_ **Email** \_\_\_\_\_

**Military Veteran**  Yes  No **Marital Status**  Single  Married  Separated  Divorced  Widowed **Residency**  Lives with child  Lives at alternate address (list below):

**Secondary Parent/Guardian**

*Addendum sheet available to add additional adults, if needed.*

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_ **Nickname** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Race**  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Multi-Racial  Other:  
**Hispanic**  Yes  No **English Proficiency**  None  Little  Moderate  Proficient **Other Language** \_\_\_\_\_ **Other Language Proficiency**  None  Little  Moderate  Proficient

**Highest Grade Completed**  High School Graduate  < Grade 9  Some College or Training  Grade 10  Associate's  Grade 11  Bachelor's  Grade 12  Master's  GED  
**Employment Status**  Full Time  Full Time & Training  Part Time  Part Time & Training  Seasonal  Training or School  Unemployed  Retired or Disabled  
**Child's Relationship**  Biological/Adopted/Step  Grandchild  Niece/Nephew  Foster  Other  
**Check all that apply:**  Teen Parent  Custody Documents

**Employer** \_\_\_\_\_ **Email** \_\_\_\_\_

**Military Veteran**  Yes  No **Marital Status**  Single  Married  Separated  Divorced  Widowed **Residency**  Lives with child  Lives at alternate address (list below):

**Siblings Who Live in the Home (Non-Applicants)**

*Addendum sheet available to add additional children, if needed.*

First	Middle	Last	Child in ParentVUE?	Birthday	Gender
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	Middle	Last	Child in ParentVUE?	Birthday	Gender
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Family Information**

Living Address	ZIP	City	State
Mailing Address (if different than where you live)	ZIP	City	State

Phone Number(s)	Type (check one)	Primary	Who?	Permission to Receive Text Messages? (Data rates may apply)
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parents Living in Home	Primary Language at Home	Homeless Family	Active Duty Military	Currently Deployed	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Is your family currently receiving any of the following forms of income and/or assistance?**

<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Daycare Assistance	<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> Work for Cash
<input type="checkbox"/> SSI (Supplemental Security Income)	<input type="checkbox"/> Alimony/Spousal Support	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Other _____
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Disability	<input type="checkbox"/> Scholarships/Grants	
<input type="checkbox"/> Child Support	<input type="checkbox"/> Section 8/Subsidized Housing	<input type="checkbox"/> Rental Income	

**Do any of the following situations apply to your family? Please check all that apply.**

<input type="checkbox"/> homeless or living in shelter, hotel or campground	<input type="checkbox"/> recent death of relative: who _____ when _____
<input type="checkbox"/> living with relatives or others due to loss of housing or economic hardship	<input type="checkbox"/> serious health concern: who _____ when _____
<input type="checkbox"/> living with relatives or others by choice	<input type="checkbox"/> disabled parent or family member: who _____
<input type="checkbox"/> unsafe or unhealthy environment	<input type="checkbox"/> recently experienced fire or flood
<input type="checkbox"/> abusive home	<input type="checkbox"/> in need of emergency food assistance
<input type="checkbox"/> child's mother does not have a high school diploma or GED	<input type="checkbox"/> in need of emergency shelter
<input type="checkbox"/> child's father does not have a high school diploma or GED	<input type="checkbox"/> in need of emergency medical assistance
<input type="checkbox"/> child's mother is currently incarcerated	<input type="checkbox"/> in need of emergency utility assistance
<input type="checkbox"/> child's father is currently incarcerated	<input type="checkbox"/> no indoor plumbing and/or electricity
<input type="checkbox"/> teenage parent at time of HS/VPI child's birth	<input type="checkbox"/> additional information about child/family: _____
<input type="checkbox"/> child's mother currently pregnant Due: _____	
<input type="checkbox"/> other children in Head Start _____ when _____	<input type="checkbox"/> other children in VPI: _____ when _____

**Parent and/or Legal Guardian Agreement and Certification**

Spotsylvania County Public Schools Head Start and Virginia Preschool Initiative (VPI) are comprehensive and tuition free preschool programs available to eligible four year olds living in Spotsylvania County. The programs are led by highly qualified educational and support staff. The programs run from August to May with classes held Monday through Friday. Preschool programs offer school bus transportation both to and from school; however transportation is not guaranteed depending on location. It is the responsibility of the parent to inform Head Start staff at Early Childhood Services if you move or if your contact information changes.

The following will be required if your child is accepted and enrolled into a preschool program:

- VPI: *up-to-date immunization record and current school physical*
- Head Start: *up-to-date immunization record, current school physical, lab work, dental examination and all medical/dental follow up care recommended by doctor/dentist*

I certify that all information in this application and all documents provided are true and accurate and that all income is reported. I understand that these programs are paid for with federal, state and local funds and that if any information is false or misleading, my child's participation in Spotsylvania County Public Schools Head Start or VPI programs may be terminated. I understand that deliberate misrepresentation of information may subject me to prosecution under applicable state and federal law. I understand that the information in this application will be held in strict confidence within the agency and will be accessible to me during normal business hours. My signature authorizes sharing of information between Spotsylvania County Public Schools Preschool programs and Spotsylvania County Public Schools. In addition, I authorize sharing of information with Department of Social Services regarding my income, public assistance recipient status, and/or any other information needed to determine eligibility for programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*It is the policy of Spotsylvania County Public Schools Head Start and Virginia Preschool Initiative not to discriminate against any persons with disabilities or any person on the basis of race, color, religion, national origin, sex, age, ancestry or marital status.*

## Addendum Sheet

### Additional Siblings Living in the Home (Non-Applicants)

First	Middle	Last	Child in ParentVUE?	Birthday	Gender
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	Middle	Last	Child in ParentVUE?	Birthday	Gender
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	Middle	Last	Child in ParentVUE?	Birthday	Gender
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	Middle	Last	Child in ParentVUE?	Birthday	Gender
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	Middle	Last	Child in ParentVUE?	Birthday	Gender
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	Middle	Last	Child in ParentVUE?	Birthday	Gender
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Other Adult

First	Middle	Last	Nickname	Birthday	Gender	
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Moderate	<input type="checkbox"/> Little <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship	Check all that apply:	
<input type="checkbox"/> High School Graduate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Some College or Training <input type="checkbox"/> Grade 10 <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Master's <input type="checkbox"/> GED		<input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Teen Parent <input type="checkbox"/> Custody Documents	
Employer			Email			
Military Veteran	Marital Status		Residency			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed		<input type="checkbox"/> Lives with Child <input type="checkbox"/> Lives at alternate address (list below):	

### Other Adult

First	Middle	Last	Nickname	Birthday	Gender	
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Moderate	<input type="checkbox"/> Little <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship	Check all that apply:	
<input type="checkbox"/> High School Graduate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Some College or Training <input type="checkbox"/> Grade 10 <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Master's <input type="checkbox"/> GED		<input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Teen Parent <input type="checkbox"/> Custody Documents	
Employer			Email			
Military Veteran	Marital Status		Residency			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed		<input type="checkbox"/> Lives with Child <input type="checkbox"/> Lives at alternate address (list below):	

**SCPS Head Start and Virginia Preschool Initiative**  
**Transportation Pick-Up and Drop-Off Locations**

Child's Name: \_\_\_\_\_ Parent/ Legal Guardian's Name: \_\_\_\_\_

**Please Note:** The pick-up and drop-off addresses must be in the same school zone. School assignments are based on pick-up and drop-off addresses. It is the parents' responsibility to notify staff of any address changes. Enrollment is not guaranteed if the address change is in a different school zone.

**Observe por favor:** Las direcciones de recogida y retorno deben estar en la misma zona de la escuela. Las escuelas asignadas se basan en las direcciones de recogida y retorno. Es responsabilidad de los padres de notificar al personal de *Head Start* sobre cambios de dirección. La inscripción no está garantizada si el cambio de dirección se encuentra en una zona escolar diferente.

<p><b>Pick-Up Location / Lugar de recogida</b></p> <p><input type="checkbox"/> Home Address / Domicilio</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Alternate Address (babysitter/daycare) / Dirección alternativa (niñera/guardería)</p> <p>_____</p> <p>_____</p> <p><b>Responsible Adult / Adulto responsable:</b> _____</p> <p><b>Phone Number / Número de teléfono:</b> _____</p>	<p style="text-align: center; background-color: #e0e0e0; margin: 0;"><b>For Office Use Only</b></p> <p>Home School: _____</p> <p>Serving School: _____</p>
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<p><b>Drop-Off Location / Lugar de retorno</b></p> <p><input type="checkbox"/> Home Address / Domicilio</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Alternate Address (babysitter/daycare) / Dirección alternativa (niñera/guardería)</p> <p>_____</p> <p>_____</p> <p><b>Responsible Adult / Adulto responsable:</b> _____</p> <p><b>Phone Number / Número de teléfono:</b> _____</p>	<p><input type="checkbox"/> Same as Pick-up Location</p>
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Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_