



Spotsylvania County Public Schools Preschool Program Head Start and Virginia Preschool Initiative

Center for Family and Preschool Services

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

2021-2022 Application Information

Child must be 4 years old on or before September 30, 2021

Applications must be submitted by a parent or legal guardian.

Incomplete applications will not be accepted. Please submit 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.** *Submit all that apply: Paystubs (3 most recent) or 2020 tax return, current W-2's, 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 Care Verification** (*if applicable*)
- Residency Requirements** (*see below*)

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

Race _____ **Hispanic** _____ **English Proficiency** _____ **Other Language** _____ **Other Language Proficiency** _____

- Asian American Indian/Alaska Native Yes None Little
 Black Hawaiian/Pacific Islander No Moderate Proficient
 White Multi-Racial Other: _____
 None Little
 Moderate Proficient

Primary Health Coverage _____ **Doctor Name** _____ **Dentist Name** _____

Diagnosed Disability _____ **Current Individualized Education Program (IEP)** _____ **Location of Services (i.e.School, Facility, etc.)** _____

- Yes No Pending

Diagnosed Health Conditions _____ **Written Community Agency Referral** _____

- Yes (from _____) No

Child lives with (check all that apply):

Extended Family in the Home

- Biological Father Step Father Brothers - How many? _____
 Biological Mother Step Mother Sisters - How many? _____
 Foster Parent Legal Guardian
 Grandmother Other _____
 Grandfather Other _____

Total # in Family: _____

Total # in Household: _____

Primary Parent/Guardian

First _____ **Middle** _____ **Last** _____ **Birthday** _____ **Gender** _____

Race _____ **Hispanic** _____ **English Proficiency** _____ **Other Language** _____ **Other Language Proficiency** _____

- Asian American Indian/Alaska Native Yes None Little
 Black Hawaiian/Pacific Islander No Moderate Proficient
 White Multi-Racial Other: _____
 None Little
 Moderate Proficient

Highest Grade Completed _____ **Employment Status** _____ **Child's Relationship** _____ **Check all that apply:** _____

- High School Graduate < Grade 9 Full Time Full Time & Training Biological/Adopted/Step
 Some College or Training Grade 10 Part Time Part Time & Training Grandchild
 Associate's Grade 11 Seasonal Training or School Niece/Nephew
 Bachelor's Grade 12 Unemployed Retired or Disabled Foster
 Master's GED Other _____
 Teen Parent (17 or below)
 Custody Documents

Employer _____

Parent/Guardian Email _____

Military Veteran _____

Marital Status _____

Residency _____

- Yes Single Married Widowed Lives with child
 No Separated Divorced Lives at alternate address (list below): _____

Secondary Parent/Guardian

Addendum sheet available to add additional adults, if needed.

First _____ **Middle** _____ **Last** _____ **Birthday** _____ **Gender** _____

Race _____ **Hispanic** _____ **English Proficiency** _____ **Other Language** _____ **Other Language Proficiency** _____

- Asian American Indian/Alaska Native Yes None Little
 Black Hawaiian/Pacific Islander No Moderate Proficient
 White Multi-Racial Other: _____
 None Little
 Moderate Proficient

Highest Grade Completed _____ **Employment Status** _____ **Child's Relationship** _____ **Check all that apply:** _____

- High School Graduate < Grade 9 Full Time Full Time & Training Biological/Adopted/Step
 Some College or Training Grade 10 Part Time Part Time & Training Grandchild
 Associate's Grade 11 Seasonal Training or School Niece/Nephew
 Bachelor's Grade 12 Unemployed Retired or Disabled Foster
 Master's GED Other _____
 Teen Parent (17 or below)
 Custody Documents

Employer _____

Parent/Guardian Email _____

Military Veteran _____

Marital Status _____

Residency _____

- | | | | | | |
|------------------------------|------------------------------------|-----------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Lives with child | <input type="checkbox"/> Lives at alternate address (list below): |
| <input type="checkbox"/> No | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | | | |

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	Receiving Free or Reduced School Meals	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 (17 or below) | <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 the 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		
			<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		

Other Adult

First	Middle	Last	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"/> Little <input type="checkbox"/> Moderate <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 (17 or below) <input type="checkbox"/> Custody Documents
Employer			Other Adult 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	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"/> Yes	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> None	<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:					
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"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Teen Parent (17 or below)	
<input type="checkbox"/> Some College or Training	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Custody Documents	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew		
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		
<input type="checkbox"/> Master's	<input type="checkbox"/> GED			<input type="checkbox"/> Other		
Employer			Other Adult Email			
Military Veteran		Marital Status		Residency		
<input type="checkbox"/> Yes	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Lives with Child	<input type="checkbox"/> Lives at alternate address (list below):	
<input type="checkbox"/> No	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced				

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 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.

Pick-Up Location / Lugar de recogida		For Office Use Only	
		Home School:	
		Serving School:	
<input type="checkbox"/> Home / Domicilio OR <input type="checkbox"/> Alternate (babysitter/daycare) Dirección alternativa (niñera/guardería)	Address:		
	Responsible Adult / Adulto responsable:		
	Phone Number / Número de teléfono:		

Drop-off Location / Lugar de retorno		<input type="checkbox"/> Same as Pick-up Location
<input type="checkbox"/> Home / Domicilio OR	Address:	

<input type="checkbox"/> Alternate (babysitter/daycare) Dirección alternativa (niñera/guardería)		
	Responsible Adult / Adulto responsable:	
	Phone Number / Número de teléfono:	

Are you willing or able to consider self-transporting your child to a different school outside of your assigned bus transportation zone?	YES	NO
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Parent/Legal Guardian's Signature _____ Date _____