



DCPS: Virginia Preschool Initiative (VPI): Bright Stars & The Improvement Association: Head Start Joint Preschool Application



Date of Application:		
Section 1: Child Information		
First Name:	Middle:	Last Name:
DOB:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Certificate #:		
Place of Birth:	Home Phone:	Work Phone:
English Fluency: <input type="checkbox"/> Not At All <input type="checkbox"/> Not Well <input type="checkbox"/> Well <input type="checkbox"/> Very Well		
Primary Language Spoken in the Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other: (Specify):		Secondary: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other: (Specify):
Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Refuse to Answer <input type="checkbox"/> Asian (Far East, Southeast Asia; i.e., China, India, Japan, Korea, Malaysia, Pakistan, P. Islands, Thailand) <input type="checkbox"/> Other (Specify):		
Ethnicity: <input type="checkbox"/> NO, not Hispanic/Latino <input type="checkbox"/> YES, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture)		
Section 2: Parent/Guardian Information		
Mother/Legal Guardian		Is this person living in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO
First Name:	MI:	Last Name:
DOB:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth:		
Home Phone:	Cell Phone:	Work Phone:
Email:	May we contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
English Fluency: <input type="checkbox"/> Not At All <input type="checkbox"/> Not Well <input type="checkbox"/> Well <input type="checkbox"/> Very Well		
Primary Language Spoken in the Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other: (Specify):		Secondary: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other: (Specify):
Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Refuse to Answer <input type="checkbox"/> Asian (Far East, Southeast Asia; i.e., China, India, Japan, Korea, Malaysia, Pakistan, P. Islands, Thailand) <input type="checkbox"/> Other (Specify):		
Ethnicity: <input type="checkbox"/> NO, not Hispanic/Latino <input type="checkbox"/> YES, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture)		
Father/Legal Guardian		Is this person living in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO
First Name:	MI:	Last Name:
DOB:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth:		
Home Phone:	Cell Phone:	Work Phone:
Email:	May we contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
English Fluency: <input type="checkbox"/> Not At All <input type="checkbox"/> Not Well <input type="checkbox"/> Well <input type="checkbox"/> Very Well		
Primary Language Spoken in the Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other: (Specify):		Secondary: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other: (Specify):
Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Refuse to Answer <input type="checkbox"/> Asian (Far East, Southeast Asia; i.e., China, India, Japan, Korea, Malaysia, Pakistan, P. Islands, Thailand) <input type="checkbox"/> Other (Specify):		
Ethnicity: <input type="checkbox"/> NO, not Hispanic/Latino <input type="checkbox"/> YES, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture)		
Section 3: Living Address: Is your present housing situation temporary? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Street Address:		
City:	State: VA	Zip code:



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Section 4: Mailing Address

Street Address: _____
 City: _____ City: _____ City: _____

Section 5: Custody Order

Has the court awarded you legal parental custody of your child? Not Applicable Yes No
 If yes, a copy of the **Custody Order** including **Visitation Rights** during the day **must** be attached.

Section 6: Household Member Information (Adults & Children)

ADULTS Living in Household (Include all adults)

Last, First Name	Relationship to Child	Gender	Education Level: Diploma, GED, College	Employer	Employer / Work Phone #	Employment Status FT PT	Currently enrolled in Class/Training
1.							
2.							
3.							
4.							
5.							

CHILDREN Living in Household (LIST APPLICANT FIRST, then all other children)

Last, First Name	Relationship to Child	Gender	Former/Current Preschool Child (specify)	Date of Birth	Gender	Current School	Grade
1.							
2.							
3.							
4.							
5.							

Section 7: In Case of Emergency: Who to contact in case of emergency (other than Parent/Legal Guardian):

First Contact Name: _____
 Relationship to Child: _____ Phone/Cell #: _____
 Address: _____
 First Contact Name: _____
 Relationship to Child: _____ Relationship to Child: _____
 Address: _____

Section 8: Child Data

NOTE: Section 8: Child Data continues on next page

Do you have any concerns about your child's overall/health development? (If yes, please describe concerns) Yes No Describe Concerns: _____

Do you have any concerns about your child's (Please check all that apply):
 None Mental Health Physical Health Dental Developmental Delay

PARENT/GUARDIAN OBSERVATIONS OF CHILD (Please check all that apply):
 None Speech/Language Deficits Aggressive Behavior Failure to thrive Withdrawn Behavior Physical Disability

Child previously enrolled in Head Start? Yes No Child previously applied or was on waiting list? Yes No

Does your child have an IFSP/IEP (or Disability)? Yes No

Is your child currently undergoing evaluation for a suspected disability? Yes No If so, where: _____

Proof of Disability Received: _____ Date: _____ Source: _____



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Section 8: Child Data *Continued*

Established Risks (*Check all that apply*):

- None
- Chromosomal abnormality (i.e. Down Syndrome)
- Congenital syndrome (i.e. Fetal Alcohol Syndrome)
- Medically fragile (i.e. Lead, Failure to Thrive, Anemia)
- Sensory Impairment (i.e. hearing or vision)
- Congenital birth defect (i.e. Spina Bifida)
- Hepatitis
- Other (Specify): _____

Medical Conditions (*Conditions which could be important in an emergency*):

- None
- Asthma
- Diabetes
- Seizures/Convulsions
- Other (Specify): _____
- Food Allergy (Specify): _____ (Must have documentation and Epi-Pen on file)

Note: If medication must be administered during school hours, we must have paperwork completed by a doctor.

Environmental Risks (*Check all that apply*)

- None
- Biological Mother (less than 17 years old)
- Family Social Disorganization
- Parental Developmental Disability
- Suspected Child Abuse/Neglect
- Other (Specify): _____
- Documented Child Abuse/Neglect
- Parental Education less than 8th grade level
- Parental Abuse Education
- Family Member Smokes in Household
- Poverty

Section 9: Family Information

- | | | | |
|---|--|---|--|
| Family in Active Military | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent Incarcerated | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Member Currently in Head Start | <input type="checkbox"/> Yes <input type="checkbox"/> No | Substance Abuse/Abusive home | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Member Currently in VPI | <input type="checkbox"/> Yes <input type="checkbox"/> No | Teen Mother less than 17 years old | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| More than one Family Member applied for Preschool; if so, when: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is Family Homeless (ex. Shelter, Hotel)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Member with Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you reside with a relative/friend? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family history with special education identification | <input type="checkbox"/> Yes <input type="checkbox"/> No | Resident of a public housing development | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Two or more preschoolers live in home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Resident of substandard housing and utilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Family Type:

- Biological Family
- Foster Family
- Other Family Type
- Other Relative(s)

Parent Type (*Check only one*):

- Single Parent (father figure only)
- Single Parent (father figure only) living with partner
- Single Parent (mother figure only)
- Single Parent (mother figure only) living with partner
- Two Parent Family

Parent Status (*Check only one*):

- Single Parent, Not working or Student
- Single Working Parent or Student
- Two Parents, Both Working or Students
- Two Parents, Neither Working or Students
- Two Parents, One Working or Student
- Divorced

Types of Services or Financial Assistance Received (*Check all that apply*):

- Disability
- Child Support/Alimony
- EPSDT
- Medical Financial Assistance (i.e. Medicaid/Medicare)
- Public Assistance/Welfare (i.e. TANF/AFDC)
- Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps
- Social Security
- Scholarships/Grants
- WIC
- Unemployment Benefits
- Energy Program Assistance
- Foster Care/Adoption Subsidy
- Section 8/Public Housing Assistance
- Supplemental Security Income (SSI):
Please indicate for: Parent Child Both
- Daycare Assistance
- VA Benefits
- Other (Specify): _____

Section 10: Family Doctor

Name:	Phone #:
Address:	

Section 11: Family Dentist

Name:	Phone #:
Address:	



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The Improvement Association

How did your family hear about the VPI: Bright Stars and/or Head Start program(s)?

Note: Only a limited number of preschool spots are available; applying does not guarantee acceptance. Preschool is not first-come first-served. Students who are not initially accepted are placed on the waiting list in case a spot opens up during the school year.

CERTIFICATION

I certify all of the information I provided is true and correct and all income is reported and submitted. I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that deliberate misrepresentation of any of this information will disqualify my child from being considered for a preschool program.

Parent Signature: _____ Date: _____

<u>For School Personnel Only</u>	<u>For School Personnel Only</u>	<u>For School Personnel Only</u>
Program: _____ School: _____ Home School: _____ Bus #: _____	<input type="checkbox"/> Parent/Guardian Valid ID <input type="checkbox"/> Child's Birth Certificate <input type="checkbox"/> Child's Social Security Number <input type="checkbox"/> Immunizations <input type="checkbox"/> School Entrance Health Form/Physical	<input type="checkbox"/> Proof of Residency <input type="checkbox"/> Income Verification Date provided: _____ <input type="checkbox"/> Child's Insurance card
School Personnel Signature: _____		Date: _____