



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



Section 4: Mailing Address							
Street Address:							
City:			City:			City:	
Section 5: Custody Order							
Has the court awarded you legal parental custody of your child? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, a copy of the <u>Custody Order</u> including <u>Visitation Rights</u> 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							
<i>NOTE: Section 8: Child Data continues on next page</i>							
Do you have any concerns about your child's overall/health development? (If yes, please describe concerns) <input type="checkbox"/> Yes <input type="checkbox"/> No					Describe Concerns: _____		
Do you have any concerns about your child's (Please check all that apply):							
<input type="checkbox"/> None <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Health <input type="checkbox"/> Dental <input type="checkbox"/> Developmental Delay							
PARENT/GUARDIAN OBSERVATIONS OF CHILD (Please check all that apply):							
<input type="checkbox"/> None <input type="checkbox"/> Speech/Language Deficits <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Withdrawn Behavior <input type="checkbox"/> Physical Disability							
Child previously enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No				Child previously applied or was on waiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have an IFSP/IEP (or Disability)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is your child currently undergoing evaluation for a suspected disability? <input type="checkbox"/> Yes <input type="checkbox"/> 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):

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Sensory Impairment (i.e. hearing or vision) |
| <input type="checkbox"/> Chromosomal abnormality (i.e. Down Syndrome) | <input type="checkbox"/> Congenital birth defect (i.e. Spina Bifida) |
| <input type="checkbox"/> Congenital syndrome (i.e. Fetal Alcohol Syndrome) | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Medically fragile (i.e. Lead, Failure to Thrive, Anemia) | <input type="checkbox"/> 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)

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

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):

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

Section 10: Family Doctor

Name:	Phone #:
Address:	

Section 11: Family Dentist

Name:	Phone #:
Address:	



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