



# 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: □ Male □ Female		
Birth Certificate #:				
Place of Birth:	Home Phone:	Work Phone:		
English Fluency: □ Not At All □ Not \	Well □ Well □ Very Well			
	•	ndary: □ English □ Spanish □ French ther: (Specify):		
Race (Check all that apply): ☐ White ☐ Hispan				
	Pacific Islander □ Unknown □ Refuse to A			
☐ Asian (Far East,	Southeast Asia; i.e., China, India, Japan, Korea,	Malaysia, Pakistan, P. Islands, Thailand)		
☐ Other (Specify):				
Ethnicity: □ NO, not Hispanic/Latino				
_	exican, Puerto Rican, South or Central America	or other Spanish Culture)		
Section 2: Parent/Guardian Information	exically 1 deries reteally goddle of Celliful 1 linested	of other spanish culture,		
	Is this manager lining in the house?	1 NO		
First Name:	Is this person living in the home? ☐ YES ☐ MI:	Last Name:		
DOB:				
	SSN:	Gender: □ Male □ Female		
Place of Birth:	C II DI	W 1 DI		
Home Phone:	Cell Phone:	Work Phone:		
Email:		we contact you by email? ☐ Yes ☐ No		
English Fluency: ☐ Not At All ☐ Not \	Well □ Well □ Very Well			
Primary Language Spoken in the Home: ☐ En	glish □ Spanish □ French Second	ondary: ☐ English ☐ Spanish ☐ French		
□ O <sub>1</sub>	her: (Specify):	Other: (Specify):		
Race (Check all that apply): ☐ White ☐ Hispan	nic □ Black/African American □ Alaskan/Aı	nerican Indian ☐ Two or More Races		
	Pacific Islander □ Unknown □ Refuse to A			
	Southeast Asia; i.e., China, India, Japan, Korea,	Malaysia, Pakistan, P. Islands, Thailand)		
☐ Other (Specify):				
Ethnicity: □ NO, not Hispanic/Latino				
☐ YES, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture)				
Father/Legal Guardian I	s this person living in the home? $\Box$ YES $\Box$	NO		
First Name:	MI:	Last Name:		
DOB:	SSN:	Gender: □ Male □ Female		
Place of Birth:				
Home Phone:	Cell Phone:	Work Phone:		
Email:	May	we contact you by email? ☐ Yes ☐ No		
English Fluency:   Not At All   Not Well   Well   Very Well				
Primary Language Spoken in the Home: ☐ English ☐ Spanish ☐ French Secondary: ☐ English ☐ Spanish ☐ French				
□ Other: (Specify): □ Other: (Specify):				
Race (Check all that apply):   White   Hispanic   Black/African American   Alaskan/American Indian   Two or More Races				
□ Native Hawaiian/Pacific Islander □ Unknown □ Refuse to Answer				
☐ Asian (Far East, Southeast Asia; i.e., China, India, Japan, Korea, Malaysia, Pakistan, P. Islands, Thailand)				
☐ Other (Specify):				
Ethnicity:   NO, not Hispanic/Latino				
☐ 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? ☐ YES ☐ NO				
Street Address:				
City:	State: VA	Zip code:		





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Section 4: Mailing Ac	ldress								
Street Address:		T				T			
City:		City:				City:			
Section 5: Custody O									
Has the court awarded yo	ou legal parental cu	stody of you	r child? □ Not A	Applicat	ole □ Yes □ N	lo .			
If yes, a copy of the Cust	t <b>ody Order</b> includi	ng Visitatio	n Rights during	g the day	y <b>must</b> be attache	ed.			
Section 6: Household	Member Inforn	nation (Ad	ults & Childr	en)					
		ADULTS	Living in H	ouseho	ld (Include all	adults)			
Last, First Name	Relationship to Child	Gender	Educatio n Level: Diploma, GED, College		mployer	Employer / Work Phone #	Employment Status FT PT	Current enrolle in Class/Trai	ď
1.									
2.									
3.									
2. 3. 4.									
5.									
	CHILDREN Liv	ing in Hou	sehold (LJS)	Г АРРІ	JCANT FIRS	T then all other	r children)		
			Former/Cur			1, then an other			
Last, First Name	Relationship to Child	Gender	Preschool C (specify		Date of Birth	Gender	Current Scho	ol G	rade
1.									
2.									
3.									
4.									
5.		1							
Section 7: In Case of	Emergency: Wh	o to contac	t in case of en	nergenc	v (other than Pa	arent/Legal Gua	ordian):		
First Contact Name:				8	) (******				
Relationship to Child:				Pho	one/Cell #:				
Address:				I.					
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 <u>Describe Concerns:</u>									
overall/health development? (If yes, please describe concerns)									
Do you have any concerns about your child's ( <i>Please check all that apply</i> ):  □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 (						
Established Risks (Check	all that apply):					
			Sensory Impairment (i.e. hearing or vision)			
□Chromosomal abnormality (i.e. Down Syndrome) □Congenital syndrome (i.e. Fetal Alcohol Syndrome)		□Congenital birth defect (i.e. Spina Bifida)				
•			☐ Hepatitis ☐ Other (Specify):			
Medical Conditions (Cond	litions which could be impor	tant in an emergenc	·y):			
	Diabetes					
□Food Allergy (Specify):				ocumentation and Epi-Pen on file)		
Note: If medication mus	be administered during so	chool hours, we mu	st have pape	erwork completed by a doctor.		
Environmental Risks (Cha	eck all that apply)					
□None	sen an man approj		□ Docume	ented Child Abuse/Neglect		
☐ Biological Mother (less t	☐ Biological Mother (less than 17 years old)		□ Parental Education less than 8 <sup>th</sup> grade level			
☐ Family Social Disorgani				l Abuse Education		
□Parental Developmental l			☐ Family I	Member Smokes in Household		
☐ Suspected Child Abuse/I	Neglect		□ Poverty			
☐ Other (Specify):						
Section 9: Family Infor		V = D1	D . I	. 1		
Family in Active Military Family Member Currently		Yes □No Yes □No	Parent Inca	rcerated Abuse/Abusive home	□Yes □No □Yes □No	
Family Member Currently		Yes □No		er less than 17 years old	□Yes □No	
More than one Family Men	mber applied for		•		□Yes □No	
Preschool; if so, when:		Yes □No	Do you reside with a relative/friend?			
Family Member with Disa Family history with specia	l education identification :	Yes □No Yes □No	Resident of a public housing development □Yes □No		□Yes □No	
Two or more preschoolers	live in home	Yes □No	Resident of	f substandard housing and utilities	□Yes □No	
Family Type:	Parent Type (Check only o	one):		Parent Status (Check only one):		
☐Biological Family	☐Single Parent (father figu	- ·		☐Single Parent, Not working or St		
☐Foster Family	☐Single Parent (father figu		partner	☐ Single Working Parent or Studer		
Other Family Type	☐ Single Parent (mother fi		1	☐ Two Parents, Both Working or S		
□Other Relative(s)	Other Relative(s)  Single Parent (mother figure only) living with partner  Two Parents, Neither Working or Students  Two Parents, One Working or Student					
	□ I wo Fatent Family		☐Two Parents, One Working or Student ☐Divorced			
Types of Services or Final	ncial Assistance Received (	Check all that apply	,):			
☐ Disability		encen an man appro		Jnemployment Benefits		
☐ Child Support/Alimony			☐Energy Program Assistance			
☐ EPSDT ☐ Foster Care/Adoption Subsidy						
☐ Medical Financial Assistance (i.e. Medicaid/Medicare) ☐ Section 8/Public Housing Assistance						
☐ Public Assistance/Welfare (i.e. TANF/AFDC) ☐ Supplemental Security Income (SSI):						
	Assistance Program (SNAP)	aka Food Stamps		Please indicate for: □Parent □Child	d⊔Both	
Social Security	☐ Social Security ☐ Daycare Assistance ☐ VA Benefits					
*			Other (Specify):			
Section 10: Family Doc	tor			other (specify).		
-	101		Dhone #			
Name:			Phone #:			
Address:						
Section 11: Family Den	tist					
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:				

For School Personnel Only	For School Personnel Only	For School Personnel Only
Program: School: Home School: Bus #:	<ul> <li>□ Parent/Guardian Valid ID</li> <li>□ Child's Birth Certificate</li> <li>□ Child's Social Security Number</li> <li>□ Immunizations</li> <li>□ School Entrance Health Form/Physical</li> </ul>	<ul> <li>□ Proof of Residency</li> <li>□ Income Verification</li> <li>□ Date provided:</li> <li>□ Child's Insurance card</li> </ul>
School Personnel Signature:		Date:

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