



## The Preschool Program of the Charlottesville City Schools

416 13<sup>th</sup> Street NW  
Charlottesville, Virginia 22903  
434-245-2813

Dear Parent or Guardian,

The Charlottesville City Schools provides a **Three-Year-Old Program** for its low income residents. The **Three-Year-Old Program** offers your child a positive, nurturing environment and preparation for the Four-Year-Old Program the following year. We are excited to have five Three-Year-Old classes in the city serving a total of 60 children. There are two classes located at Clark Elementary School and one each at Greenbrier, Jackson-Via and Johnson Elementary Schools. The classes follow the Charlottesville City Schools' calendar. The hours of the program are 9am to 2:15 pm.

**Eligibility requirements:**

- **City of Charlottesville resident**
- **Household is eligible for School Nutrition Assistance Program**
- **Child is three years old on or before September 30, 2012**
- **Child is completely toilet trained**
- **Parent or guardian attends scheduled interview**

**Applications must be received by MARCH 1, 2012**

**You MUST include PROOF OF INCOME and PROOF OF RESIDENCY**

**Income:** 2011 W-2's, tax returns, pay stubs for the last 4 weeks, child support, SSI or TANF

**PROOF OF RESIDENCY:** lease, rent receipt or utility bill.

Your child **CANNOT** be considered for placement in the **Three-Year-Old Program** unless you attend an interview with preschool staff at Clark Elementary School on 1000 Belmont Avenue in Charlottesville on **Tuesday, April 17, 2012**. You will receive a postcard notifying you of the time of your interview. If the interview time does not fit your schedule, notify us before the interview date so that we can find a date that works for you. Please update us if your address or phone number change.

Return your completed application with the **required proof of residency and income** to any local elementary school or to the address at the top of this letter. **Space is limited, so apply today!**

Sincerely,

Ann Dublirer, Preschool Coordinator, 245-2797

Eursaline Inge, Preschool Family Worker, 245-2813

Eleanor Barrese, Johnson School Preschool Family Worker, 245-2865

Clark School Preschool Family Worker, 245-2525

**Nondiscrimination Notice**

*Charlottesville City Schools does not discriminate on the basis of race, color, national origin, sexual orientation, sex, disability or age in its programs or activities.*

*The Director of Human Resources shall act as the Compliance Officer for discrimination issues regarding employees and the general public under Title IX. The Director of Student Services shall act as the Compliance Office for discrimination issues regarding students under Title IX and Section 504 of Rehabilitative Act of 1973. Both compliance officers may be contacted at the Administrative Offices of Charlottesville City Schools, 1562 Dairy Road, Charlottesville, VA. 22901. The phone number is 434-245-2400.*



# The Charlottesville Preschool Program 2012-2013

416 13<sup>th</sup> Street NW, Charlottesville, Virginia 22903

(434) 245-2813

Priority consideration given to applications in the order they are received by MARCH 1, 2012.

Referred by: \_\_\_\_\_

Applications **WILL NOT** be considered without **PROOF OF RESIDENCY** (lease, rent receipt, utility bill) and **PROOF OF INCOME** (2011 W's, tax returns, 4 weeks of pay stubs, child support, SSI, TANF).

## I. Child Information

Child's Name: ( Last, First, Middle)

Sex:  M  F

Birth Date:

Ethnicity:

American Indian  Asian  Black  Hispanic  White  
 Other  Unspecified

Child's Address:

Zip:

Emergency Contact if parent/guardian can not be reached :

## II. Parent/Guardian Information: \*\* ATTACH PROOF OF RESIDENCY FOR PARENT/GUARDIAN RESIDING WITH APPLICANT

Mother's/Guardian's Name:

Father's/Guardian's Name:

Address:

Address:

Home phone:

Home phone:

Work phone:

Work phone:

Cell phone:

Cell phone:

E-mail:

E-mail:

Date of birth:

Date of birth:

Are you employed? Yes/No

**\*\* ATTACH PROOF OF INCOME**

Are you employed? Yes/No

**\*\* ATTACH PROOF OF INCOME**

Employer:

Employer:

Last grade completed/GED:

Last grade completed/GED:

What is the language usually spoken at home by parents: \_\_\_\_\_ by child: \_\_\_\_\_

Child lives with :  Mother  Father  Both Parents  Other (Please List) :

If "Other", does this person have legal custody?  Yes  No

### List everyone living in the home:

Last Name	First Name	Date of Birth	Sex	Grade Level	Relationship to child
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		

**FOR OFFICE USE ONLY**  Proof of Residency Date Rec'd. \_\_\_\_\_  
 (Do Not Write in this area)  Proof of Income Date Rec'd. \_\_\_\_\_

**List all siblings not in the home**

Last Name	First Name	Date of Birth	Sex	Grade	Location
		/ /	M / F		
		/ /	M / F		

**III. Please check the services you or your child receives:**

TANF  
  WIC  
  Region Ten  
  Food Stamps  
  Jefferson Area CHIP  
  Family Partners/ Healthy Families  
 Name of Worker : \_\_\_\_\_

**IV. Child History**

Is your child toilet trained?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Has your child been in a preschool or childcare?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain: (When, where, how long?)
Are there any problems with your child's speech?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Do others have difficulty understanding what your child says?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Does your child have any diagnosed emotional or behavioral problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Does your child have any chronic medical conditions, such as asthma, allergies, diabetes or seizures?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Have you been told by a teacher, doctor, or nurse that your child has a disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:
Does your child use any medical device (i.e. wheelchair, hearing aid, glasses)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:
Has your child been found eligible for special education or speech services?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:

List any additional concerns you have about your child: \_\_\_\_\_

**V. Family History - Please check any of the following factors that apply to your immediate family:**

Currently we <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Share a Home	
Were you a teen parent when any of your children were born?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is anyone in the family in jail or on probation (current or past)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have learning problems or difficulty reading?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been a victim of violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a serious physical condition that requires ongoing medical care?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been homeless or lived in a shelter?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has the child/ family moved two or more times in the past year?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other than service workers, how many people can you call on to help with this child in an emergency?	Total Number:
Have you ever received mental health services?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Your child's siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes

Please list any other family needs, crises, or anything else that you think would be helpful to your application: \_\_\_\_\_

I understand that this information will only be used to help determine my child's eligibility for the Charlottesville Preschool Program and will not be released to anyone other than necessary personnel. I understand that if my child is not accepted, this application may be shared with MACAA/Head Start. I certify that the information on this application is true and correct and give my permission for its verification.

Parent/Guardian Signature

Date

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