



# 2019-2020 York County Preschool Programs Joint Application



*Application Deadline: Open until filled*

This application serves as a single point of entry for York County Preschool Programs including, but not limited to, Head Start and VPI (Virginia Pre-School Initiative). Please complete the attached application and return the completed application along with appropriate documentation to either of the agencies listed below. Agency staff will review your information and notify you of all programs for which your child qualifies.

Applications will only be accepted at the following locations:

**York County School Division**  
Valerie Wilson  
Coordinator of Preschool Programs  
302 Dare Road  
Yorktown, VA 23692

**York County Head Start**  
Taren Thomas  
Family Services Coordinator  
1490 Government Road  
Williamsburg, VA. 23185

## Program Descriptions

### Head Start

**Head Start** is a national child development program for children. Families of children who live in York County between the ages of three and five can apply. Children enrolled in the program receive educational services to help prepare them for kindergarten. Families also receive services in health, nutrition, mental health, education, disabilities and family support. **Head Start provides services at no cost for those children and families that meet the entrance criteria.** Breakfast and lunch are also provided daily free of charge. Limited transportation services are available within York County. Classes are in session from September- May.

#### **Head Start Locations:**

Bethel Manor Elementary School (1797 First St., Hampton, VA 23655)  
Griffin-Yeates Center (1490 Government Road, Williamsburg, VA 23185)  
Yorktown Elementary School (131 Siege Lane, Yorktown, VA 23692)

#### **Hours of Operation:**

Locations operate Monday-Friday. Hours vary by location.

**\*\* If you need more information regarding Head Start services, contact the Head Start Office at (757) 890-3888.**

### Virginia Preschool Initiative (VPI)

**Virginia Preschool Initiative (VPI)** is an initiative to identify and serve at-risk 4-year-old preschoolers in the Commonwealth of Virginia through the local educational agency (YCSD). VPI students are provided a language-based, developmentally appropriate school curriculum. The child must have reached their fourth birthday on or before September 30<sup>th</sup> and not be served by Head Start. Final selections are prioritized and based on the critical need(s) of each child. **The program is provided at no cost for children and families meeting entrance criteria.** Transportation is provided to and from the attendance location. VPI classes start in September and end in June. Students do not attend on late arrival or early release days. **VPI selections will be determined starting March 15 and remain open until all slots are filled.**

#### **VPI Hours of Operation and Locations:**

All York County Elementary School Locations.....Monday-Thursday.....PM Sessions only (hours vary by school)

**\*\* If you need more information regarding VPI services, contact the York County School Board Office at (757) 898- 0308.**

*Please detach this page and keep for informational purposes.*

**Program(s) of Interest**

Please indicate your program(s) of interest by selecting your **Option #1** and/or **Option #2**. *Your application will be processed at the Option #1 location first.* If you have any questions about the status of your application, please contact the Option #1 location that you selected. **Head Start**  **Option #1**  **Option #2** For Head Start, select preferred location:  Griffin-Yeates

- Bethel Manor Elementary
- Yorktown Elementary

Virginia Preschool Initiative  **Option #1**  **Option #2**

**Demographic Information**

Complete all of the information below.

Child's Full Name:		DOB:	Sex:
Child's Address			
Child's Zoned Elementary School:			
Parent/Guardian Name:		Address:	
Phone Number(s):	Home:	Cell:	Work:
Parent/Guardian Name:		Address:	
Phone Number(s):	Home:	Cell:	Work:
<b>Emergency Contact Information</b> (List two local emergency contacts other than the child's parents/guardians)			
Emergency Contact #1:		Relationship to Child:	
Emergency Contact Full Physical Address:		Phone Number:	
Emergency Contact #2:		Relationship to Child:	
Emergency Contact Full Address		Phone Number:	

**Financial Information**

York County Preschool Programs may have income limitations. For this reason, financial documentation **must be submitted with this application to finalize your child's acceptance.** For VPI Applicants, only a W-2 is accepted. Head Start Applicants can submit a W-2, SSI/TANF Statement, 3-6 paystubs, or Tax Form 1040.

Please indicate the number of immediate family members (parents and siblings) living in your home: (Count all adults who live in the home whose income supports the household and all family members being supported by family income.) \_\_\_\_\_

**Program Criteria**

**PLEASE CHECK ALL THAT APPLY:**

- Child will turn 4 years old by September 30<sup>th</sup> (Attach a copy of the child's Birth Certificate for verification)
- Child/Family resides in York County (Attach proof of residency for York County for verification)
- Family receives TANF/SSI Benefits
- Parent(s)/Guardian(s) is Active Duty Military
- Child/Sibling(s) receives Free or Reduced Lunch
- Child/Family is Homeless
- Child is in Foster Care or living with a non-relative
- Child has an IEP/IFSP or in the special education evaluation process (If yes, explain) \_\_\_\_\_
- Are there any medical/mental health/behavioral challenge(s) (If yes, explain): \_\_\_\_\_
- Family speaks a language other than English at home (If yes, list language(s)): \_\_\_\_\_

**Certifications**

I certify that the information I have provided is true. I understand that this information will be used to determine whether my child is eligible for York County preschool programs including but not limited to Head Start and Virginia Preschool Initiative. Completion of this application does not guarantee acceptance into any program. I understand that if I am eligible for the Head Start Program, I will be notified to complete additional documentation that will determine my child's acceptance into the program.

I give permission for this application to be shared between the York County School Division and York County Head Start to assist in determining preschool eligibility and acceptance for my child. **Please remember to attach a copy of your child's Birth Certificate, proof of York County residency, and appropriate proof of income for the program that you are applying for.** Thank you for choosing York County for your child's preschool needs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_