فامیل‌های عزیز،
تشکر از عالی‌نامه‌ی‌تان در پروگرام کودک‌ستان شارلوتسویل الیور. هدف ما تهیه‌نامه‌ی تجربه گستردگی ای برای آگاه قدرت شاگردان مان می‌باشد که باعث پیشگیری از زمان مشوش‌ترین آن‌ها شود. شما می‌توانید این پروگرام را خانه‌ی‌هایی که آن‌ها از سال‌های فوریتی، جامعه، و سال‌های سال 2022-2023یا تام سال فرمور، در خروجی‌ی یا پیمان‌ی می‌کنید. لطفاً این صحنه را برای معمول، خود تجهیز کنید، این صحنه را در خروجی‌ی طفح‌تان یا تبلیغ نکنید!

<table>
<thead>
<tr>
<th>کدام کودک‌ستان های عمومی قابل دسترسی است؟</th>
<th>Kःتمین در ام‌دم‌ها یا اواید شرایط</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Charlottesville</td>
<td>Albemarle County</td>
</tr>
<tr>
<td>شارلوتسویل سنتی اسکول</td>
<td>البمارل کونی</td>
</tr>
<tr>
<td>پروگرام های کودک‌ستان مکتب های شارلوتسویل سنتی</td>
<td>پروگرام های پروگرام</td>
</tr>
<tr>
<td>(کودکان 3 تا 4 ساله)</td>
<td>(کودکان 3 تا 4 ساله)</td>
</tr>
<tr>
<td>کودکان باید 3 تا 4 ساله باشد. تابستان تا سپتامبر 30</td>
<td></td>
</tr>
</tbody>
</table>

**چطور می‌توانم در خروجی‌ی نامی با خاطر کودک‌دان برای طفح؟**
1. Fill out one application for each child.
2. Include ALL sources of household income with the application. 4.
3. Include current proof of residency.
4. Your child’s application will NOT be processed until all documents are received.

**Go2Grow.com**
درخواست‌تان از یک تا پنج کلید‌ی کلیات دریافت نمود. درخواست‌تان از ماه فروردین هر سال، تابستان تا سپتامبر 30، هر سال استاده یا مکمل نظرسنجی می‌کند.

<table>
<thead>
<tr>
<th>City of Charlottesville</th>
<th>Albemarle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>شارلوتسویل سنتی</td>
<td>البمارل کونی</td>
</tr>
<tr>
<td>(شارلوتسویل و البمارل) مکه اید استارت پروگرام</td>
<td></td>
</tr>
<tr>
<td>(شارلوتسویل و البمارل) مکه اید استارت پروگرام</td>
<td></td>
</tr>
<tr>
<td>1025 Park St</td>
<td>806 E High St</td>
</tr>
<tr>
<td>Charlottesville, Virginia 22901</td>
<td>Charlottesville, Virginia 22902</td>
</tr>
<tr>
<td>Lina Abril, Enrollment Coordinator</td>
<td>Rebecca Martin, Navigator</td>
</tr>
<tr>
<td>Phone: (434) 295-3171 ext. 3008 Email: <a href="mailto:lmontoya@macaa.org">lmontoya@macaa.org</a></td>
<td>Phone: (434) 459-0506 Email: <a href="mailto:cfox@albemarle.org">cfox@albemarle.org</a></td>
</tr>
</tbody>
</table>

**Important Dates**

<table>
<thead>
<tr>
<th>تاريخ مهم</th>
<th>البمارل کونی و مکه اید استارت</th>
</tr>
</thead>
<tbody>
<tr>
<td>تبلیغ و مکتب های اپداه‌ی درخواستی تأکید و با همان شرایط شارلوتسویل.</td>
<td>تبلیغ و مکتب های اپداه‌ی درخواستی تأکید و با همان شرایط شارلوتسویل.</td>
</tr>
<tr>
<td>(شارلوتسویل و البمارل) مکه اید استارت پروگرام</td>
<td>(شارلوتسویل و البمارل) مکه اید استارت پروگرام</td>
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<td>Phone: (434) 459-0506 Email: <a href="mailto:cfox@albemarle.org">cfox@albemarle.org</a></td>
</tr>
</tbody>
</table>

**Submit the application and all required documentation by the priority processing date of March 15th.**

**Families will begin to be notified after May 1st.**

**Submit the application and all required documentation by the initial processing date of April 15th.**

**Families will begin to be notified after May 1st.**

*آگر شما فکر می‌کنید که طفح تان معیوب است یا ناتوانید دارد به شماره‌ی زیر تماس بگیرید:
Charlottesville City Schools Special Education Department | Albemarle County Public Schools Special Education Department
| 245-245 (434) | 296-296 (434) |
| شماره دیوارنت یا مکتب شاگردان مکتب شارلوتسویل ستم| شماره دیوارنت یا مکتب شاگردان مکتب البمارل کونی |
| 400 | 885 |
Please select all programs you are interested in:

- [ ] MACAA Head Start (Charlottesville City and Albemarle County residents)
- [ ] Charlottesville City Preschool (Charlottesville City residents only)
- [ ] Albemarle Bright Stars (Albemarle County residents only)
- [ ] Other:

If it is determined that you are not eligible for, or there is no space in your first program of choice, would you like to learn about other program options that are available?

- [ ] Yes
- [ ] No

Please visit virginiaquality.com or childcareva.com.

---

### Program Selection

**Race (select all that apply)**

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

**Ethnicity**

- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

**English Proficiency**

- [ ] None
- [ ] Little
- [ ] Moderate
- [ ] Proficient

**Highest Level of Education**

- [ ] < Grade 9
- [ ] Grade 9
- [ ] Grade 10
- [ ] Grade 11
- [ ] Grade 12
- [ ] GED

---

### Parent/Guardian - 1

**Living Address**

- **City**: 
- **State**: 
- **Zip Code**: 
- **County**: 
- **Nation**: 

**Mailing Address**

- **City**: 
- **State**: 
- **Zip Code**: 
- **County**: 
- **Nation**: 

**Phone Number**

- **Cell**: 
- **Home**: 
- **Work/Other**: 

**Additional Contact Information**

- **Email**: 
- **Best time to reach you**: 

**Language**

- [ ] English
- [ ] Spanish
- [ ] Other Language

---

### Child-Applicant

**First Name**: 
**Middle Name**: 
**Last Name**: 
**Suffix**: 

**Gender**: 
**Birthdate**: 

**Race (select all that apply)**

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

**Ethnicity**

- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

**English Proficiency**

- [ ] None
- [ ] Little
- [ ] Moderate
- [ ] Proficient

**Highest Level of Education**

- [ ] < Grade 9
- [ ] Grade 9
- [ ] Grade 10
- [ ] Grade 11
- [ ] Grade 12
- [ ] GED

---

### Relationship to Child

- **Grandparent**
- ** Foster parent**
- **Birthparent**
- **Other relative**: 

---

### Additional Information

- **Comments or Additional Information**: 

---

**Additional Contact Information**

- **Email**: 
- **Best time to reach you**: 

**Language**

- [ ] English
- [ ] Spanish
- [ ] Other Language

---

**Description**: 

- This form is used to collect information about children and their families to determine eligibility for various programs. It includes questions about family demographics, education, employment, and contact information. The form also allows for additional comments and information to be provided.
Parent/Guardian-2

<table>
<thead>
<tr>
<th>Name</th>
<th>Middle</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Language Proficiency</th>
<th>Relationship to Child</th>
<th>Custody</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Living Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address (if different from above)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone Number(s) [please * by your preferred method of communication]

<table>
<thead>
<tr>
<th>Cell</th>
<th>Home</th>
<th>Work/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Contact Information

<table>
<thead>
<tr>
<th>Email</th>
<th>Best time to reach you:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian-2

<table>
<thead>
<tr>
<th>Check all that apply (for Parent/Guardian-1)</th>
<th>Check all that apply (for Parent/Guardian-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Child lives with parent/guardian-1</td>
<td>☐ Child lives with parent/guardian-2</td>
</tr>
<tr>
<td>☐ Parent/Guardian-1 has a disability</td>
<td>☐ Parent/Guardian-2 has a disability</td>
</tr>
<tr>
<td>☐ Parent/Guardian-1 has short-term/chronic illness</td>
<td>☐ Parent/Guardian-2 has short-term/chronic illness</td>
</tr>
<tr>
<td>☐ Parent/Guardian-1 has long-term/chronic illness</td>
<td>☐ Parent/Guardian-2 has long-term/chronic illness</td>
</tr>
<tr>
<td>☐ Parent/Guardian-1 has mental health concerns</td>
<td>☐ Parent/Guardian-2 has mental health concerns</td>
</tr>
<tr>
<td>☐ Parent/Guardian-1 has a history of substance abuse</td>
<td>☐ Parent/Guardian-2 has a history of substance abuse</td>
</tr>
<tr>
<td>☐ Parent/Guardian-1 is deceased</td>
<td>☐ Parent/Guardian-2 is deceased</td>
</tr>
<tr>
<td>☐ Parent/Guardian-1 is a victim of violence</td>
<td>☐ Parent/Guardian-2 is a victim of violence</td>
</tr>
<tr>
<td>☐ Parent/Guardian-1 is proficient in reading and writing in primary language</td>
<td>☐ Parent/Guardian-2 is proficient in reading and writing in primary language</td>
</tr>
<tr>
<td>☐ Parent/Guardian-1 is proficient in reading and writing in non-English language</td>
<td>☐ Parent/Guardian-2 is proficient in reading and writing in non-English language</td>
</tr>
</tbody>
</table>

Place Employed:

| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Check all that apply for Parent/Guardian-1:

| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Check all that apply for Parent/Guardian-2:

| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
Alternate Contact(s) if Parent/Guardian Cannot Be Reached

<table>
<thead>
<tr>
<th>Contact-1 Name (first and last)</th>
<th>Relationship to Child</th>
<th>Release To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Address
- City
- State
- Zip Code

Phone Number(s)
- Cell: Home: Work/Other:

Relationship to Child

Release To
- Yes
- No

Contact-2 Name (first and last)

Address
- City
- State
- Zip Code

Phone Number(s)
- Cell: Home: Work/Other:

Relationship to Child

Release To
- Yes
- No

Additional people authorized to pick up child (list below)

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

Section 22.1 - 4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be include, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Family Members Living in the Home (if more space is needed, please list additional family members on another page)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>If school age, what school do they attend?</th>
</tr>
</thead>
</table>

Child & Family Information

CHILD (check all that apply and provide any explanation(s) in the space provided)

- Child has no contact with one or both parents
- Child does not live with his/her parents
- Child or sibling(s) have been removed from the home
- Child or sibling(s) is/was in foster care
- Child is an English Language Learner
- Child has been abused (physically, sexually, and/or emotionally)
- Child is in counseling
- Child has a medical condition and/or allergies
- Child uses a medical device (ex. glasses, hearing aid(s), wheelchair, etc.)
- Child has a suspected or identified disability
- Child is not potty-trained (not required for acceptance into program(s)
- Child does not have a pediatrician and/or dentist
- Child was born before 37-weeks
- Child weighed less than 5 lbs. at birth
- Child has a suspected or identified disability
- Child does not have a pediatrician
- Child was born before 37-weeks
- Child weighed less than 5 lbs. at birth

Please provide any additional details in the space below:
<table>
<thead>
<tr>
<th>Household</th>
<th>Nutrition</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family is currently experiencing homelessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family is living in temporary housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family has moved 2 or more times in the past 3 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family is receiving SNAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family is receiving WIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family has nutritional needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence in the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No driver's license holder in the household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household member has mental health concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s) in home has a disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s) in home has learning challenges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s) in home has behavioral concerns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Information from this section will be kept confidential and is used to determine eligibility for programs*

**Housing**

- Family is currently experiencing homelessness
- Family is living in temporary housing
- Housing concerns (overcrowded, needs major repairs, lack of heat, etc.)
- Family has moved 2 or more times in the past 3 years

**Nutrition**

- Family is receiving SNAP
- Family is receiving WIC
- Family has nutritional needs

**Other**

- Domestic violence in the home
- No driver's license holder in the household
- Household member has mental health concerns
- Sibling(s) in home has a disability
- Sibling(s) in home has learning challenges
- Sibling(s) in home has behavioral concerns

---

Do you have concerns about your child in the following areas? (check all that apply)

- Weight
- Sleep patterns
- Eating habits
- Health
- Development
- Behavior
- Social interaction
dr. سخنگفت

Please provide any additional details in the space below:

Let us know if you have any additional information about your child.

---

Has your child ever been referred to or evaluated by the school system or other facility for special education, speech, Early Intervention, or other preschool services?

- Yes
- No

If yes, where was your child currently enrolled?

If your child is selected for one of the three public programs, what are your after-school plans?

---

Do you have concerns about your family?

---

If your child has an IFSP or IEP or are they currently receiving service?

- Yes
- No

Does he/she have an IFSP or IEP or are they currently receiving service? (If yes, please attach)

---

Other than service workers, how many people can you call on to help with your child in the event of an emergency?

- 0
- 1
- 2
- 3+ (If you do not have a family member, please write in)

---

Is there anything else you would like us to know about your child? If yes, please attach

---

Is there anything else you would like us to know about your family?

---
Has your child or your family been negatively impacted by COVID-19? Please explain.

* If you have more than one child applying for services, please complete a separate copy of this form for each applicant.

I give permission for my application to be shared if there are other services and/or programs appropriate for families with preschool-aged children:

- Yes
- No

I certify that all the above information is true and correct, and that all income is reported. I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that if my child is accepted into a program, the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program. I understand that this application will serve to meet the needs of my family through available public and/or private providers and based on my eligibility I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program. I understand that this application will serve to meet the needs of my family through available public and/or private providers and based on my eligibility will support my family in securing child care/preschool services for my child. All personal information will be handled respectfully and confidentially. Signature of parent/guardian is required for eligibility determination.

Signature of Parent/Guardian: _________________________________________________________ Date Signed: __________________________

Please complete the next page if you are applying for Charlottesville City School Preschool Program or Bright Stars Preschool Program.
Current Immunization Records

Other:

Proof of Residency (current deed or lease, or utility bill such as electric, cable, land line phone, or water)

Income Verification for any financially contributing adult in the household

2020 Income Tax Return(s) 1040
2020 W-2
Current and Consecutive Pay Stubs
I get paid:
weekly
bi-weekly
monthly
yearly

Employer Letter
Rents and Royalties
Pension/Retirement Income Payments
SSDI Award Letter
SSI Award Letter

Are you currently working for the same employer as documented on the W-2/tax form/pay stubs? Yes No

Required Documentation & Income Verification - Parent Guardian

The following documents are required to register your child in all schools/programs. Please check each box if documentation is attached.

Birth Certificate
Current Physical [must be dated within a year of the first day of school]
Current Immunization Records
Other:

I would like assistance collecting the required documents listed above.

Number of People in Household

Children:
Adults:

Total:

I certify that all of the above information is true and correct, and that all income is reported if submitted. I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. I understand that deliberate misinformation of any of this information may disqualify my child from being considered for a preschool program.

Total:

Page 8 of 9
<table>
<thead>
<tr>
<th>Staff Verification (Staff Use Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Name:</strong></td>
</tr>
<tr>
<td>Parent/Guardian Signature:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Notes:</th>
<th>Total Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>% FPL:</td>
<td>Meets Income Guidelines:</td>
</tr>
<tr>
<td># in Household:</td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Signature:________________________
Date:_____________________________________

Staff Name:________________________
Staff Signature:________________________