

Head Start / Chesapeake Public Schools Preschool Initiative Application

Program use only:

Application/Interview Site:

Date:

Child's Information

Child's Last Name:

First Name:

Middle Name:

Age as of September 30th:

DOB:

Gender:

Primary Language at home:

Race:

Ethnicity:

Person Completing Application:

Relationship to Child:

Home Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

Which school will your child attend for Kindergarten?

Emergency Contacts:

Contact 1

Name:

Address:

Phone Number:

Relationship to Child:

Contact 2

Name:

Address:

Phone Number:

Relationship to Child:

Special Needs

Does your child have an IEP or Disability?

If Yes, is documentation provided?

Yes

No

Check all that apply:

ADD

ADHD

LD

ED

Autism

Other:

If No, do you suspect your child may have special needs or a disability?

**Has your child been diagnosed with any serious or chronic health conditions?
Asthma...other?**

If Yes, explain:

Does your child have any medically diagnosed allergies? (food allergies, dust, pollen, other)?

If Yes, explain:

Is your child toilet trained?

***Note:** Children should be toilet trained prior to entering CPI.

Parent/Guardian Living in the Same Household as the Applicant

Parent/Guardian

Adult 1

Male

Female

Date of Birth:

Relationship to Child:

Check all that apply:

Employed: * **Note** - Hold the **Ctrl** key down and click to select multiple options.

Please complete. This section is required.

Adult 2

Male

Female

Date of Birth:

Relationship to Child:

Check all that apply:

Employed:* **Note** - Hold the **Ctrl** key down and click to select multiple options.

Family Members Living in the Household Supported by Parent/Guardian Income
(Include the applicant and all other Siblings)

Name 1:

Male Female

Date of Birth:

Relationship to Applicant:

Name 2:

Male Female

Date of Birth:

Relationship to Applicant:

Name 3:

Male Female

Date of Birth:

Relationship to Applicant:

Name 4:

Male Female

Date of Birth:

Relationship to Applicant:

Name 5:

Male Female

Date of Birth:

Relationship to Applicant:

Name 6:

Male Female

Date of Birth:

Relationship to Applicant:

Total Number in Family:

Other Household Members

Name 1:

Male Female

Date of Birth:

Relationship to Applicant:

Name 2:

Male Female

Date of Birth:

Relationship to Applicant:

Name 3:

Male

Female

Name 4:

Male

Female

Date of Birth:

Date of Birth:

Relationship to Applicant:

Relationship to Applicant:

Total Number in Household:

Family Type:

Marital Status:

Court Custody Information:

Please Check All of the Following Situations That Apply to Your Family

Please complete. This section is required.

Child's Health Insurance:

None

Private

Medicaid

FAMIS

Other

Mother's Health Insurance:

None

Private

Medicaid

FAMIS

Other

Father's Health Insurance:

None

Private

Medicaid

Other

Lack of family in area. Where is your nearest relative?

Are you lacking fixed, regular, adequate housing, or are you homeless at this time?

(If **Yes**, please go to the Chesapeake Public Schools Department of Student Enrollment for residency approval.)

Living with relatives or others due to:

Residing in Section 8/Public Housing?

Address:

Recent death/suicide of relative within lifetime of child?

Relationship to child:

Condition(s):

Serious health concerns of a family member(s) within the household?

Relationship to child:

Condition(s):

Disabled parent or family member within household.

Relationship to child:

Physical abuse/sexual abuse of child. Please explain:

Incarcerated Parent? Please explain: (reason, place, and time)

Teenage Parent?

Please provide age of mother/father at birth of first child.

Mother

Father

First child's birth date:

Limited English Proficiency?

Family: Yes No

Child: Yes No

Active Duty Military? Yes No

If Yes, Deployment history/dates?

Child previously/currently enrolled in Head Start/Preschool/Daycare? Where:

Change in family structure/guardianship? Foster Care Other

Please explain:

Referred by a professional agency. Which agency?

Self-Reported Family Income from All Sources:

WIC Number:

SNAP Number:

TANF Number:

TANF Monthly Amount:

Family Member 1

Income Source-Job/SSI/Child Support:

Amount:

Frequency:

Yearly Amount:

Documents Provided:

Family Member 2

Income Source-Job/SSI/Child Support:

Amount:

Frequency:

Yearly Amount:

Documents Provided:

Please check the box below and provide your initials, signature, and date.

By submitting this application, I give permission for my child to be considered and accepted into **Head Start** and/or the **Chesapeake Preschool Initiative (CPI)**. I further understand placement will be determined by the **Head Start** and/or the **CPI Eligibility Committee**.

Parent/Guardian Signature:

Date:

CPI Staff Signature:

Date:

Head Start Staff Signature:

Date:

Certification: I certify that all the information on this application is true. If any part is false, participation in either program may be terminated and I may be subject to legal action. I understand that the information in this application will be held in strict confidence, and is accessible to me during normal business hours. I also understand that this is not a first-come, first-served process, and that selection is based on weighted risk factors. Children with the highest risk factors will be selected first.

Please complete this form, print a hard copy, and save it for future reference. If you would like to send the completed application electronically, you may do so using email. If you decide to send an application electronically, please be sure that you send it to the appropriate group, Chesapeake Preschool Initiative or Head Start. Email addresses are located on Page 12. To ensure that you do not have to complete this application twice, please save it electronically, and print a hard copy for your records and reference.

Head Start / Chesapeake Public Schools Preschool Initiative Application

Below are steps that must be completed before a child may be officially enrolled in Head Start or the Chesapeake Preschool Initiative (**CPI**).

Step 1

Schedule an eligibility screening appointment with **Head Start**, beginning the last week of February by calling **(757) 673-0548**.

Schedule an eligibility screening appointment with **Chesapeake Preschool Initiative (CPI)**, by calling **(757) 842-4099**. The appointment window typically opens in late February.

Step 2

The parent/legal guardian must complete **All** parts of the application, and must provide **All** required documents prior to the eligibility screening.

Required Documents:

- Child's certified birth certificate (original only)
- Parent/Guardian Identification
- Proof of residence: (lease agreement and/or CPS approved residing with statement from the CPS Student Enrollment Office), or one of the following: current electric, gas or water bill
- Proof of income: W2 (previous year), SSA, 1099, SSI, or two most recent pay stubs, unemployment, worker's compensation payments, veteran's benefits, survivor benefit payments, retirement, interest and dividends, rents and royalties, income from estates and trusts, income from educational assistance, financial assistance from outside household
- Unemployment income determination letter (if applicable)
- SNAP and/or TANF documentation, and case number(s) (if applicable)
- WIC ID number (if applicable)
- Custody documents (if applicable)
- Child Support documents (if applicable)
- Current phone numbers and addresses for two (2) emergency contacts

Applications are accepted year round, however, parents are strongly encouraged to submit applications as soon as possible beginning the last week of **February** in order to be considered for placement in **June**.

Step 3

CPI selection takes place each June, and a notification email and/or letter will be mailed the first week of June, and will include additional information needed to complete all the requirements and enrollment procedures listed in **Step 4**.

Head Start notification letters will be mailed the first week of May.

Step 4

When a child is accepted into the **Head Start** program, the parent/guardian will be contacted by a Case Manager to schedule an appointment to complete the enrollment packet.

When a child is accepted into the **CPI** program, the parent/legal guardian must complete the last portion of the enrollment packet and submit it to the appropriate **CPI** location by **July 15th**. Parent/legal guardians are also required to attend a **mandatory program orientation in August**.

If you have any questions or concerns, please contact the following:

Chesapeake Preschool Initiative

Ashley Nolette, **CPI** Coordinator

(757) 842-4099

Ashley.Nolette@cpschools.com

Mickey Jennings, **CPI** Secretary

(757) 842-4099

Mickey.Jennings@cpschools.com

Head Start

Tonya Murphy, Family Services Manager

(757) 673-0548

Tonyamurphy@hrcapinc.org

Kenya Moore, Family Services Manager

(757) 673-0548

Kenya.Moore@hrcapinc.org

Head Start Preschool Programs
Application and Eligibility Screenings
Three and Four-Year-Old Programs
(757) 673-0548

Head Start will complete eligibility screening appointments for children who are three or four-years-old. Parents interested in applying should call (757) 673-0548 to schedule an eligibility screening appointment.

- Registration begins mid-February. Applications and instructions may be picked up from (the **CPI** schools or the Instructional Services Center, 304 Cedar Road,) beginning late February.
- **Applying does not guarantee placement.**
- **Head Start**, Child must be 3 or 4 years old by **September**.

Students Are Not Selected On a First Come-First Served Basis.

Chesapeake Public Schools Preschool Initiative
Application and Eligibility Screenings
Four-Year-Old Program Only
Instructional Services Center
304 Cedar Road, Chesapeake, VA 23322
(757) 842-4099

- Eligibility screenings begin the first week of March. Parents must have all the necessary paperwork and a completed application before the screening appointment can be scheduled. Applications and instructions may be picked up from the **CPI** schools or the Instructional Services Center, 304 Cedar Road, beginning late February.
- **Applying does not guarantee program placement.**
- **Incomplete packets cannot be accepted.**
- **Chesapeake Preschool Initiative, Child must be 4 years old by September 30th.**

This location will conduct eligibility screening appointments for children who are four-years-old by September 30th, and who reside in Chesapeake. Please call (757) 842-4099, the last week of February to schedule a screening appointment.

Eligibility packets (application and required documents **must be completed** and presented during the program's eligibility screening appointment,

Applications may be picked up from the following CPI Schools beginning the last week of February:

B. M. Williams Primary School

Rena B. Wright Primary School

Camelot Elementary School

Southwestern Elementary School

Georgetown Primary School

Thurgood Marshall Elementary School

Western Branch Primary School

Application Instructions

Application and instructions may be picked up from one of the elementary schools listed, or from the **CPI** office, 304 Cedar Road, or by downloading the materials from the Division's website- <http://www.cpschools.com>.

Required Documents

Parent(s)/Guardian(s) must provide the following information, original documents, and one copy of each of the following before the application can be accepted.

Child's certified birth certificate (Original and copy)

Parent/Guardian Identification

Proof of residence (lease agreement and/or residing with statement) or one of the following:
current electric, gas or water bill

Proof of income – copy of W2 (previous year), SSA, 1099, SSI, or two most recent pay stubs, unemployment and worker's compensation payments, veteran's benefits, survivor benefit payments, retirement, interest and dividends, rents and royalties, income from estates and trusts, income for educational assistance, financial assistance from outside the household.

Unemployment income determination letter (if applicable)

SNAP and/or TANF documentation and case number (if applicable)

WIC ID number (if applicable)

Custody documents (if applicable)

Current phone numbers and addresses for two (2) emergency contacts