April 2, 2018

Dear Families:

Attached you will find the application for both Head Start Pre-K and Wythe County Public Schools (WCPS) Pre-K programs. The Head Start Pre-K classrooms are located in Max Meadows at the Head Start Building and in Rural Retreat at Grace Lutheran Church. The Wythe County Public Schools Pre-K classrooms are located in Jackson Memorial Elementary School, Max Meadows Elementary School, Rural Retreat Elementary School, Sheffey Elementary School, Speedwell Elementary School, Spiller Elementary School and Wytheville Child Development Center. Head Start Pre-K classrooms are part of the Mountain Community Action Program and operate according to Head Start federal guidelines. WCPS’s Pre-K classrooms are part of the Virginia Preschool Initiative and operate according to the Virginia Department of Education guidelines. Both programs are designed for students considered at-risk for success in Kindergarten with the goal of providing a strong foundation for early learning and academic success. All Head Start and Wythe County Public Schools’ Pre-K classrooms are staffed with qualified teachers who hold bachelor’s degrees.

The Virginia Preschool Initiative provides for children who are not being served by Head Start. Children at or below 100% of the poverty should receive Priority for Head Start enrollment. The Virginia Preschool Initiative will focus on children above that poverty level. To be considered, your child must be four (4) years of age on or before September 30, 2018 (no exceptions), as well as meet At-Risk guidelines. The documentation listed below is required with the application. The application cannot be considered without the following:

- Birth Certificate
- Social Security Card
- Proof or Wythe County Residency (electric bill, property tax ticket, etc.)
- Proof of Income (tax return, check stub, etc.)

Additionally, the following must be provided before school starts:

- Shot Record
- Current Virginia Physical

Notification of your child’s placement in a Pre-K classroom will be sent by June 30, 2018. Please note on your application if you have a preference for the Head Start or Wythe County Public Schools program. We will attempt to honor preferences but our primary objective is to place all eligible children into a Pre-K program.

Thank you,

Wanda Halsey
Mountain CAP Head Start

Beth W. Cochran
Wythe County Public Schools
To be considered, your child must be four (4) years of age on or before September 30, 2018 (no exceptions), as well as meet At-Risk guidelines. Applications will be ranked using a rubric scoring system to determine each child's placement.

Child’s Name: ______________________________________ Age: ______ Date of Birth: ________________

Sex: ______ Race: _____________ Child’s Social Security Number: _____________________

Guardian/Parent’s Names:

Father ____________________________________________ Date of Birth: ________________ SS # __________

Employer_______________________________________ Phone_______________ Highest Level of Education __________

Mother __________________________________________ Date of Birth: ________________ SS # __________

Employer_______________________________________ Phone_______________ Highest Level of Education __________

Physical Address (911 address): ________________________________________________________________

(May require proof of residence documentation)

Mailing Address (if different): ________________________________________________________________

County: __________________ Home phone: ___________________ Cell phone: _______________________

Email: __________________________________________________________

Closet Relative’s Name: __________________________ Relative’s Telephone: ______________________

Is family considered homeless?    □ Yes    □ No  (homeless-having no home or permanent residence)

Is your child classified as a refugee?    □ Yes    □ No

Child lives with:

_____ Both Parents    _____ Has Custody    Are Mother and Father married: □ Yes    □ No

_____ Mother        _____ Has Custody

_____ Father        _____ Has Custody

_____ Other        _____ Has Custody  (If child is living with guardians, court documentation is required.)

Has child been diagnosed with a disability or is there a potential/suspected disability? □ Yes    □ No

Does child have a current IEP? □ Yes    □ No

Check if your child has documented or suspected conditions/problems:

□ Speech      □ Language      □ Hearing      □ Vision      □ Mental Health    □ Developmental Delays

□ English is a Second Language      □ Aggressive Behaviors      □ Other Health Impairments
Has your child been diagnosed with a documented medical condition (asthma, allergy)?
If so, please explain: ________________________________________________________________

Is ongoing care/hospitalization required?  □ Yes  □ No

Do family members or friends smoke in the home and/or car when child is present?  □ Yes □ No

Total number in family living in home: _______  # of adults _______  # of children _______

Names of Other Family Members  Relationship  Date of Birth  SS #
1.  ___________________________________________  ___________________  ____________________
2.  ___________________________________________  ___________________  ____________________
3.  ___________________________________________  ___________________  ____________________
4.  ___________________________________________  ___________________  ____________________
5.  ___________________________________________  ___________________  ____________________

Total Annual Income for Family:  $ ___________________  Income verification provided?  □ Yes □ No

Check all that apply (Documentation is required.)

<table>
<thead>
<tr>
<th>SNAP (food stamps)</th>
<th>WIC</th>
<th>Medicaid/FAMIS/VA Premier</th>
<th>TANF (Temporary Assistance for Needy Families)</th>
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*Does family have health insurance?  □ Yes  □ No  Kind? __________________________

*Note: While at Head Start, your child is covered by National America Life Insurance Co. of Pennsylvania.

Parents must provide:

<table>
<thead>
<tr>
<th>Birth Certificate</th>
<th>Proof of Residency:</th>
<th>Shot/Immunization Record:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes  □ No</td>
<td>□ Yes  □ No</td>
<td>□ Yes  □ No</td>
</tr>
</tbody>
</table>

Social Security Card: □ Yes □ No  Income verification: □ Yes □ No  Current Virginia Physical: □ Yes □ No

Copies of all official documents (birth certificate, immunization (shot) record and social security card) as well as any requested documentation must be submitted to the center/school with the completed application form for consideration. Any copies needed may be made free of charge at any Wythe County School. If you have any questions, call the Head Start center or the school principal in your school attendance area.

I would like for my child to attend:  □ Head Start  □ Wythe County Public Schools  □ I do not have a preference.

I hereby certify, under penalty of perjury, that all information is accurate and true. I have provided requested documentation. I understand this information is being provided for consideration purposes regarding my child’s placement in a Pre-K program in Wythe County Public Schools or Mountain CAP Head Start and will be shared confidentially between the two organizations. I understand that school/center officials may verify the information on this form at any time and inaccuracies could jeopardize my child’s placement in the program.

Parent/Guardian Printed Name: __________________________________________________________________________

Signature of Parent or Legal Guardian: __________________________________________  Date: ____________

Mt. CAP and its affiliates prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, sex, or religion. In accordance with Federal law and U.S. Department of Agriculture policy, Wythe County Public Schools is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age or religion in its programs and activities.
Your child’s application is complete and will be considered for placement in the Wythe County Public School or Head Start program. Notification of your child’s placement in a Pre-K classroom will be sent by June 30, 2018.

Your child’s application is *not* complete and will *not* be considered for placement in the Wythe County Public School or Head Start program until the following is submitted.

- **Birth Certificate:**
  - [ ] Yes
  - [ ] No

- **Social Security Card:**
  - [ ] Yes
  - [ ] No

- **Proof of Residency:**
  - [ ] Yes
  - [ ] No

- **Income verification:**
  - [ ] Yes
  - [ ] No

Copies of all official documents (birth certificate, immunization (shot) record and social security card) as well as any requested documentation must be submitted to the center/school with the completed application form for consideration. Any copies needed may be made free of charge at any Wythe County school or at the Wythe County School Board Office. If you have any questions, call the Head Start center or the school principal in your school attendance area.

After notification of your child’s placement, the following documentation is required:

- **Shot/Immunization Record:**
  - [ ] Yes
  - [ ] No

- **Current Virginia Physical:**
  - [ ] Yes
  - [ ] No