

Registration/Application for Culpeper County Schools and Head Start

To All Preschool Applicants:

The public preschool programs in this area are working together to provide quality preschool services to children in Culpeper County. The following application can be used to apply to the Culpeper County Public Schools' preschool programs, and/or Head Start. **Your application will be sent to the program in which your child qualifies.** Space is limited in the preschool programs, and once classes are filled, those who do not get in will be placed on a Waiting List.



Eligibility for the preschool programs will be based on identified needs, which may include: income, academic needs, language deficiencies, special needs, and age. Bus transportation may be offered for four year olds. Parent involvement is important to preschool success and parents are encouraged to volunteer. If your child is accepted into any of the preschool programs, you will be required to fill out additional paperwork. If accepted into Head Start, a teacher will contact you to schedule a Home Visit.

Please complete and return the following application. We look forward to working with your child.

For more information call: 540-829-2330 (Head Start) or 540-825-3677 (Culpeper County Public School)

Child's Name: _____ Date of Birth: _____ Sex: M F

Address: _____ Zip Code: _____

Elementary School District: _____

Child lives with: Mom Dad Grandparents Foster Parents

Other—please explain: _____

Parent/Guardian Information:

Mother's Name: _____

(Parent/Guardian)

Date of Birth: _____

Father's Name: _____

(Parent/Guardian)

Date of Birth: _____

Address (if different from child's):

Address (if different from child's):

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____ Employer: _____

Highest Level of Education Completed: _____ Highest Level of Education Completed: _____

Registration form continued

Does your child have an IEP (Individualized Education Plan) with the school system?

Yes No

Does your child have any physical disability? **Yes No**

If **Yes**, please explain _____

Does your child speak English? **Yes No Some**

Does the parent/guardian have any serious health related needs? **Yes No**

Do you have a Social Worker or Public Health Nurse? **Yes No**

Have any of your other children been enrolled in preschool? **Yes No**

If **Yes**, Name of School _____

Are you presently receiving (please circle all that apply):

- TANF Unemployment Medicaid FAMIS VIEW**
- SSI WIC SNAP Section 8 Child Care Assistance**

Household Residence: Please mark any that apply

- Individuals who lack a fixed, regular, and adequate nighttime residence
- Rent / Own Home
- Other: _____

Household profile:

Please list all individuals who live in the home—including the child, child's parent(s)/guardian, siblings, and other individuals living in the home.

Name	Date of Birth	Relationship to Child	List all Income <small>(Circle one)</small>
_____	_____	_____	\$_____ Bi-wk/wk/Mo/Yr
_____	_____	_____	\$_____ Bi-wk/wk/Mo/Yr
_____	_____	_____	\$_____ Bi-wk/wk/Mo/Yr
_____	_____	_____	\$_____ Bi-wk/wk/Mo/Yr
_____	_____	_____	\$_____ Bi-wk/wk/Mo/Yr
_____	_____	_____	\$_____ Bi-wk/wk/Mo/Yr

The program may reach out to parent through social media in the event that our contact information is not updated.

Signature

Date of Application