



Warren County Public Schools
Special Services
465 W. 15th St., Ste. 500
Front Royal, Virginia 22630
Phone (540) 635-2725
Fax (540) 635-3001
<http://www.wcpsva.org/preschool>

Dear Parent/Guardian:

Please find an enclosed application for the Virginia Preschool Initiative (VPI) Program. The program is designed to focus on equitable access to education and prepare children for Kindergarten. The program sites are E. Wilson Morrison Elementary School, Ressie Jeffries Elementary School, Leslie Fox Keyser Elementary School, and Hilda J. Barbour Elementary School.

Students eligible for the VPI program must be residents of Virginia, must be three- or four-years old by September 30, 2025 (3-year-old opportunities pending budget approval for 25-26) and meet at least one local or state criteria before they can be considered for the VPI Program.

- Meets federal income guidelines
- One or both parents did not complete high school
- Qualifies as homeless
- Child with disabilities or delays who is eligible for special education services under the Individuals with Disabilities Education Act
- Child has endured abuse/trauma
- Child is or was in foster care
- Child has an incarcerated parent
- Child is an English Language Learner
- In Loco Parentis (child is being raised by family other than parents)

Please return the below items to **Skyline High School ATTN: Preschool 151 Skyline Vista Dr., Front Royal, VA 22630** no later than April 30, 2025 to be considered for initial enrollment in the 2025-2026 school year.

- ✓ Completed VPI application
- ✓ Certified Copy of Birth Certificate
- ✓ Proof of Residency (lease agreement, utility bill, etc.)
- ✓ Proof of Household Income (Copy of 2024 W-2, paycheck stub, etc.)
- ✓ Up-To-Date Immunization Record
- ✓ Preferred Certified Commonwealth of Virginia School Entrance Health Form (up-to-date Physical)
- ✓ Custody paperwork (if applicable)

Any applications returned after April 30, 2025 or any incomplete applications could result in your child being placed on the waitlist for the 2025-26 school year. ***Completing the application does not guarantee acceptance into the program.***

Initial enrollment decisions will be made by June 2, 2025. You will be notified by mail if your child is placed in the preschool program or if your child is placed on the wait list. VPI acceptance is not established on a first come, first served basis. Children are placed in the program and on the wait list based on their needs.

If you have questions, please contact Jessica Vacca at 540-635-2725 extension 33253.
WARREN COUNTY PUBLIC SCHOOLS

PRESCHOOL SERVICES APPLICATION/Aplicación

SECTION 1: STUDENT INFORMATION/INFORMACIÓN DEL ESTUDIANTE

Full Name of child/Nombre del niño (Please provide birth certificate)/ (Necesitamos la partida de nacimiento) Birthplace/Lugar de nacimiento _____ Date of Birth/Fecha de nacimiento ____/____/____	☐ Male/Masculino ☐ Female/Femenina Race/Raza ☐ White ☐ African American ☐ Asian ☐ American Indian ☐ Native Hawaiian/Pac Islander ☐ other Hispanic: ☐ Yes/SI ☐ No/No Primary Language Spoken in home/Idioma principal hablado en casa: ☐ English ☐ Spanish ☐ Other _____	Household income (gross)/Ingresos \$_____/month/Me nsual or \$_____/year/anua l **Please provide proof of income (W2, Pay stub)/Por favor proveer prueba de ingresos, (W2, Talón de pago)
Does child have any allergies?/¿Tiene su hijo/a tiene alergias? ☐ Yes/SI ☐ No/No If so, please explain/Si es así, por favor explique _____		

SECTION 2: PARENT/GUARDIAN INFORMATION/INFORMACIÓN DEL PADRE/MADRE/TUTOR

Mother/Legal Guardian Name/ Nombre de la madre/guardián legal _____ Does this guardian live with the student?/¿Vive este tutor con el/la estudiante? ☐ Yes/SI ☐ No/No Active military/Militar activo ☐ Yes/SI ☐ No/No	Father/Legal Guardian Name/ Nombre del padre/guardián legal _____ Does this guardian live with the student?/¿Vive este tutor con el/la estudiante? ☐ Yes/SI ☐ No/No Active military/Militar activo ☐ Yes/SI ☐ No/No
Relationship to child/Relación al niño ☐ Parents/ Padres ☐ Grandparents/Abuelos ☐ Foster Parents/Padres de crianza ☐ Other relative/Ostros familiares ☐ Person having legal custody/guardianship/Personas que tiene custodia legal	
Living status of child/Estado de vida del niño/niña: ☐ Own/Casa propia ☐ Rent/Alquilar ☐ Motel/Motel ☐ Shelter/Refugio ☐ Camper/Caravan ☐ Rental Assistance/Asistencia de alquiler ☐ Living with friends/family due to economic hardship/ Vivir con amigos/familia debido a las dificultades económicas	
Mailing/Street Address/Dirección de correo/actual _____ City, State, Zip Code/Ciudad, Estado y Código postal	Mailing/Street Address/Dirección de correo/actual _____ City, State, Zip Code/Ciudad, Estado y Código postal
Mother/Guardian's email address/Dirección de correo electrónico de la madre/guardián legal	Father/Guardian's email address/Dirección de correo electrónico del padre/guardián legal
Mother/Guardian's phone number/Número de teléfono de la madre/guardián legal: _____	Father/Guardian phone number/Número de teléfono del padre/guardián legal: _____

SECTION 3: EMERGENCY CONTACTS/CONTACTOS DE EMERGENCIA

EMERGENCY CONTACT #2 name, address, telephone number (other than parents)/CONTACTOS DE EMERGENCIA
Nombre, dirección, número de teléfono (que no sean los padres)

EMERGENCY CONTACT #2 name, address, telephone number (other than parents)/CONTACTOS DE EMERGENCIA
Nombre, dirección, número de teléfono (que no sean los padres)

SECTION 4: CHILD BACKGROUND/ANTECEDENTES INFANTILES

Please indicate any of the following services your child is receiving/Por favor indique cualquiera de los siguientes servicios que su hijo está recibiendo:

Does your child have an IEP?/¿Su hijo tiene un IEP? ☐ **Yes/SI** ☐ **No/No**

Vision/Vista ☐ **Yes/SI** ☐ **No/No** **Hearing/Oír** ☐ **Yes/SI** ☐ **No/No**

Developmental/De Desarrollo ☐ **Yes/SI** ☐ **No/No**

Occupational Therapy/Physical Therapy/Terapia ocupacional/fisioterapia ☐ **Yes/SI** ☐ **No/No**

Speech/Language/Habla/Lenguaje ☐ **Yes/SI** ☐ **No/No**

Other/Otra (Specify-Especificar): _____

Do you have any concerns about your child 's development or speech/language?/¿Tiene alguna inquietud sobre el desarrollo o el habla/lenguaje de su hijo? ☐ **Yes/SI** ☐ **No/No**

Describe your concern if you have one (add a page, if needed)/Describe tu inquietud si la tienes (agrega una página, si necesario):

Is your child fully potty trained? (This is not a requirement)/¿Está su hijo completamente entrenado para ir al baño? (Esto no es un requisito) ☐ **Yes/SI** ☐ **No/No**

SECTION 5: HOUSEHOLD/FAMILIAR

Please include everyone in the house (including parents and children)/Incluya a todos en la casa (incluidos padres e hijos)

Name/Nombre	Birthdate/ Fecha de nacimiento	Male/Female/ Masculina/Femenina	Where do you work?/¿Dónde trabajas?	Employer telephone #/ Número de teléfono del empleador	Highest level of Education/Último grado de la escuela

SECTION 6: FAMILY CHARACTERISTICS/CARACTERÍSTICAS FAMILIARES

We have limited space; Placement is offered based on highest needs/Tenemos espacio limitado; La colocación se ofrece en función de las necesidades más altas.

☐ Incarcerated parent, or ☐ parent loss by death /padre encarcelado o pérdida del padre por muerte	☐ Prior or current Head Start ☐ VPI ☐ Special Education / Head Start, VPI o Educación Especial anterior o actual
Child ☐ is ☐ was in foster care /El niño está o estaba en cuidado de crianza	☐ Parent did not complete High School / El padre no completó la escuela secundaria
☐ Prior or current CPS (Child Protective Services) involved /CPS (Servicios de Protección Infantil) anteriores o actuales involucrados	☐ Domestic violence (parent to parent, parent to child, child to child) /Violencia doméstica (de padre a padre, de padre a hijo, el niño a niño)
☐ Child has been abused (sexually, physically or emotionally) /Niño ha sido abusado (sexual, física o emocionalmente)	☐ Significant behavior ☐ ADHD ☐ special dietary needs, ☐ on prescription medications /Comportamiento significativo, ADHD, necesidades dietéticas especiales, medicamentos recetados
Do you have transportation available to take your child to and from school? /¿Tiene transporte disponible para llevar y traer a su hijo a la escuela? ☐ Yes- SI ☐ No	☐ Family member with a chronic illness (physical, mental, emotional, substance abuse/addiction) Who? What? /Miembro de la familia con una enfermedad crónica (física, mental, emocional, abuso de sustancias/adicción) ¿Quién y qué indica enfermedad?
Check all that apply/ Marque todo lo que corresponda Receiving benefits/Beneficios que recibe ☐ TANF /Asistencia Temporal para Familias Necesitadas ☐ Medicaid ☐ FAMIS /Seguro Médico ☐ Food Stamps /Cupones de alimento ☐ SSI /Programa de Seguridad Suplementaria del Ingreso ☐ WIC /Nutrición Suplementaria para Mujeres, Bebés y Niños ☐ Child Support /Manutención ☐ Unemployment /Desempleo ☐ Rental assist /Asistencia del alquiler	The following documents are needed to process your application/ Se necesitan los siguientes documentos para procesar su solicitud: • Proof of residency/Prueba de residencia • Child's Birth certificate/Partida de nacimiento • Copy of Parent/Guardian's Identification/Copia de la identificación del padre/madre/tutor • Income verification/Verificación de ingresos • Immunization Records/Registros de vacunación • VA School Entrance Health Form/Formulario de información médica/Examen físico/Certificación de vacunación

I understand this is an application ONLY and does not guarantee enrollment in the program. I also understand that I MUST keep VPI/HeadStart informed of any changes of address or phone number. I declare that I have given complete, accurate, and truthful information and certify that the documents and information that I've provided concerning eligibility are accurate to the best of my knowledge.

Entiendo que esta es ÚNICAMENTE una solicitud y no garantiza la inscripción en el programa. También entiendo que DEBO mantener informado a VPI/Head Start sobre cualquier cambio de dirección o número de teléfono. Declaro que he proporcionado información completa, precisa y veraz y certifico que los documentos y la información que he proporcionado sobre la elegibilidad son precisos a mi leal saber y entender.

☐ **If you check this box you DO NOT want information shared with other programs that may assist you or your child.**
☐ **Si marca esta casilla, NO desea que se comparta información con otros programas que puedan ayudarlo a usted o a su hijo.**

Warren County Public Schools does not discriminate on the basis of race, color, religion, sex, national origin, or disability. Las Escuelas Públicas del Condado de Warren no discriminan por motivos de raza, color, religión, sexo, origen nacional o discapacidad.

Please return this application to: Jessica Vacca, our Preschool Coordinator, jvacca@wcps.k12.va.us
Phone: 540-635-2725 x33253 Fax: 540-635-3001

Signature/*Firma* **Date**/*Fecha*