



Warren County Public Schools

Special Services

465 W. 15th St., Ste. 500

Front Royal, Virginia 22630-4419

Phone (540) 635-2725

Fax (540) 540-635-3001

www.wcps.k12.va.us

Dear Parent/Guardian:

Please find an enclosed application for the Virginia Preschool Initiative (VPI) Program. The program is designed to serve at-risk 3- and 4-year olds who may not be prepared for success when entering the kindergarten classroom. The goal of the VPI Program is to provide opportunities and experiences in a structured group setting with an emphasis on the development of literacy skills. 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, 2024 (3-year-old opportunities pending budget approval for 24-25) and meet at least (1) of the State Criteria Guidelines before they can be considered for the VPI Program.

1. Meets Federal Income guidelines (family income at or below 200 percent of federal poverty guidelines)
2. One or both parents did not complete high school
3. Qualifies as homeless
4. Children with disabilities or delays who are eligible for special education services under the Individuals with Disabilities Education Act, regardless of household income.

Please return the below items to ***Special Services, ATTN: Preschool 465 W 15.. Street Ste. 500, Front Royal, VA 22630*** no later than April 5, 2024 to be considered for initial enrollment in the 2024-2025 school year.

1. Completed VPI application
2. Certified Copy of Birth Certificate
3. Proof of Residency (lease agreement, utility bill, etc.)
4. Proof of Household Income (Copy of 2023 W-2, paycheck stub)
5. Up-To-Date Immunization Record
6. Preferred Certified Commonwealth of Virginia School Entrance Health Form (up-to-date Physical)

Any applications returned after April 5, 2024 or any **incomplete applications** could result in your child being placed on the wait list for the 2024-25 school year.

Enrollment decisions will be made by May 23, 2024. 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 need.

If you have questions, please contact Dena Lee at 540-635-2725 extension 33256.

WARREN COUNTY PRESCHOOL SERVICES APPLICATION - APLICACION

Return WCPS, Attn:Preschool, 465 W 15th St, Ste. 500, Front Royal, VA 22630 Phone
540-635-2725 Fax 540-635-3001

Full Name of child - Nombre del Niño Male-Niño Female- Niña (Please provide birth certificate-Necesitamos la acta de nacimiento)		Birth date-Fecha de Nacimiento Birthplace: Lugar de Nacimiento Race-Raza:		Household Income (gross)- Ingresos \$ _____ /month or \$ _____ /year (Please provide proof of Income - Por favor proveer prueba de ingreso \$)	
Hispanic: <input type="checkbox"/> yes <input type="checkbox"/> No Hispanos: <input type="checkbox"/> Si <input type="checkbox"/> No					
Mother/legal guardian name -Nombre de la madre o guardian legal			Father/legal guardian name-Nombre del padre o guardian legal		
Relationship to child - Relacion al Niño <input type="checkbox"/> Parents - Padres <input type="checkbox"/> Grandparents - Abuelos <input type="checkbox"/> Foster parent - Padres de Crianza <input type="checkbox"/> Other relative - Otros parientes <input type="checkbox"/> Person having legal custody/guardianship - Persona que tiene custodia legal					
Living Status: <input type="checkbox"/> I own my home <input type="checkbox"/> I rent <input type="checkbox"/> Rental Assistance <input type="checkbox"/> live with friends/relatives <input type="checkbox"/> homeless <input type="checkbox"/> Shelter Estado de vida: <input type="checkbox"/> So dueño de mi casa <input type="checkbox"/> Rento <input type="checkbox"/> Asistencia de al uiler <input type="checkbox"/> Vivo con ami osl, arientes <input type="checkbox"/> Sin ho gar <input type="checkbox"/> Refugio					
Mailing Address-Dirección de Correo			Street Address-Dirección Actual		
City, State, Zip-Ciudad, Estado y C6digo Postal			City, State, Zip -Ciudad, Estado y C6digo Postal		
Mother's address if different: La dirección de la madre si diferente:			Father's address if different: La dirección del padre si diferente:		

Email address Dirección de correo electrónico

Mom/Madre
Dad/Padre

How many years have you lived in this County? 1, Cuantos años ha vivido usted en este Condado?

Cell #s Celda #s	If no phone -Message phone, name & # - Si no hay telefono - Numero de telefono para recados, y nombre	Does child have any allergies?-1, Tiene su hijola alergias? If so, explain: - Si asi, explique:
Home Phone#- Numero de telefono en casa	Primary language spoken in the home-/dioma principal que se habla en casa	What language does the child speak at home? e, Que idioma hab/a su hijo/a en casa?
Name and telephone number of interpreter if needed: Nombre y numero de telefono def interprete si es necesario		How well does the child speak English?- i Como habla su hijo/a el ingles? <input type="checkbox"/> Well-Bien <input type="checkbox"/> Not well-No muy bien <input type="checkbox"/> none-Nada

Please indicate any of the following services your child is receiving - Por favor indique los servicios que su niñola esta recibiendo. Does your child have an IEP? i Tiene su hijo un IEP? Yes - o Sf No - No

Occupational Therapy/Physical Therapy-Terapia Ocupacional/Terapia Ffsica Speech/Language - Hab/alldioma
 Hearing- Oir Vision - Vista Developmental - Desarroll/o Other- Otro (Specify- Especifique):

Do you have any concerns about your child's development or speech/language? 1, Tiene a/guna preocupaci6n sobre el desarrollo de su hijo/a. Habllalldioma? Yes - o Si No - No Please describe your concern if you have one (add a page, if needed): Si es asi explique, por favor (Agregue una pagina, si necesario):

Do you have transportation available to get your child to and from the classroom? (Transportation not guaranteed) ?Tiene usted transporte disponible para 1/evar a su nino/a a la escuela? (El transporte no es garantizo) Yes - o Si No - No

What is your child's medical insurance? e, Que seguro medico tiene su hijo/a? _____

What is the insurance number? e, Cual es el numero def seguro medico? _____

Doctor's Name **Dentist Name**

EMERGENCY CONTACTS Name, address, tel #(other than parents)-CONTACTOS DE EMERGENCIA Nombre y direcci6n telefono (no padres)

1. _____

2. _____

Please list everyone in the house (include 1arents and children) \- Por favor aounte todos los miembros en casa (inc/1uva oadres e hiiosJ					
Name - Nombre	Birth date -Fecha de Nacimiento	F/M	Where do you work? tD6nde trabaja?	Employer tel # Numero de telefono de empleador	Highest level of Education ultimo arado escolar

Family Characteristics - Caracteristicas de familia

We have limited space, placement is offered based on highest needs. Tenemos espacio limitado y colocaci6n se ofrece de acuerdo con las MAS necesidades.

<p>(Check all that apply) La familia recibe TANF, etc.- (marque lo que aplica) Receiving benefits:</p> <p><input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI</p> <p><input type="checkbox"/> WIC <input type="checkbox"/> child support, <input type="checkbox"/> unemployment <input type="checkbox"/> rental assist</p>	<p><input type="checkbox"/> Significant behavior <input type="checkbox"/> ADHD <input type="checkbox"/> special dietary needs, <input type="checkbox"/> on prescription medications Conducta o et discurso significativos concienem, el peso bajo def nacimiento, o las necesidades nutricionales on orecscrioci6n medicaci6n</p>
<p><input type="checkbox"/> Outside agency referral, who?- Referencias de alguna agencia de afuera, 1, Quien?</p>	<p><input type="checkbox"/> Single parent, <input type="checkbox"/> incarcerated parent, or <input type="checkbox"/> parent loss by death-Padre soltero, encarcelado O fallecido</p>
<p><input type="checkbox"/> Medical insurance lacking for household member Et seguro medico que carece para el miembro de la casa</p>	<p><input type="checkbox"/> Child <input type="checkbox"/> is <input type="checkbox"/> was in foster care - El niflo estalha estado con oersonas adoptivas</p>
<p><input type="checkbox"/> Current debt or inability to pay monthly bills even when benefits are applied La deuda o ta incapacidad actuates pagar cuentas mensuales</p>	<p><input type="checkbox"/> Prior or current CPS (Child Protective Service) involved (Servicios de Protecci6n Infantil) que participan <input type="checkbox"/></p>
<p><input type="checkbox"/> Both parents unemployed-Dos padres desempleados</p>	<p><input type="checkbox"/> Child has been abused (sexually, physically, or emotionally), - El niflo ha sido abusado (sexualmente, fisicamente o emocionalmente)</p>
<p><input type="checkbox"/> English lanauaae learner Ingles como segunda /engua</p>	<p><input type="checkbox"/> Substance abuse <input type="checkbox"/> Substance addiction</p>
<p><input type="checkbox"/> Parent unable to read/write Crfe lectura/escritura incapaz</p>	<p><input type="checkbox"/> Domestic violence (parent to parent, parent to child, child to child)- Violencia domestica</p>
<p><input type="checkbox"/> Unstable housing alojamiento inestable</p> <p><input type="checkbox"/> Overcrowded housing alojamiento superpoblado</p> <p><input type="checkbox"/> Moved in with friends/relatives vive con amigos/familiares</p>	<p><input type="checkbox"/> Prior or current Head Start <input type="checkbox"/> VPI <input type="checkbox"/> Special Education family member <input type="checkbox"/> Healthy Families - Un hermano/a def niflo ha participado en el programa anteriormente</p>
<p><input type="checkbox"/> Recent immigrant/refugee-From Inmigrante o refugiado recien - De:</p> <p><input type="checkbox"/> seasonal Miarant worker trabajador miarante estacional</p>	<p><input type="checkbox"/> Moved 2 or more times in the last six months - Movi6 2 o mas tiempos en los ultimas seis meses</p>
<p><input type="checkbox"/> Chronically ill family member (physical, mental, emotional, substance abuse/addiction) Who? What? Alguna persona cr6nicamente enferma en la familia (fisica, mental, emocional, abuso de sustanciasladiciones) 1, Quien?i, Que?</p>	<p>Is your child completely potty trained? {This is NOT a requirement ft) i, Su hijo usa el baflo solo completamente?(Esto NO es un requisito)</p> <p><input type="checkbox"/> Yes - <input type="checkbox"/> Si <input type="checkbox"/> No - <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Active Military Militar Activo <input type="checkbox"/> Veteran Veterana</p>	<p><input type="checkbox"/> Other - Otro</p>

Mail, FAX 540 635-3001 or email this application to: dlee@wcps.k12.va.us (540 540-635-2725 ext 33256)

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 SOLAMENTE una aplicaci6n y no garantiza matriculaci6n en el programa. Tambien entiendo que NECESITO informar a VPI/Head Start si hay algun cambio de direcci6n o numero de telefono. Declaro que ha dado informaci6n completa, exacta y veraz y certifique que los documentos y la informaci6n que he proporcionado acerca de la elegibilidad son exactos al mayor de mi conocimiento.

If you check this block you DO NOT want Information shared with other preschool programs. Marque no informaci6n a otro pre-eseolar.

Warren County Public Schools does not discriminate on the basis of race, color, religion, sex, national origin, or handicap. Warren County Public Schools no discrimina a base de raza, color, religi6n, sexo, origen nacional, o incapacidades.

Signature - Firma

Date-Fecha