



**RAPPAHANNOCK COUNTY
PRESCHOOL PROGRAMS APPLICATION**
Preschool – 3 and 4 year olds



CHILD INFORMATION			
Attach a copy of Birth Certificate			
Child's Last Name:	First Name:	Middle Name:	
Race:	Birthdate:	Age:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl

PARENT/GUARDIAN INFORMATION			
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian Last Name:		First Name:	Middle Initial:
Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Relationship to child? _____ *If guardian, document provided? <input type="checkbox"/> Yes <input type="checkbox"/> Copy needed	
Street address:		City:	State: Zip:
Home Phone: ()		Cell Phone: ()	Email:
Occupation:		Employer:	Employer Phone: ()
<input type="checkbox"/> Father <input type="checkbox"/> Guardian Last Name:		First Name:	Middle Initial:
Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Relationship to child? _____ *If guardian, document provided? <input type="checkbox"/> Yes <input type="checkbox"/> Copy needed	
Street address:		City:	State: Zip:
Home Phone: ()		Cell Phone: ()	Email:
Occupation:		Employer:	Employer Phone: ()

HOUSEHOLD INFORMATION			
Total number of people living in the household: _____			
<i>Please list the names of all people living in the household below.</i>			
Name	Relationship to child	Date of Birth	Highest Level of Education
Primary language spoken _____		Secondary language spoken _____	

MEDICAL INFORMATION

Please answer the following questions as honestly as possible. This portion must be filled out.

Does child have any allergies, medical alerts or limitations noted? No Yes Epi-pen Inhaler
Please list: _____ Emergency Meds

Child's Physician:	Phone: ()	Insurance provider:
		Insurance #:
Child's Dentist:	Phone: ()	Insurance provider:
		Insurance #:
Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy provided	Child's Physical Exam less than 1 yr. ago? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy of exam provided	

INCOME VERIFICATION

Household Income (gross): \$_____ per month or \$_____ per year. (Please provide proof of income with this application: W2, tax return, check stubs, letter from employer or award letter from SSI, SSDI, TANF, Child Support, Veterans Benefits, Social Security, Unemployment or Worker's Compensation) <input type="checkbox"/> Copy provided	Check all that apply: <input type="checkbox"/> Child Support <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> FAMIS <input type="checkbox"/> VEC <input type="checkbox"/> Food stamps
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HOUSING

Is the family: Homeless Living with friends or relatives
 Living in overcrowded housing Moved 2 or more times in the last 6 months

FAMILY CHARACTERISTICS

Premature birth <input type="checkbox"/>	Low birth weight <input type="checkbox"/>	Child is in foster care <input type="checkbox"/>	Child was in foster care <input type="checkbox"/>
Chronic illness in family (physical, mental, emotional) <input type="checkbox"/>		Child abuse reported <input type="checkbox"/>	
Concern about developmental delays <input type="checkbox"/>		Incarcerated parent <input type="checkbox"/>	Child is potty trained <input type="checkbox"/> (not a requirement)
Child has IEP <input type="checkbox"/> for: _____			Substance abuse reported in family <input type="checkbox"/>
Outside Referral by <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> DSS <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____			

Please describe any extenuating circumstances that you feel will be helpful in determining your child's eligibility for preschool:

IN CASE OF EMERGENCY

Name local friend / relative, not living at same address:	Relationship to child:	Home Phone: ()	Work Phone: ()
Name local friend / relative, not living at same address:	Relationship to child:	Home Phone: ()	Work Phone: ()

■ Please indicate if any of these apply:

- There are court ordered protective measures in place for my child. No Yes
- A current copy of the court order is provided with this application for the file. No Yes

By my signature affixed to this application, I agree to provide updates as evidence of date changes or changes in restrictions.

Please list the name of anyone who is restricted from picking up or having contact with your child.

_____ Name of
person to be called if this person arrives to pick up your child? _____ Phone: 1)
_____ 2) _____

Please provide any additional notes below that have not been captured on this application previously:

Health or Medical Concerns: _____ Special
Needs: _____ Educational
Information: _____ Other
Information: _____

All of the information provided is true to the best of my knowledge. I authorize Rappahannock County Schools to use this information to determine my child's eligibility for preschool. I understand that the above information will be maintained in strict confidence by staff. I understand that it is my responsibility to notify Rappahannock County Public Schools regarding any changes to the information provided.

One or both parents/guardians, please sign below.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

Please return this application by **May 1st** each year to:

Michelle Berta
Phone: 540-227-0023, ext. 3210 Fax: 540-987-8896
Rappahannock County Public Schools
6 Schoolhouse Rd.
Washington, VA 22747

RCPS VPI Income Verification Form

CONFIDENTIAL INFORMATION (Only if submitted)

Include total gross annual income (before taxes) of the child's parent or parents (defined as parent, guardian, legal custodian, or other person having control or charge of the child – see VPI Income Criteria Guidelines)

Parent/Guardian (P/G) #1:

Weekly	X 52	= Annual Income
Every 2 weeks	X 26	= Click or tap here to enter text.
Twice a month	X 24	= Click or tap here to enter text.
Monthly	X 12	= Click or tap here to enter text.
Other Income	Click or tap here to enter text.	= Click or tap here to enter text.

Parent/Guardian (P/G) #2:

Weekly	X 52	= Annual Income
Every 2 weeks	X 26	= Click or tap here to enter text.
Twice a month	X 24	= Click or tap here to enter text.
Monthly	X 12	= Click or tap here to enter text.
Other Income	Click or tap here to enter text.	= Click or tap here to enter text.

Total Household Income

#1 P/G Income:	#2 P/G Income:	Other Income:	Total:
Click or tap here to enter text. (+)	Click or tap here to enter text.(+)	Click or tap here to enter text.(=)	Click or tap here to enter text.

VERIFICATION OF INCOME

Staff Member Income Verified by:
(Please print)

How Verified:

- W-2 Form
 Tax Forms
 Pay Stubs (Salary)
 SSI Verification
 SNAP Verification
 TANF Verification
 Written statement from employer
 Child Support
 Social Security Benefits/Unemployment/Other

Number of people in household:

Children	Adults	Total
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Are you currently working for the same employer as documented on the W-2/tax form?

- P/G #1: Yes No
- P/G #2: Yes No

(If either P/G answered "No" above, current income information is needed to determine income eligibility.)

Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?

- P/G #1: Yes No
- P/G #2: Yes No

CERTIFICATION

I certify that all of the above information is true and correct, and that all income is reported (if submitted). I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program.

Click or tap here to enter text.

Click or tap here to enter text.

Signature of Parent/Guardian (Required for Consideration)

Date

Click or tap here to enter text.

Click or tap here to enter text.

I verify that I have examined ALL information (Staff Signature)

Date

Click or tap here to enter text.

Click or tap here to enter text.

STUDENT NAME

◆ Virginia Preschool Initiative Income Self-Report Form

Parent(s)/Guardian(s) Name(s)	Click or tap here to enter text.
Child's Name:	Click or tap here to enter text.
Address:	Click or tap here to enter text.

Initial the following statements:

I certify that I do not wish to provide documentation of my income.

I understand that Virginia Preschool Initiative programs are required by the Appropriation Act to report income ranges for *all* children enrolled in the Virginia Preschool Initiative.

Use the following table to determine the income range of your household. Find the column with your family size and check the box in the row next to the income range that best describes your family.

VPI Family Income Ranges for Reporting Requirements									
Check which range applies	Income Ranges	Persons in family/household							
		1	2	3	4	5	6	7	8
	Less than 130%	Less than \$19,578	Less than \$26,572	Less than \$33,566	Less than \$40,560	Less than \$47,554	Less than \$54,548	Less than \$61,542	Less than \$68,536
	131 to 200%	\$19,579 to \$30,120	\$26,573 to \$40,880	\$33,567 to \$51,640	\$40,561 to \$62,400	\$47,555 to \$73,160	\$54,549 to \$83,920	\$61,543 to \$94,680	\$68,537 to \$105,440
	201 to 350%	\$30,121 to \$52,710	\$40,881 to \$71,540	\$51,641 to \$90,370	\$62,401 to \$109,200	\$73,161 to \$128,030	\$83,921 to \$146,860	\$94,681 to \$165,690	\$105,441 to \$184,520
	Greater than 351%	Greater than \$52,711	Greater than \$71,541	Greater than \$90,371	Greater than \$109,201	Greater than \$128,031	Greater than \$146,861	Greater than \$165,691	Greater than \$184,521

This information is for reporting purposes only and will not be used to determine eligibility for the Virginia Preschool Initiative Program. All information will be held in strict confidence.

I certify that the information provided to support this information is accurate and truthful to the best of my knowledge.

Parent Guardian Signature:	Click or tap here to enter text.	Date:	Click or tap here to enter text.
Staff Signature/Title:	Click or tap here to enter text.	Date:	Click or tap here to enter text.