

**Suffolk Public Schools Preschool Initiative (Early Start) Application 2021-2022**

*Please complete all sections of this application accurately and **LEGIBLY**. Completed applications may be submitted to the School Administrative Office located at 100 North Main Street, Suffolk, VA 23434 by mail or in person. Screening appointments letters will be mailed to the home address. If you have any questions, please contact Tomika Doleman at (757)925-6760.*

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Primary language spoken at home:  English  Spanish  Other

Child's Race (Check all that apply)  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White or Caucasian

Child's Ethnicity (Check one) Hispanic or Latino  No  Yes (Persons of Cuban, Mexican, Puerto Rican, South or Central American or Spanish culture or origin, regardless of race)

Will the child ride a SPS school bus to/from school?  No  Yes

Transportation Address (where child will be picked up):  
\_\_\_\_\_

Adult Responsible at bus stop: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does your child have an IEP or Disability?  No  Yes

Check all that apply:  ADHD  LD  ED  Autism  Speech  Other: \_\_\_\_\_

If No, do you suspect your child may have special needs or a disability?  No  Yes

Has your child been diagnosed with any serious or chronic health conditions? Asthma, other?

No  Yes Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medically diagnosed allergies? (food allergies, dust, pollen, other)?

No  Yes Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the child in foster care?  No  Yes

**Parent/Guardian Living in the same household as the Applicant**

**If parent, name must appear on birth certificate. If guardian, custody papers are required.**

Adult 1 Parent/Guardian Name: \_\_\_\_\_

Male  Female      Date of Birth: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Employment:     Full Time     Part Time     Student     Unemployed

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Adult 2 Parent/Guardian Name: \_\_\_\_\_

Male  Female      Date of Birth: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Employment:     Full Time     Part Time     Student     Unemployed

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Family Members Living in the Household Supported by Parent/Guardian Income**

Name 1: \_\_\_\_\_

Male  Female    Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name 2: \_\_\_\_\_

Male  Female    Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name 3: \_\_\_\_\_

Male  Female    Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name 4: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name 5: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name 6: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Total Number in Family: \_\_\_\_\_

**Other Household Members**

Name 1: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name 2: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name 3: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name 4: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Total Number in Household: \_\_\_\_\_

Family Type:  Single Mother  Single Father  Two Parent  Foster  Other Relative

Marital Status:  Single  Married  Separated  Divorced  Widowed

Court Custody Information:  Sole Custody  Physical Custody  Joint Custody

Child's Health Insurance: None  Medicaid  Military FAMIS Private

If none, would you like information regarding health insurance for children?  No  Yes

Mother's Health Insurance: None  Medicaid  Military FAMIS Private

Father's Health Insurance: None  Medicaid  Military FAMIS Private

Child previously/currently enrolled in Head Start/STOP/Preschool/Private Daycare?  No Yes

If yes, which one: Head Start STOP Preschool Private Daycare

Did parent(s) graduate from high school?

Mother:  No Yes      If No, last grade attended? \_\_\_\_\_

Mother: If No, did she obtain GED?  No Yes

Father:  No Yes      If No, last grade attended? \_\_\_\_\_

Father: If No, did he obtain GED?  No Yes

Did parent(s) attend and complete college?

Mother:  No Yes      If Yes, Degree: \_\_\_\_\_

Father:  No Yes      If Yes, Degree: \_\_\_\_\_

Lack of family support in the area?  No  Yes

Active Duty Military?  No  Yes    If Yes, Deployment history/dates? \_\_\_\_\_

---

---

---

**Emergency Contact (Other than parent/guardian)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Are you lacking fixed, regular, adequate housing, or are you homeless at this time?  No  Yes

Living with relatives or others due to: \_\_\_\_\_

---

---

Recent change in family structure/guardianship within one year?  No  Yes

Domestic violence/traumas witnessed or encountered by child?  No  Yes

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical abuse/sexual abuse of child?  No  Yes

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recent death/suicide of a relative that would impact the child?  No  Yes

Relationship to child: \_\_\_\_\_

Disabled parent or family member within household?  No  Yes

Relationship to child: \_\_\_\_\_

Serious health concern of a family member(s) within the household?  No  Yes

Relationship to child: \_\_\_\_\_

Condition(s): \_\_\_\_\_

Any family member within the household receiving counseling services?  No  Yes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Substance Abuse (parent)?  No  Yes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Incarcerated parent in the past or currently.  No  Yes

Please explain: (reason, place, and time) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Self-Reported Family Income from All Sources**

WIC:  No  Yes      SNAP:  No  Yes      TANF:  No  Yes

TANF Monthly Amount: \_\_\_\_\_

Family Member 1: \_\_\_\_\_

Income Source:     Job     SSI     Child Support     Other \_\_\_\_\_

Gross Amount (before taxes): \_\_\_\_\_

Frequency:     Weekly     Bi-Weekly     Bi-Monthly     Monthly     Yearly

Total Yearly Amount: \_\_\_\_\_

Family Member 2: \_\_\_\_\_

Income Source:     Job     SSI     Child Support     Other \_\_\_\_\_

Gross Amount (before taxes): \_\_\_\_\_

Frequency:     Weekly     Bi-Weekly     Bi-Monthly     Monthly     Yearly

Total Yearly Amount: \_\_\_\_\_

By submitting this application, I give my permission for my child to be considered and accepted into Suffolk Preschool Initiative (Early Start). I further understand placement will be determined by Suffolk Public Schools Staff.

Parent/Guardian Signature: \_\_\_\_\_      Date: \_\_\_\_\_

SPS Staff Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Certification: I certify that all of the information on this application is true. If any part is false, participation in the program may be terminated and I may be subject to legal action. I understand that the information in this application will be held in strict confidence, and is accessible to me during normal business hours. I also understand that this is not a first-come, first served process, and that selection is based on weighted risk factors. Children with the highest risk factors will be selected first. In conclusion, I understand that program eligibility is conditional on being a resident of Suffolk and regular program attendance.