

The Campagna Center

Early Childhood Programs

Registration Checklist and Application

When you come to register your child, please bring ALL of the required documents listed.

- **Early Childhood Programs Application**
- **Residency Verification & Enrollment Form**
- **Home Language Survey**
- **Photo ID of parent registering child**
- **Photo of child**
- **Original Birth Certificate** (or a Certified Birth Certificate) or Passport for the child
- Proof of Guardianship/Foster Care if applicable
- **Income Verification**
 - Please supply the following recent documents (provide all that apply)
 - 2019 Income Tax Form 1040
 - 2019 W-2
 - 2 recent consecutive pay stubs
 - Supplemental Security Income (SSI)
 - Temporary Assistance for Needy Families (TANF)
 - Notarized Income Verification
 - Unemployment Compensation
 - Foster Care Reimbursement
- **Residency Verification**

Registering adult must provide the following three (3) documents: All documents must be the original copy (current within the past 60 days) & clearly notes the parent/legal guardian name and Alexandria City address.

 - Category A – one (1) document:
 - Lease Agreement
 - Deed (with copy of property tax)
 - Mortgage contract
 - Category B – two (2) supporting documents:
 - Utility bill (water, gas, electric, cable, and/or landline phone)
 - Current personal Alexandria City property tax bill/receipt
 - Mailed letter from a government agency (TANF, HUD, ARHA, IRS, etc.)
 - Current pay stub (noting Alexandria address * Virginia tax withholding)
 - 2 consecutive bank statements (mailed)
 - Latest federal/state income tax return noting the City of Alexandria address
 - Category C:
 - Lack of housing
 - DSS/Foster Care Services
 - **Shared Housing Residents:** If the parent/guardian is living in a shared housing, a notarized Residency Verification A/B form will be required with a copy of the homeowner's mortgage, deed or a copy of the lease with whom the student and parent are living. Additionally, you will be required to provide two supporting documents (in the parent's legal guardian's name) as listed above.
- Commonwealth of Virginia School Entrance Health Form or well baby form if child is under 3 years old.

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PRIMARY PARENT/GUARDIAN INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Gender: Male Female

*Birth Date: _____ *Preferred Language: _____ *Secondary Language: _____

*Ethnicity: ___ Latino *Race: ___ Asian ___ Bi-Racial/Multiracial ___ Black/African American
 ___ White ___ Native American/Alaskan ___ Pacific Islander/Hawaiian
 ___ Other ___ Unspecified

*Education Level: ___ 9th Grade or less ___ 12th Grade ___ Training Certificate
 ___ 10th Grade ___ High School Graduate ___ Some College/Associate's Degree
 ___ 11th Grade ___ GED ___ Bachelor's Degree or Advanced Degree

Employment Status: ___ Employed full time ___ Employed part time ___ Unemployed
 ___ Retired or Disabled ___ Training or in school PT ___ Training or in school FT

Contact Information:

Employer/School Name: _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

*Veteran of the US military? ___ Yes ___ No *Member of US military on active duty? ___ Yes ___ No

Home Phone: _____ Cell Phone: _____ ___ Consent to receive text messages

Work Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

*Marital Status: ___ Single ___ Married ___ Divorced ___ Separated *# in Family: _____ *# in Household: _____

*Does the Primary Parent have Health Insurance? ___ Yes ___ No *Name of Insurance _____

*Current Housing Status: ___ Homeless ___ Own ___ Rent ___ Other *Current Housing Date _____

*Certification:

I certify that this information is true. If any part is false, my participation in the program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the program. I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in un-enrolling my child from Head Start/Early Head Start or VPI and could have serious legal consequences.

Parent Signature: _____

Date: _____

Parent Printed Name: _____

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Secondary Parent/Guardian Information

NO SECONDARY PARENT/GUARDIAN (skip section if no secondary parent/guardian)

First Name: _____ Middle Initial: _____ Last Name: _____ Gender: Male Female

*Birth Date: _____ *Preferred Language: _____ *Secondary Language: _____

*Ethnicity: Latino *Race: Asian Bi-Racial/Multiracial Black/African American
 White Native American/Alaskan Pacific Islander/Hawaiian
 Other Unspecified

*Education Level: 9th Grade or less 12th Grade Training Certificate
 10th Grade High School Graduate Some College/Associate's Degree
 11th Grade GED Bachelor's Degree or Advanced Degree

Employment Status: Employed full time Employed part time Unemployed
 Retired or Disabled Training or in school PT Training or in school FT

Contact Information:

Employer/School Name: _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

*Veteran of the US military? Yes No *Member of US military on active duty? Yes No

Home Phone: _____ Cell Phone: _____ Consent to receive text messages

Work Phone Number: _____

Check if same as Primary Parent/Guardian

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

*Does the Secondary Parent have Health Insurance? Yes No *Name of Insurance _____

Student's Siblings

Name	Birth Date	Sex	School
1.			
2.			
3.			
4.			
5.			

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Child Information

Child's First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____

Preferred Site 1: _____ Preferred Site 2: _____ Preferred Site 3: _____

Our Early Childhood Programs do not have transportation, are you willing to transport? Yes No

**Will you be requiring extended care services if available? Yes No

Before School (7:30-8:30) After School (3:00-6:00) Both

Child is receiving a childcare subsidy (Voucher or Contracted Slot)

Gender: Male Female *Birth Date: _____ Country of Birth _____

*Primary Language: _____ *Other Language: _____

Speaks English: Yes No English Skills: Very Well Well Not Well Not at All

*Ethnicity: Latino *Race: Asian Bi-Racial/Multiracial Black/African American

White Native American/Alaskan Pacific Islander/Hawaiian

Other Unspecified

Last School attended: _____ City: _____ State: _____

Eligibility Information

*Parental Status (circle all that apply)

Teen Parent Disabled Parent Foster Parent Custodial Grandparent Guardian

Additional Eligibility Information

Does your child have a delay or disability? Yes No Does your child have an IEP/IFSP? Yes No

*Examples: Speech Delay, Developmental Delay, Autism, Social Emotional Delay, Learning Delay, Physical Disability, etc.

Type of Delay or Disability: _____

(Circle all that apply)

CPS Referral Domestic Violence Referral Sibling of another child in HS/EHS
Rising Kindergartner Pregnant Teen Pregnant Woman (EHS only)
Receives WIC Receives SNAP
Receives TANF (provide documentation) Receives SSI (provide documentation)

For children 3 years and older:

Is your child potty trained? Yes No *If your child is still wearing a diaper, they are not potty trained.

Your child must be able to TELL the teacher they have to go potty BEFORE they have to go, be able to pull down their underwear and pants and pull them up with little assistance. They must be able to wipe themselves after using the toilet and be able to get off the potty by themselves.

*Does the Child have Health Insurance? Yes No *Name of Insurance _____

Medicaid #: _____

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Alexandria Head Start/Early Head Start Important Medical Information

Child's Name: _____

To ensure the health and safety of all students, please provide the following information about your child.

- My child takes prescription medication on a regular schedule. Yes No
- My child has an Epi-Pen (epinephrine injection). Yes No
- My child has an Inhaler. Yes No
- My child has **medically diagnosed** asthma. Yes No
- My child has **medically diagnosed** diabetes. Yes No
- My child has **medically diagnosed** seizures. Yes No
- My child has **medically diagnosed** allergies. Yes No

Type of allergies: _____

- My child has medically diagnosed dietary restrictions. Yes No

Type of dietary restrictions: _____

- My child has religious dietary restrictions. Yes No

Type of religious dietary restrictions: _____

- My child has a chronic medical condition not listed above: Yes No

Please explain: _____

- My child is under the care of a physician for the following conditions: _____

**If the answer is "Yes" to any of these questions, please submit the appropriate forms.

(Chronic Health Conditions and Health Plan, Permission to Administer Medication, Statement for Special Diet Prescription)

Residency Verification & Enrollment Form



Part I : Student/Family Information

Please complete A, B or C.

- A. I am the Parent who is enrolling _____ in school.
(student full name)
- B. I am the Legal Guardian/Primary Caregiver enrolling _____ in school (must provide official documentation).
(student full name)
- C. I am the adult student (18 years or older) enrolling myself, _____ in school.
(student full name)

I, the parent/legal guardian/caregiver and/or adult student, affirm that I/we reside at the following domicile*:

Full Address:

Street name	Apt. #	City	State	Zip Code	Phone Number

Part II: Parent/Guardian/Caregiver or Adult Student Sworn Statement

I understand that enrollment of the student in Alexandria City Public Schools is based on my affirmation that I am (Part I) the parent/legal guardian of the student and a resident of the City of Alexandria, (Part II) this sworn statement of City of Alexandria residency and (Part III) my presentation of residency verification documentation (see page 3 - category A, B, or C). I affirm I reside with the student at the address noted in this document. If this sworn statement is false, I understand that I may be liable for payment of retro-tuition for the student, and that the student will be withdrawn from Alexandria City Public Schools. Please be advised that according to the Code of Virginia § 22.1-264.1, it is a Class 4 misdemeanor to knowingly misrepresent residency for the purpose of enrollment in a school outside the attendance zone in which the student resides. I hereby waive my rights to confidentiality of information relative to my residence and understand that the Alexandria City Public Schools will use whatever legal means it has at its disposal to verify my residence. I also agree to notify the school of any change of residence for myself and/or the student with in three (3) business days of such change.

Printed Name of Parent/Legal Guardian/Caregiver or Adult Student

Phone Number

Signature of Parent/Legal Guardian/Caregiver or Adult Student

Date

*A bona fide residence/domicile is defined as where a person lays their head each night. Owning or renting a property is not enough to claim residency in the City of Alexandria. The student and legal guardian must sleep in the City of Alexandria nightly.

*** ACPS STAFF OFFICAL USE ONLY - DO NOT COMPLETE BELOW THIS LINE***

List of Acceptable Residency Verification Documentation

All documents must note the registering parent/legal guardian or adult student's full name and Alexandria City address

Category A: (One document from this list to verify residency)

- Lease or Rental Agreement: The original lease must be current (not expired) indicating the dates, names and property address for the parent/legal guardian who is enrolling the student. If the lease is a private generated agreement with the landlord the lease must be notarized.
- Deed: The property deed must be accompanied by a copy of the owner's personal property tax. This may be obtained (free of charge) at <http://realestate.alexandriava.gov/index.php?action=address>. The deed must be in the parent/legal guardian name.
- Mortgage: The resident may present a mortgage bill prepared by the lender (including date, Alexandria address and lender name) within 60 days of registration or the initial mortgage contract with current copy of the owner's property tax. This may be obtained for free at <http://realestate.alexandriava.gov/index.php?action=address>
- I am living in shared housing and the lease/deed or mortgage is not in my name. Please complete a Shared Housing (A/B) Form and attach the lease/deed or mortgage of the person with whom you reside.

AND

Category B: (Two documents from this list to verify residency)

- Utility bill (water, gas, electric, cable and/or landline phone bill). The bill must be dated within the past 30 days. If all utilities are covered in your leasing contract and you do not have any other bills please provide a letter from your property manager on company letter head that notes water, gas, sewer, electric are all included in the monthly rent.
- Current Alexandria City Personal Property Tax (vehicle, RV, boat). Please note: Virginia Department of Motor Vehicles requires all personal property must be registered to the current address within 60 days of relocation.
- Mailed letter from a government agency (TANIF, HUD, ARHA, IRS, etc.) The letter must be addressed to the parent/legal guardian or adult student.
- Current pay stub (with Alexandria City address and noting Virginia tax withholding)
- Latest federal/state income tax return noting the Alexandria City address
- 2 consecutive bank statements mailed to the Alexandria City address.
- Current homeowner or renter's insurance policy noting an Alexandria City address

OR

Category C: Please confer with the school registrar if either of the following apply.

- Lack of housing, in transition or are experiencing homelessness.
- Foster Care/DSS: Provide verification that the student is in the custody of the Department of Social Services, in the form of a court order or official documentation from the Department of Social Services.



The Hill
Campaign
Center
Children. Families. Community.

Office of English Learner Services
1340 Braddock Place
Alexandria, VA 22314
Telephone: 703-619-8022
E-mail: ELOffice@acps.k12.va.us

Home Language Survey

Parent/Guardian: Federal regulations require school systems to survey all enrolling students regarding the students' home language and any other languages the students may speak. Based on the information provided below, the student may be assessed for English proficiency as required by federal regulations. Based on the results of the assessment, the student may be eligible for supplemental instruction through the English Learner (EL) program. Parents/guardians will be informed about the assessment results and if the student is eligible for supplemental services, the parents will have the opportunity to accept or refuse the supplemental EL services.

Padre, madre o tutor legal: Las leyes federales requieren que los sistemas escolares encuesten al inscribirse a todos los alumnos sobre el idioma que se habla en el hogar y sobre cualquier otro idioma que puedan hablar los alumnos. Con base en la información proporcionada a continuación, el alumno pudiera ser evaluado para determinar su competencia en el idioma inglés tal como lo exigen las normas federales. Con base en los resultados de la evaluación, el alumno pudiera ser elegible para recibir instrucción suplementaria mediante el programa de Aprendizaje del Idioma Inglés (EL). Se informará a los padres o tutores legales sobre los resultados de la evaluación y si el alumno es elegible para recibir servicios suplementarios, los padres tendrán la oportunidad de aceptar o rechazar los servicios suplementarios de EL.

ወላጅ/አሳዳጊ አዲስ የሚመዘገቡ ተማሪዎች በቤታቸው ስለሚናገሩት ቋንቋ እና ተማሪው ስለሚናገረው ሌላ ቋንቋ የትምህርት ቤት አስተዳደር ማጠቃለያ እንዲያዘጋጁ የፌደራል ስጦታ ይጠይቃል። እታች በተገለፀው መረጃ ላይ ተመሳርቶ የፌደራል ስጦታ በሚጠይቀው መሰረት የተማሪውን የእንግሊዘኛ ቋንቋ ብቃት ምዘና ይካሄዳል። ከሚካሄደው ምዘና በሚገኘው ውጤት መሰረት ተማሪው በእንግሊዘኛ ቋንቋ ትምህርት (ኢ ኤል) ፕሮግራም ተጨማሪ የቋንቋ ትምህርት ለመውሰድ ብቁ ሊሆን ይችላል። ወላጆች/ አሳዳጊዎች ስለምዘና ውጤት እና ተማሪው ለተጨማሪ ድጋፍ አገልግሎት ብቁ ስለመሆኑ መረጃ የሚደርሳቸው ሲሆን ወላጆችም በተጨማሪነት የሚጠቀሙትን የኢ ኤል አገልግሎት የመቀበል ወይም ያለመቀበል አድል ያገኛሉ።

ولي أمر الطالب/الوصي الشرعي: تتطلب اللوائح الفيدرالية قيام الأنظمة التعليمية بإجراء استبيان لجميع الطلاب المسجلين فيما يتعلق باللغة المستخدمة في منزل الطالب وأي لغات أخرى قد يتحدثها الطلاب. وعلى ضوء المعلومات المقدمة أدناه، يمكن تقييم كفاءة الطالب في اللغة الإنجليزية وكما هو مطلوب بموجب اللوائح الفيدرالية. واستنادًا إلى نتائج التقييم، قد يكون الطالب مؤهلاً للحصول على تعليم إضافي من خلال برنامج متعلمي اللغة الإنجليزية (EL). سيتم إبلاغ أولياء الأمور/الأوصياء الشرعيين بنتائج التقييم وفيما إذا كان الطالب مؤهلاً للحصول على خدمات تكميلية، حيث ستتاح لأولياء الأمور فرصة قبول أو رفض تلقي خدمات EL التكميلية.

Student Name: _____ Date of Birth: _____
 ስም: _____ የተወለደበት ቀን: _____
 የተማሪው ስም የትውልድ ቀን፤
 اسم الطالب تاريخ الميلاد

Parent/Guardian Name: _____ Telephone: _____
 የወላጅ/አሳዳጊ ስም ስልክ
 اسم ولي الأمر/الوصي الشرعي رقم الهاتف

1. What is the primary language used in the home, regardless of the language spoken by the student? _____
 በቤት ውስጥ የሚነገር የመጀመሪያ ዋና ቋንቋ ምንድን ነው ተማሪው ሌላ ቋንቋ የሚናገር ቢሆንም እንኾን?
 ماهي اللغة الأساسية المستخدمة في البيت، بغض النظر عن اللغة التي يتحدث بها الطالب؟

2. What is the language most often spoken by the student? _____
 ተማሪው ብዙ ጊዜ የሚናገረው ቋንቋ ምንድን ነው?
 ماهي اللغة التي يتحدث بها الطالب غالباً؟

3. What is the language that the student first acquired? _____
 የተማሪው የአፍ መፍቻ ቋንቋ ምንድን ነው?
 ماهي اللغة التي تعلمها الطالب لأول مرة؟

In which language do you prefer to receive communication from the school? English Español አማርኛ العربية
 ከትምህርት ቤት የሚላከውን መረጃ መለዋወጫ መንገድ እንዲሆን የትኛው ቋንቋ ይመርጣሉ?
 ماهي اللغة التي تفضل التواصل بها مع المدرسة?
 Other: _____
 ሌላ
 أخرى

Parent/Guardian Signature: _____ Date: _____
 የወላጅ/አሳዳጊ ፊርማ ቀን
 توقيع ولي الأمر/الوصي الشرعي التاريخ

ACPS Staff Members: This form must be completed for all students registering in Alexandria City Public Schools. It should be the first document provided to the parent/guardian during the registration process. Please ensure that all questions are answered completely.
 If a language other than, or in addition to, English is listed in response to question 1, 2, or 3, the student should be referred to the Office of English Learner Services (EL Office) for registration and assessment. Families and staff can contact the EL Office at 703-619-8022 with any questions.
 Rev. 08/16