



# 2025-2026 York County Preschool Joint Application 3-year and 4-year Old Programs



**Application Deadline: open until filled and maintained for the school year  
(Waitlist families from the 2024-2025 school year will need to submit a current application)**

This application is for the York County Preschool Programs, including Head Start and Virginia Preschool Initiative (VPI). Please complete the attached application and return it, along with appropriate documentation, to one of the agencies listed below. You will be notified by the program’s Coordinator for which your child qualifies.

**This application is for York County Preschool Programs including Head Start and Virginia Preschool Initiative (VPI). 1) Complete the application 2) Submit with appropriate documentation for a complete application, to one of the points of contact listed below.**

**Applications can be mailed, faxed, or emailed to one of the following locations:**

York County School Division (VPI)  
Okrika Harold  
VPI Coordinator  
302 Dare Road  
Yorktown, VA 23692  
Fax Number: (855) 878-9064  
[preschool@ycsd.york.va.us](mailto:preschool@ycsd.york.va.us)

York County Head Start  
Leyda Vazquez  
Family Services Coordinator  
1490 Government Road  
Williamsburg, VA 23185  
Fax Number: (757) 890-2430  
[headstart@yorkcounty.gov](mailto:headstart@yorkcounty.gov)

**Program Descriptions**

**Head Start**

**Head Start** is a national child development program for children. Families of children who live in York County between the ages of three and five can apply. Children enrolled in the program receive educational services to help prepare them for kindergarten. Families also receive services in health, nutrition, mental health, education, disabilities and family support. **Head Start provides services at no cost for those children and families that meet the entrance criteria.** Breakfast, lunch, and snacks are also provided daily, free of charge. Limited transportation services are available within York County. Classes are in session from August-May. Head Start applications are reviewed year-round, and a waitlist is maintained after all available slots have been filled.

**Head Start Locations and Hours of Operation:**

Head Start operates Monday-Friday, 8:30 – 3:00 at the following locations:

- Bethel Manor Elementary School (1797 First Street, Hampton, VA 23665)
- Griffin-Yeates Center (1490 Government Road, Williamsburg, VA 23185)
- Yorktown Elementary School (131 Siege Lane, Yorktown, VA 23692)

**For more information about Head Start services, contact the Head Start office at (757) 890-3888.**

**Virginia Preschool Initiative (VPI)**

**VPI** is an initiative to identify and serve at-risk preschoolers in the Commonwealth of Virginia through the local educational agency (YCSD). **The program is provided at no cost for children meeting entrance criteria.** The child must be at least 3 on or before September 30th and not already receiving services from Head Start. Transportation is provided to and from the attendance location. VPI students are provided a Virginia Department of Education approved curriculum. Classes are in session from August-June. VPI applications are reviewed year-round, and a waitlist is maintained after all available slots have been filled.

**VPI Locations and Hours of Operation:**

- VPI locations are at elementary schools and operate Monday-Friday, 8:55 – 1:00.

**For more information about the VPI program, contact Okrika Harold, VPI Coordinator, at (757) 833-7238 or (757) 898-0308.**

*Please keep this page for informational purposes.*

**2025-2026 Joint Application - Demographic Information (Complete all of the information below.)**

Child's Full Name:	DOB:	Sex:	Child's Zoned Elementary School:
Child's Address:			
Parent/Guardian Name #1:			Parent/Guardian DOB:
Best Phone Number:	Email Address		
Parent/Guardian Name #2:			Parent/Guardian DOB:
Parent Address #2 (if different from the child's address):			
Best Phone Number:	Email Address	<b>Total number of immediate family members (parents/guardians and children) living in your home:</b>	

\*VPI only: Application status will be sent via email. Do you give permission for notifications to be sent through email?   Yes   No  
 If checked no, notification will be sent via postal mail.

**Families applying for Head Start and VPI programs must submit financial documentation with this application.**

See the table below for the required documentation for each program.

VPI	Head Start
One of the following: <ul style="list-style-type: none"> <li>• Most recent W-2 form</li> <li>• Most recent LES</li> </ul>	One of the following: <ul style="list-style-type: none"> <li>• Most recent W-2 form or 1040 IRS Tax form</li> <li>• 3-6 months of most recent paystubs</li> <li>• Verification of employment/unemployment</li> </ul>
Income Verification form – see attached	Child support verification, if applicable
	SSI/TANF/SNAP verification, if applicable
	Housing Cost Summary: Provide a monthly statement of the bills listed: Rent/House Payment, VA Dominion Power, VA Natural Gas, and Water Bill.

**Program Requirement:**

- Child will be at least 3 years old on or before September 30th (VPI Program). Attach a copy of the child's birth certificate.
- Child/family resides in York County. Attach proof of residency in York County (e.g., lease, mortgage statement, utility bill).

**Program Criteria (Please check all that apply):**

- Family receives TANF/SSI/SNAP benefits Parent(s)/Guardian(s) is active-duty military Parent(s)/Guardian(s) is deployed
- Child/Sibling(s) receive free or reduced priced lunch Child/family is homeless
- Child is in foster care or living with a non-relative Single parent family
- Student's parent(s)/guardian(s) is incarcerated
- Student's parent(s)/guardian(s) did not complete high school
- Child has an IEP/IFSP or is in the special education evaluation process
- Child have medical/mental health/behavioral challenge(s)?
- Family speaks a language other than English at home (If yes, list language(s)): \_\_\_\_\_
- Other:

**Certification:**

I certify that the information I have provided is true. I understand that this information will be used to determine whether my child is eligible for York County Head Start and VPI programs. Completion of this application does not guarantee acceptance into any program. I understand that if I am eligible for the Head Start program, I will be notified to complete additional documentation that will determine my child's acceptance. I give permission for this application to be shared between the York County School Division and Head Start to determine programs for which my child may be eligible.

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

**York County School Division VPI INCOME VERIFICATION FORM**

**CONFIDENTIAL INFORMATION**

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). Determine which income box to complete based on the pay period.

Student Name: _____	Weekly	X 52	= Annual Income
Elementary School Name: _____	Every 2 weeks	X 26	=
Student Date of Birth: _____	Twice a month	X 24	=
Parent/Guardian Name #1: _____	Monthly	X 12	=
Employer: _____	Other Income*		
Parent/Guardian Name #2: _____	Weekly	X 52	= Annual Income
Employer: _____	Every 2 weeks	X 26	=
	Twice a month	X 24	=
	Monthly	X 12	=
	Other Income*		

Total Household Income	Parent #1 Income:	+	Parent #2 Income:	+	Other Income:	=	Total:

**VERIFICATION OF INCOME and CERTIFICATION**

**Number of people in household: \_\_\_ Children \_\_\_ Adults = \_\_\_ Total**

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 Parent 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.? Yes \_\_\_ No \_\_\_

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.

\_\_\_\_\_ Date

(Signature of Parent/Guardian (Required for Consideration)      Date

**School Division Complete Below**

How Verified:	<input type="checkbox"/> Pay Stubs (Salary)	<input type="checkbox"/> SSI Verification	<input type="checkbox"/> Written statement from employer
<input type="checkbox"/> W-2 Form		<input type="checkbox"/> SNAP Verification	<input type="checkbox"/> Child Support
<input type="checkbox"/> Tax Form		<input type="checkbox"/> TANF Verification	<input type="checkbox"/> OTHER

I verify that I have examined ALL information: \_\_\_\_\_ Date

\_\_\_\_\_ Staff Signature