



Bright Beginnings Central Virginia
Mixed Delivery Program
Child Enrollment Form
2023 - 2024

MIXED DELIVERY

Mixed Delivery Preschool model is a blend of federal and state funds that increases access to early learning opportunities for more families across Virginia. Smart Beginnings Central Virginia is partnering with private programs in Amherst, Bedford, and Campbell Counties and the City of Lynchburg to offer FREE preschool to eligible families that will help prepare their children for success in kindergarten and beyond. Eligibility for Mixed Delivery is based on financial need using the 2022 - 2023 VPI Income Eligibility Guidelines from the Virginia Department of Education.

Please complete the information to determine your child(ren)'s eligibility for full tuition assistance under the Mixed Delivery Grant and reporting purposes.

\*\*This does not replace a center Registration Form or the need to submit a child's Immunization Record, School Entrance Physical Form or any other forms necessary for registration\*\*

CHILD INFORMATION

1. Child's Full Name: Last First M.I. DOB:
(MUST name that is on birth certificate)

Gender: Race: Primary Language:

2. Child's Full Name: Last First M.I. DOB:
(MUST name that is on birth certificate)

Gender: Race: Primary Language:

Address: Street Address Apartment/Unit #

City State Zip Code

CHILD BACKGROUND INFORMATION

Please list siblings and their ages:

\_\_\_\_\_

Does your child have an identified disability? Yes No

Explain: \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP)? Yes No

Are there any additional special needs? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian 1: \_\_\_\_\_  
Last First M.I. DOB: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of people in the household: \_\_\_\_\_  
Children Adults TOTAL

Please indicate the best way to reach you: \_\_\_\_\_

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Parent/Guardian 2: \_\_\_\_\_  
Last First M.I. DOB: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Complete ONLY if different than Parent/Guardian 1)

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**FAMILY INFORMATION**

Has COVID-19 negatively impacted your family (please check all that apply):

- Loss of job
- Financial loss
- Homelessness/loss of housing
- Other: \_\_\_\_\_
- Medical bills
- Illness
- Mental Health

FAMILY INFORMATION CONTINUED

Please check ALL the benefits you receive:

- Temporary Assistance for Needy Families (TANF)
Supplemental Nutrition Assistance Program (SNAP)
At least one parent active-duty military
DSS Child Care Tuition Assistance (Subsidy)
Other:
Supplemental Security Income (SSI)
Women, Infants and Children (WIC)
At least one parent veteran US Military
Utility Assistance

Is your child currently enrolled in a program? Yes No
If yes, where is your child enrolled?

Use this space to provide any additional information you feel we need to know about your child and family:

I have completed the above Enrollment Form with true and accurate information.

To meet all Mixed Delivery requirements, you must agree to:

- My child will be assessed using the state-wide assessment tools (Virginia Language and Literacy Screener – VLP, and the Virginia Kindergarten readiness Program – VKRP). Parents/Guardians will receive a copy of the assessments. Information will be housed in a secure database at UVA and used for school enrollment.
Participation in periodic surveys is expected to help evaluate the impact of the MD Program.
All of my child’s personal information will be handled respectfully and confidentially, and will only be shared with other preschool program options that I have expressed interest in (Virginia Preschool Initiative – public school, Head Start, and Mixed Delivery).

Signature

Date

Printed Name

Relationship to child

Parent/Guardian MUST show proof of income eligibility using one of the following documents:

Documents for Income Verification

- Tax Return
Temporary Assistance for Needy Families (TANIF)
Supplemental Nutrition Assistance Program (SNAP)
At least one parent active-duty military
DSS Child Care Tuition Assistance (Subsidy)
Other:
Pay stub
Supplemental Security Income (SSI)
Women, Infants and Children (WIC)
At least one parent veteran US Military
Utility Assistance

FOR OFFICE USE ONLY

- Child accepted
Child NOT accepted, reason:
Income Verification Completed by: Date:
Mixed Delivery Site:
Documentation used: