

FY 25/26 Mixed Delivery Program Enrollment Package Checklist

- Application

Income Documentation for each Parent or Guardian in the household

Choose One

- (4) Weekly – Most recent paystubs
- (3) Bi-Weekly – Most recent paystubs
- (3) Twice a Month – Most recent paystubs
- (2) Monthly – Most recent paystubs
- W2 – (2024)
- 1099's (self-employed only 2024)
- 1040's (filed income taxes for 2024)
- Employer Letter (must include number of hours per period / amount per hour)

No Income Form – Must be filled out (back of packet)

Public Assistance Award Letter (SNAP , TANF , SSI , Medicaid , Disability Letter(s))

- We need copy of cards

Proof of Residence - Current

Choose One

- Utility Bill
- Mortgage/Lease/Rent Agreement
- Phone Bill

Parent / Guardian ID – need copy

READY REGION

Blue Ridge

Many of the programs served through this application are income-based and needs-based programs. Your information is kept confidential. As part of our commitment to helping you find childcare that fits your family's needs, your application may be shared with other related programs for which you may be eligible. **If you need assistance filling out this application, please contact the Center Director or email help@go2grow.org.**

Application is for the (select one):

- 2024-25 School Year
- 2025-26 School Year

I am applying for the following programs (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Agape Center for Care | <input type="checkbox"/> JMU Young Children's Program |
| <input type="checkbox"/> Charlie's Guiding Light | <input type="checkbox"/> Lil' Bloomers |
| <input type="checkbox"/> Childhaven | <input type="checkbox"/> Plains Area Daycare |
| <input type="checkbox"/> Community Care and Learning Center | <input type="checkbox"/> Shenandoah Valley Child Development Center |
| <input type="checkbox"/> Fremont St. Nursery | <input type="checkbox"/> Tee Spot Reaching Higher Learning |
| <input type="checkbox"/> Gwen Phelps | <input type="checkbox"/> The Child Care & Learning Center |
| <input type="checkbox"/> Harrisonburg Rockingham Daycare Center | <input type="checkbox"/> Tots in Toyland |

*Answer required to process application

Primary parent/guardian information:

This person will serve as the primary point of contact for this application.

First Name *	Last Name *	Suffix
Email Address *	Mobile Phone Number *	Primary Other Phone
Primary Home Address *	Primary Parent/Guardian's Date of Birth *	
City *	State *	Zip Code *

- I want to receive communication by text message to the mobile number provided above.

Child information:

First Name *	Middle Name *	Last Name *
Birth Month *	Birth Day *	Birth Year *

If your child will be 5 on or before September 30 of the attending year, have you determined that your child is not yet ready for kindergarten and received an exception from an early care & education program stating that your child is not ready for kindergarten? *

- Yes
- No
- Not applicable, my child will not be 5 before September 30

The following questions are about the primary parent/guardian:

<p style="text-align: center;">Gender *</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose 	<p style="text-align: center;">Race (Check all that apply.) *</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White 	<p style="text-align: center;">Hispanic/Latino *</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Primary Language at Home * <input type="checkbox"/> American Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Swahili <input type="checkbox"/> Dari <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pashto		English Proficiency * <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Relationship to Child * <input type="checkbox"/> Biological/Adopted/Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____	Legal Guardian * <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody of Child * <input type="checkbox"/> Yes <input type="checkbox"/> No

Highest Education Completed * <input type="checkbox"/> Did not complete high school <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some college or advanced training <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree	What is the primary parent/guardian's employment status? (Check all that apply.) * <input type="checkbox"/> Employed – Full time <input type="checkbox"/> Training or school <input type="checkbox"/> Employed – Part time <input type="checkbox"/> Disabled <input type="checkbox"/> Employed – Seasonal <input type="checkbox"/> Seeking employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay-at-home parent <input type="checkbox"/> Employed – Full time & training <input type="checkbox"/> Retired <input type="checkbox"/> Employed – Part time & training Place of Employment: _____
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Is there another parent/guardian in the family? * Yes No

Only include adults who are legal parents/guardians to the child applicant through biological relations, marriage, or adoption. This secondary adult does not need to reside in the same home. Information regarding adults who contribute to the household but are not legal parents/guardians will be entered later. Appropriate paperwork such as custody papers must be attached if a legal parent/guardian is not allowed to pick up the child.

Secondary parent/guardian information:

First Name	Last Name	Suffix
Email Address	Mobile Phone Number	Secondary Other Phone
Home Address	Secondary Parent/Guardian's Date of Birth	
City	State	Zip Code

The next set of questions are about the secondary parent/guardian:

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	Race (Check all that apply.) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
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Spoken Language <input type="checkbox"/> American Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Swahili <input type="checkbox"/> Dari <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pashto	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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Relationship to Child <input type="checkbox"/> Biological/Adopted/Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____		Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody of Child <input type="checkbox"/> Yes <input type="checkbox"/> No
Select all that apply to the secondary parent/guardian: <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Not applicable	Highest Education Completed <input type="checkbox"/> Did not complete high school <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some college or advanced training <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree	What is the secondary parent/guardian's employment status? (Check all that apply.) <input type="checkbox"/> Employed – Full time <input type="checkbox"/> Employed – Part time <input type="checkbox"/> Employed – Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed – Full time & training <input type="checkbox"/> Employed – Part time & training <input type="checkbox"/> Training or School <input type="checkbox"/> Disabled <input type="checkbox"/> Seeking employment <input type="checkbox"/> Stay-at-home parent <input type="checkbox"/> Retired Place of employment: _____	

The next set of questions are about either parent/guardian:

Please check all that apply: * <input type="checkbox"/> At least one parent/guardian has a disability. <input type="checkbox"/> At least one parent/guardian has a mental health concern. <input type="checkbox"/> At least one parent/guardian has a chronic health concern. <input type="checkbox"/> At least one parent/guardian has a learning challenge. <input type="checkbox"/> At least one parent/guardian is experiencing substance abuse. <input type="checkbox"/> None of the above		Please check all that apply: * <input type="checkbox"/> At least one parent/guardian is a veteran of the United States military. <input type="checkbox"/> At least one parent/guardian is an active-duty member of the United States military. <input type="checkbox"/> At least one parent/guardian is actively deployed to a combat zone. <input type="checkbox"/> None of the above	
Is either parent/guardian a migrant worker? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Has either parent or guardian moved to the United States within the last three years? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Is either parent/guardian incarcerated? * <input type="checkbox"/> Parent(s)/Guardian(s) is/are incarcerated. <input type="checkbox"/> Parent(s)/Guardian(s) has/have been incarcerated in the past. <input type="checkbox"/> A household member has been incarcerated. <input type="checkbox"/> A household member is currently incarcerated. <input type="checkbox"/> None of the above	

Check all that apply: * <input type="checkbox"/> The child has been exposed to domestic abuse/violence. <input type="checkbox"/> The child has had CPS involvement. <input type="checkbox"/> The child is currently experiencing domestic abuse/violence. <input type="checkbox"/> The child currently has CPS involvement. <input type="checkbox"/> None of the above	Is either parent/guardian deceased? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select all benefits your family is currently receiving: * <input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> Child Care Subsidy <input type="checkbox"/> VA View <input type="checkbox"/> WIC <input type="checkbox"/> SSI <input type="checkbox"/> None <input type="checkbox"/> Other: _____
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Check all that apply to your family: * <input type="checkbox"/> We are currently experiencing homelessness. <input type="checkbox"/> We share our living space with other person(s). <input type="checkbox"/> We have moved more than twice in 3 years. <input type="checkbox"/> We have moved twice or more in 1 year. <input type="checkbox"/> We are currently living in temporary/transitional housing.		<input type="checkbox"/> We live/have lived in a refugee camp. <input type="checkbox"/> We live/have lived in a campground/motel/shelter. <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____	
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Check all that apply to your housing situation: *

- We are overcrowded.
 We are having trouble paying utilities and/or rent.
 Our home is in need of major repairs.
 None of the above

Check all that apply to your family's transportation needs: *

- I/We do not have reliable transportation.
 Transportation is a barrier to my family getting my child to and from school.
 I/We do not have a driver's license.
 Please explain why transportation is a barrier: _____
 I/We work longer hours than the typical school day (7:30-2:30).
 Transportation is not an issue.

How many adults live in the home? * _____ What is the total number of people in the household? * _____
 How many children live in the home? * _____ What is the estimated annual household income (from all sources before any deductions)? * _____

Please fill out the following information for ALL members in the child's household (including parents/guardians and child): *

Name of Household Member *	Date of Birth *	Does this household member's income contribute to the child's well-being? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member *	Date of Birth *	Does this household member's income contribute to the child's well-being? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Household Member	Date of Birth	Does this household member's income contribute to the child's well-being? <input type="checkbox"/> Yes <input type="checkbox"/> No

Alternate Contact (in the event parent/guardian(s) cannot be reached):

Alternate Contact Name *	Alternate Contact Phone Number *	Alternate Contact Email Address
Alternate Contact Relationship to child: * <input type="checkbox"/> Biological/Adopted/Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other relative <input type="checkbox"/> Other: _____		

The following questions are about the child's household:

Select all that apply: * <input type="checkbox"/> Single parent/guardian <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Living together, not married <input type="checkbox"/> No contact with one/both parents	Select all that apply: * <input type="checkbox"/> Either parent was younger than 20 when the child they are applying for was born. <input type="checkbox"/> Either parent was younger than 20 when their first child was born. <input type="checkbox"/> Both parents were 20 or older when their first child was born. <input type="checkbox"/> Age of parent(s) when first child was born is unknown.
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Were you referred to go2grow? * <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom? _____	How did you hear about go2grow? * <input type="checkbox"/> Flyers <input type="checkbox"/> Yard Sign <input type="checkbox"/> Banners <input type="checkbox"/> Social media (Facebook/Instagram) <input type="checkbox"/> Radio/TV <input type="checkbox"/> Family/Friend <input type="checkbox"/> School Referral <input type="checkbox"/> In-person Event <input type="checkbox"/> I already knew about the program <input type="checkbox"/> Other: _____
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The following questions are about the child applicant:

<p style="text-align: center;">Gender *</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	<p style="text-align: center;">Race (Check all that apply.) *</p> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	<p style="text-align: center;">Hispanic/Latino *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p style="text-align: center;">Primary Language at Home *</p> <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Dari <input type="checkbox"/> English <input type="checkbox"/> Pashto	<input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Mandarin <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not applicable/not yet verbal	<p style="text-align: center;">English Proficiency *</p> <input type="checkbox"/> Not yet verbal <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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<p>Was the child born premature (before 37 weeks) or a high-risk pregnancy? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did the child weigh less than 5 lbs. at birth? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Was the child impacted by drugs and/or alcohol during pregnancy? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Has the child attended a formal early childhood care or education program? *</p> <input type="checkbox"/> Yes Please list: _____ <input type="checkbox"/> No	<p>Was the child on a waitlist for the previous school year? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the child a sibling of a former/current participant in one of the following programs? (Check all that apply.) *</p> <input type="checkbox"/> Head Start <input type="checkbox"/> Public School Division <input type="checkbox"/> Mixed Delivery <input type="checkbox"/> None of the above <input type="checkbox"/> Preschool
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Check all that apply: *

- Child/applicant has an IEP/IFSP from a school division or infant toddler program and receives services.
- Child/applicant has a medically diagnosed disability or impairment (i.e. from a doctor or specialist).
- Child/applicant receives services outside of a school division or infant toddler program.
- Child/applicant is being evaluated for special education services.
- None of the above

If applicable, describe the disability and/or services and what areas of development are affected.

Do you have any developmental concerns about your child? * Yes No

Please describe your developmental concerns.

<p>Does the child have a sibling who is experiencing behavioral, social, and/or academic challenges? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the child (select all that apply): *</p> <input type="checkbox"/> Currently in foster care <input type="checkbox"/> Previously in foster care <input type="checkbox"/> Currently in kinship care <input type="checkbox"/> Being raised by non-relatives or non-biological parent/guardian <input type="checkbox"/> None of the above	<p>Is the child in counseling? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is the child toilet trained? (Not a requirement.) *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the child a victim of abuse/neglect? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does the child have chronic health concerns or terminal illness and/or diagnoses, or severe allergy? *</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

