

APPLY TODAY!

STEPS is currently accepting applications for enrollment into STEPS Head Start, Early Head Start, Mixed Delivery, and Childcare for the 2025-2026 program year. STEPS offers high quality early education and intervention programs and enrollment is contingent on meeting program eligibility guidelines.

The following programs are offered at no monetary cost to families – Head Start serving children ages 3 to 4 years of age, and Early Head Start serving children 6 weeks-36 months. Additionally, Mixed Delivery slots currently available for Toddlers & Two year olds, DSS subsidized, and private pay childcare slots in Prince Edward County.

If you are interested, attach copies of the following information listed below with your completed application:

- ◇ **Proof of income (1040 or 1040A) 2024 Tax Return or W-2 Form (s), unemployment documentation or other financial assistance**
- ◇ If you received assistance from Social Services (i.e. TANF, SSI, SNAP, Kinship, or other sources) Please attach a statement from your case worker listing the amount you receive monthly.
- ◇ Proof of residency (i.e. power bill, lease).
- ◇ If you receive child support, please include a copy of the court order with the dollar amount awarded. We will need a copy of all custody orders.
- ◇ Proof of child's birth (i.e. birth certificate, proof of birth letter).
- ◇ Child's Medical Insurance or Medicaid card number.

Incomplete application or documentation will not be accepted and will result in your application not being processed.

Once your application is approved and your child is accepted into the program, you will need to provide the following attached forms completely filled out and signed by the appropriate health care provider:

- ◇ School Health Entrance Form (physical must have been completed within the past 12 months)
- ◇ Child Dental Exam Record (exam completed within the past 6 months)

If your child is accepted and you do not provide the required medical and dental forms they will not be able to attend the program.

Limited private pay and subsidized childcare spots are available.



If you have any questions, or need assistance completing the application please contact:

Taneha Terry
434-315-5909 x 24
ttery@steps-inc.org



STEPS Head Start & Childcare
Moving Lives Forward
www.stepsheadstart.com



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Application for Enrollment

Child Care Site Applying for (County Name): _____

Which program are you looking for: Private Pay Childcare Subsidized Childcare Mixed Delivery (Infant/Toddler)
 Head Start (Early Head Start) Whichever Program I qualify for

What best describes your child's age group: Head Start/Preschool (3-5 year old) Toddler Care (16 -36 months)
 Infants (Birth – 15 months old)

Which option works best for you: 10-month program (follows school division schedule) 12-month year round program

Applicant & Family Member Information

Applicant (Child) – All boxes must be checked off and filled.

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
Diagnosed/ Suspected Disability or Developmental Delay?			Disability Evaluation Date:		Who Conducted the Evaluation?	
<input type="checkbox"/> Yes, Describe: <input type="checkbox"/> No						
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Primary Health Coverage	Other Coverage	Insurance #	Medicaid Eligibility		Medicaid #	Child's Doctor
			<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially			
Dental Coverage	Dental Coverage #		Doctor/Medical Home		Dentist/Dental Home	

The following questions are intended to help determine the eligibility of the child for STEPS programs. This will allow us to determine the best fit for you and your child.

Any chronic (long term) Health Problems of Applicant No Yes If yes, what _____

Child lives with Mother Father Other (Specify) _____

Are there abuse issues in the home No Yes (check all that apply child or spousal drug or alcohol)

Does the child have an incarcerated parent No Yes (check all that apply one parent both parents)

Has the child previously been enrolled in Head Start or Early Head Start No Yes

The child has a sibling already in Head Start/Early Head Start No Yes Name of Sibling _____

Has there been a death in household within the last 6 months No Yes

Did you receive a referral to STEPS by a professional or agency No Yes (MD, LEA, WIC, Shelter, DSS, etc.) If yes, who referred you? _____

TRANSPORTATION: Transportation services are based on family needs, circumstances, and availability of services. Transportation services are not guaranteed with enrollment into the program.

****Transportation is NOT provided for infants, toddlers, or private pay students****

1. Distance from center: 0 - .5 miles 3/4 - 1.5 miles 1.5 - 3 miles 3.5 - 5 miles More than 5.5 miles

2. Is there someone available to bring your child to school and pick them up from school? No Yes

HOUSING: Please answer the following questions regarding the applicants' current living situation. The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

<input type="checkbox"/> Moving from place to place/couch surfing. We have places to stay with friends and family, but we move around a lot. <input type="checkbox"/> In a motel/hotel or similar <input type="checkbox"/> A car, park, campsite, or similar location <input type="checkbox"/> Transitional Housing <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) <input type="checkbox"/> Other: Please provide details	<input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> In someone else's house or apartment with another family. Examples: the family lives at a parent, aunt, uncle, or friend's house. <input type="checkbox"/> Child lives with family or friends who are not the custodial parent or guardian. <input type="checkbox"/> Child often sleeps or stays in public places or places that are not ordinarily used as a regular sleeping location. <input type="checkbox"/> We own our home. <input type="checkbox"/> We rent a home.
Parent/Guardian: 1. Do you have a key to the home you live in with the child? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Do you have access to a kitchen where you stay? Can you cook in the house and store food there? <input type="checkbox"/> No <input type="checkbox"/> Yes	

** If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.*

Primary Adult- Should be the custodial parent/guardian. All boxes must be checked off and/or filled.						
First	Middle	Last	Suffix	Nickname	Birthdate	Gender
Diagnosed/ Suspected Disability or Developmental Delay?		Disability Evaluation Date:		Who Conducted the Evaluation?		
<input type="checkbox"/> Yes, Describe: <input type="checkbox"/> No						
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> < Grade 9	<input type="checkbox"/> College Certificate - Training	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Train	<input type="checkbox"/> Biological	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Associate	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Train	<input type="checkbox"/> Adopted	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Stepchild		<input type="checkbox"/> Teen Parent <input type="checkbox"/> No
<input type="checkbox"/> Grade 12	<input type="checkbox"/> Masters	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Yes - If teen parent, subsidized?
<input type="checkbox"/> GED	<input type="checkbox"/> Doctoral			<input type="checkbox"/> Other Relative		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HS Grad				<input type="checkbox"/> Foster		
				<input type="checkbox"/> Other		
Email Address: _____				Address: _____		

Secondary Adult- Should be the custodial parent/guardian. All boxes must be checked off and/or filled.

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
Diagnosed/ Suspected Disability or Developmental Delay?		Disability Evaluation Date:			Who Conducted the Evaluation?	
<input type="checkbox"/> Yes, Describe: <input type="checkbox"/> No						
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad	<input type="checkbox"/> College Certificate - Training <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Train <input type="checkbox"/> Part Time & Train <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological Adopted Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> No <input type="checkbox"/> Yes - If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address: _____				Address: _____		

Additional Child (Non-Applicant) *-List all siblings of the applicant, including other children applying

First	Middle	Last	Suffix	Nickname	Birthdate	Gender	Has Disability
						<input type="checkbox"/> Male <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *-List all siblings of the applicant, including other children applying

First	Middle	Last	Suffix	Nickname	Birthdate	Gender	Has Disability
						<input type="checkbox"/> Male <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *-List all siblings of the applicant, including other children applying

First	Middle	Last	Suffix	Nickname	Birthdate	Gender	Has Disability
						<input type="checkbox"/> Male <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *List all siblings of the applicant, including other children applying

First	Middle	Last	Suffix	Nickname	Birthday	Gender	Has Disability
						<input type="checkbox"/> Male <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander						
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial						
<input type="checkbox"/> Other:							

Family Information, Income & Contacts

Family Information

Family Living Address

Date You Started Living Here?	Living Street Address	ZIP	City	State	County

Family Mailing Address

Same as living?	Starte Using Date	Mailing Address	Zip	City	State

Phone Number(s)	Type (check one)	Note (Mom, Dad, ext., best time to call)	Opt. in for Text Messages
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Parental Status (check one)	Active Duty Military	What is the primary language of the family spoken in the home?	What language does the applicant (child) speak in the home?	Preferred Language of Written Material
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Family Income

TANF Status	SSI	Homeless Family	Receiving SNAP	WIC	Referred by Child Welfare Agency
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contacts- A minimum of two (2) are required by Licensing. Please do not list the primary or secondary adult in the home, they are always the 1st contact.

Contact 1	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
	Phone Number 1	Phone Number 2	Phone Number 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Contact 2	Name		Relationship		Emergency Contact		Release To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP		City			State
	Phone Number 1		Phone Number 2		Phone Number 3				
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

Contact 3	Name		Relationship		Emergency Contact		Release To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP		City			State
	Phone Number 1		Phone Number 2		Phone Number 3				
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

STEPS makes every effort to find a placement for each child. We offer a variety of diverse programs, and we work closely with community partners to coordinate enrollment.

For applicants seeking Head Start or Mixed Delivery preschool services do you authorize STEPS Head Start to share your information with the local VPI Coordinator in your county of residency to assist with community wide preschool recruitment and placement. No Yes

Is STEPS your first choice for a preschool program Yes No, if No please provide details:

STEPS childcare programs are state licensed through the Virginia Department of Education and adhere to the requirements of the Unified Virginia Quality Birth to Five System. All programs use a research based curriculum and assessment tool to prepare children and families for school readiness.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs 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 agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Office Use Only:

Received By: _____ Date Received: _____