

New River Community Action, Inc  
 Head Start Program  
 644 West Main Street  
 Radford, Va. 24141  
 540.633.3839



App. # \_\_\_\_\_  
 Verification of Birth ( ) Yes ( ) No  
 Type of Document \_\_\_\_\_  
 Document # \_\_\_\_\_

Montgomery Co. Public Schools  
 Virginia Preschool Initiative  
 200 Junkin Street  
 Christiansburg, VA 24073  
 540.381.6178



1. Kindergarten Attendance Area:  
 \_\_\_AES \_\_\_BEEKS \_\_\_BELVIEW \_\_\_CPS  
 \_\_\_EMES \_\_\_FBE \_\_\_GLES \_\_\_KES \_\_\_PFES

**Montgomery County Preschool Application**  
**Virginia Preschool Initiative and NRCA Montgomery County Head Start**

Child's Information

Child's Full Name: \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) Date of Birth: \_\_\_\_\_ ( ) Male ( ) Female

Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Directions to the home. Please include route numbers and significant landmarks. \_\_\_\_\_

Please list current and past preschool/Child Care programs your child has attended: Name of preschool/Child Care: \_\_\_\_\_

*Have you applied to another preschool program for 2012-2013? (Yes) (No)*

Mother/ Guardian 1 Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Lives with child: ( ) Yes ( ) No

Employer: \_\_\_\_\_ Total Hours/Week: \_\_\_\_\_ Work #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Message/Cell Phone Number: \_\_\_\_\_

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

Father/Guardian 2 Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Lives with child: ( ) Yes ( ) No

Employer: \_\_\_\_\_ Total Hours/Week: \_\_\_\_\_ Work #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

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

Others in Household-please include all siblings

(Name)	(Relationship to Child)	(Date of Birth)

Insurance Please check all types of insurance that apply:

Private Medical Insurance – What Company: \_\_\_\_\_  Private Dental Insurance – What Company: \_\_\_\_\_

FAMIS Plus (Medicaid/Medallion)  FAMIS Plus (Medicaid VA Premier)  FAMIS (VA Premier)

(circle one) Did you receive a Pink or Blue paper card for VA Premier card?

Date of child's last physical: \_\_\_\_\_ Date of child's last dentist visit: \_\_\_\_\_

Are your child's immunizations (shots) up to date? ( ) Yes ( ) No

Program Selection

Please consider my child for the following program(s). I understand that there are limited spaces available in all programs. Please list 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices.

- \_\_\_\_\_ Head Start full day services (3 & 4 year olds 8:45 am-2:45 pm)
- \_\_\_\_\_ Montgomery County Public Schools Virginia Preschool Initiative (4 years old = full school day)
- \_\_\_\_\_ Head Start Home Based program
- \_\_\_\_\_ Head Start Combo Program (3 day a week part day program)

\*\*\*\*Head Start Parents of returning Children: To ensure a preschool spot you must choose Head Start as first option.

## Virginia Preschool Initiative and Head Start Additional Family Information

The New River Community Action Head Start Program and Virginia Preschool Initiative take into consideration a number of factors in order to determine eligibility. In addition to your income level and the age of your child, other child and family needs are noted. This information will be considered along with other information shared with our staff during the application process in order to determine eligibility and become familiar with your family.

1. (A) Does your child have any special needs we should be aware of such as:
- ( ) Developmental Delay ( ) Speech /Language Disorders ( ) ODD, OCD, ADHD
  - ( ) Autism ( ) Traumatic Brain Injury ( ) Visual Impairment
  - ( ) Hearing Impairment ( ) Orthopedic impairment or physical limitations

Please Describe Needs:

- (B) Does your child receive special education or related services (have an IFSP or IEP) and/or receive treatment from a doctor for any of the above special needs? ( ) Yes ( ) No

*(If yes, staff please obtain Release of Information.)*

2. Does your child have any health problems, or chronic conditions which we should be aware of? Please list and explain:
3. Does your family have any special circumstances, concerns, or needs that you would like to share with us?

**4. Education/Training (Complete only for parent/guardians living with child)**

	Mother /Guardian 1	Father /Guardian 2
No GED/Diploma		
Has GED/Diploma		
Has GED/ Diploma/Some College/Associate's Degree/ Other		
Has College Degree (Bachelor's or above)		

**Work/School: (Please put checkmark in all boxes that apply for each)**

	Mother/Guardian 1	Father/Guardian 2
Work 20 hours or less/week		
Work 20-30 hours a week		
Work 30+ hours a week		
School part-time (# of hours)		
School full-time (# of hours)		

5. Do you receive housing assistance (i.e. rental assistance, no monthly rent or mortgage payment)?  
( ) Yes ( ) No

6. Primary Language in household? \_\_\_\_\_

**7. Transportation:**

4. Bus transportation needed?( ) Yes ( ) No Available to transport? ( ) Yes( ) No To a bus stop?( ) Yes( ) No

Will the bus pick your child up from: \_\_\_\_\_ Home \_\_\_\_\_ Daycare Center \_\_\_\_\_ Babysitter?

If other than home, please give address: \_\_\_\_\_

*\*Bus transportation cannot be guaranteed for daycares and babysitters if they are not within the established bus route.*

**8. Income: (Head Start will need verification of income from the past 12 months)**

Please check the following category that applies to your total family income annually:

- \_\_\_\_\_ \$0 to \$10,890
- \_\_\_\_\_ \$10,891 to \$14,710
- \_\_\_\_\_ \$14,711 to \$18,530
- \_\_\_\_\_ \$18,531 to \$22,350
- \_\_\_\_\_ \$22,351 to \$26,170
- \_\_\_\_\_ \$26,071 to \$29,990
- \_\_\_\_\_ \$29,991 to \$33,810
- \_\_\_\_\_ \$33,811 to \$37,630
- \_\_\_\_\_ over \$37,631-if so, list your total income \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_

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

Date \_\_\_\_\_