

NRCA, Inc.
Head Start Program
 1093 East Main Street
 Radford, Va. 24141
Blacksburg Head Start
540.552.0490
Christiansburg Head Start
540.381.7559



MCPS
Virginia Preschool Initiative
 750 Imperial Street
Christiansburg, VA 24073
540.250.7416 or 540.382.5100 ext.1044



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

Kindergarten Attendance Area:
 ___AES ___BEEKS ___BELVIEW ___CPS
 ___EMES ___FBE ___GLES ___PFES

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

Child's Information

(first) (middle) (last)
 Child's Full Name: _____ 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 2016-2017? (Yes)_____ (No)_____

Mother/ Guardian 1 Information

Name: _____ Date of Birth: _____ Lives with child: () Yes () No
 Employer: _____ Total Hours/Week: _____ Work #: _____
 Cell/Message Phone Number: _____ E-mail address: _____

Father/Guardian 2 Information

Name: _____ Date of Birth: _____ Lives with child: () Yes () No
 Employer: _____ Total Hours/Week: _____ Work #: _____
 Cell/Message Phone Number: _____ E-mail address: _____

Others in Household (including all siblings)-(For Head Start Staff-Related by Blood, Marriage or Adoption)

| <i>(Name)</i> | <i>(Relationship to Child)</i> | <i>(Date of Birth)</i> |
|---------------|--------------------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Does Your Child Have Insurance? Yes () No() Please check all types of insurance that apply:

- Private Medical Insurance Private Dental Insurance Medicaid

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 1st, 2nd and 3rd choices.

- _____ Head Start full day services (serving 3 and 4 year olds)
- _____ Montgomery County Public Schools Virginia Preschool Initiative (4 years old = full school day)
- _____ New River Community College / Head Start full day services (Full time NRCC students only)
- _____ Head Start Combo (3 day a week-part day program)

Head Start Parents of returning children: To ensure a Head Start slot you must choose Head Start as first option*

