

The Virginia Preschool Initiative



A Family Focused Preschool for
Four Year-Old Children

The Virginia Preschool Initiative operates classes for four-year old "at-risk" children in ten elementary schools throughout Montgomery County. To be eligible to attend, a child must be four by the last day of September of the year the child will begin.

Applications for the 2009-2010 school year will be accepted until April 24, 2009. Parents who would like to be contacted concerning their child's possible acceptance into the preschool program may complete the following form and return it to the school where their child will be attending kindergarten the following year.

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



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



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

1. **Kindergarten Attendance Area:**
 ___AES ___BEEKS ___BELVIEW ___CPS
 ___ELES ___FBE ___GLES ___KES ___PFES
 ___SES

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: _____

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

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

2. **Insurance** Please check all types of insurance that apply: Blue or Pink Card? (Circle)

FAMIS Plus (Medicaid/Medallion) _____ Private Medical Insurance – What Company: _____
 FAMIS Plus (Medicaid VA Premier) _____ Private Dental Insurance – What Company: _____
 FAMIS (VA Premier) _____
 Date of child's last physical: _____ Child's immunizations up to date? () Yes () No

3. **Program Selection**

Please consider my child for the following program(s). I understand that there are limited spaces available in all programs. The more programs for which my child is considered, the more likely s/he will be found eligible to participate. Please list 1st, 2nd and 3rd choices.

- _____ All programs for which s/he is eligible
- _____ Head Start full day services (3 & 4 year olds 9:00 am-3:00 pm)
- _____ Montgomery County Public Schools Virginia Preschool Initiative (4 years old = full school day)
- _____ Head Start Home Based program

**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:
- | | | |
|--|--|--|
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Speech /Language Disorders | <input type="checkbox"/> ODD, OCD, ADHD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> 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

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: (VPI and Head Start will need verification of income from the past 12 months)

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

- | | |
|--------------------------|---|
| ___ \$0 to \$9,800 | ___ \$23,401 to \$26,800 |
| ___ \$9,801 to \$13,200 | ___ \$26,801 to \$30,200 |
| ___ \$13,201 to \$16,600 | ___ \$30,201 to \$33,600 |
| ___ \$16,601 to \$20,000 | ___ over \$33,600-if so, list your total income _____ |
| ___ \$20,001 to \$23,400 | |

Parent /Guardian Signature

Staff Signature

Date