

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 HS or VPI program for 2017 - 2018? (Yes) (No) _____

Mother/ Guardian Information

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

Father/Guardian 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)

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

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, 3rd, 4th and 5th 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 Part Day Services (4 days a week- Tuesday thru Friday mornings)
- _____ Children's Health Improvement Partnership, Home-Visiting Program (provides in-home Parent Educator and Nurse visits)
(CHIP serves pregnant mothers and those with at least one child in the home, 6 years old or younger)

Additional Family Information

1. 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	
2. Does your child receive special education services (related services), have a IFSP, or receive treatment from a doctor for any of the above special needs? Yes No (if yes, staff please obtain release of information)
3. Does your child have a current IEP with Montgomery County Public Schools? Yes No
4. Does your child have any health problems, chronic conditions, or developmental concerns? Yes No If marked yes please list and explain: *(May use separate piece of paper)* _____

5. In the past 12 months has the family experienced: domestic violence ___ homelessness ___ incarceration ___ lack of food ___ CPS involvement ___ Is child a Foster Child (Y or N) drug/alcohol addiction ___ Other traumatic event ___ No answer ___
6. Education/Training: *(Complete only for parent/guardians living with child)*

	Mother /Guardian 1	Father /Guardian 2
No GED/Diploma (Last grade attended)		
Has GED/Diploma		
Some College/Associate's Degree/ Other Training (Please Circle One)		
Has College Degree (Bachelor's or above) Please List Degree(s)		

7. 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) WHERE?		
School full-time (# of hours) WHERE?		

7. Do you receive housing assistance ? (i.e. rental assistance, no monthly rent or mortgage payment, HUD or other subsidy)? Yes No
8. Primary Language in household? _____
9. **Transportation: Not available in all specific locations only. Check with individual centers.**
 Available to transport?(Yes No To a bus stop?(Yes No
 What prevents you from being able to transport your child? _____
10. **Your total annual family income: \$ _____**
(Head Start and VPI will need verification of income from the past 12 months)

New River Community Action Head Start and Montgomery County Public Schools program takes into consideration a number of factors in order to determine eligibility. In addition to your income level and the age of your child, other children, and family needs are noted. The following information is voluntary. 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. By signing the application below, I authorize the release of all medical, dental, educational, and developmental information to be shared by New River Community Action Head Start and Montgomery County Public Schools.

Parent /Guardian Signature

Staff Signature

Date