

New River Community Action, Inc  
Head Start Program  
1093 East Main Street  
Radford, Va. 24141  
540.633.5133



**Kindergarten Attendance Area:**  
Critzler \_\_\_\_\_ Riverlawn \_\_\_\_\_  
Dublin \_\_\_\_\_ Snowville \_\_\_\_\_  
Pulaski \_\_\_\_\_

Pulaski Co. Public Schools  
**Virginia Preschool Initiative**  
8100 Beth Nelson Drive  
Fairlawn, Va 24141  
540.643.0708



**Pulaski County Preschool Application**  
**Virginia Preschool Initiative and NRCA Pulaski 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 Pre-School/ 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 #: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

**Father/Guardian 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: \_\_\_\_\_

**Others in Household (including all siblings)**

(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. The more programs for which my child is considered, the more likely s/he will be found eligible to participate. Please list 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> choices.*

\_\_\_\_\_ Head Start full day services (serving 3 and 4 year olds)

\_\_\_\_\_ Head Start part day services (4 days a week: Tuesday thru Friday mornings)

\_\_\_\_\_ Pulaski County Public Schools Virginia Preschool Initiative (4 years old = full school day)

\_\_\_\_\_ 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 six years old or younger) \*\*

For Office Use Only:

App. # \_\_\_\_\_ Verification of Birth ( ) YES ( ) NO Type of Document \_\_\_\_\_ Document # \_\_\_\_\_

## ***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 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.)*
  
3. 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)* \_\_\_\_\_

4. 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 \_\_\_

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

	Mother /Guardian	Father /Guardian
No GED/Diploma ( <b>Last grade attended</b> )		
Has GED/Diploma ( <b>Please write in box</b> )		
Some College/Associate’s Degree/ Other Training ( <b>Please write in box</b> )		
Has College Degree (Bachelor’s or above) <b>Please List Degree(s)</b>		

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

	Mother/Guardian	Father/Guardian
Not Employed		
Work up to 20hrs a week		
Work 20 to 30 hours a week		
Work 30+ hours a week		
School ( <b>Please list number of hours per week</b> )		

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 areas, 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. Total annual family income: \$ \_\_\_\_\_ (Head Start will need verification of income from the past 12 months. VPI will need most recent copy of W2’s or 3 most current paycheck stubs.)

New River Community Action Head Start and Virginia Preschool Initiative Program 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 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 Pulaski County Public Schools.**

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

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

\_\_\_\_\_  
Date