

New River Community Action, Inc.
Radford Head Start Program
306 West Main Street
Radford, Va. 24141
540-731-4107



App. # _____

Verification of Birth () Yes () No

Type of Document _____

Document # _____

Radford City Schools/McHarg Elementary
Virginia Preschool Initiative
700 12th Street
Radford, Va. 24141
540-731-3652

Pre-School Application

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 /childcare: _____

Have you applied to another HS or VPI program for 2017 - 2018? (Yes)_(No)__

Parent / Guardian Information:

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

Employer: _____ Total Hours/Week: _____ Work #: _____

Cell/Message Phone Number: _____ E-mail address: _____

Parent /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 - Please include 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 and 4th choices.

_____ Head Start full day services (3 & 4 year olds)

_____ Radford City Public Schools Virginia Preschool Initiative (4 year old full school day)

_____ New River Community College / Head Start full day services (Full time NRCC Students only)

_____ 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)

Additional Family Information

- 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
- 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.)*
- 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 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)		

6. 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)

11. All applicants will have to provide proof of residency.

New River Community Action Head Start and Radford City 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 Radford City Schools.

Parent /Guardian Signature

Staff Signature

Date