

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 2018 - 2019? (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 choices.

- _____ Head Start full school day Monday-Friday (serving 3 and 4 year olds Blacksburg and Christiansburg sites)
- _____ Montgomery County Public Schools Virginia Preschool Initiative (4 years old = full school day)
- _____ Head Start Part Day Services (4 days a week- Tuesday thru Friday mornings Blacksburg site only serving 3 year olds)
- _____ New River Community College / Head Start full day services (Full time NRCC students only)

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 a separate sheet of paper* _____

5. In the past 12 months has the family experienced: domestic violence___ lack of housing___ 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 (Please Circle One)		
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?		

8. Do you receive housing assistance? (i.e. rental assistance, no monthly rent or mortgage payment, HUD or other subsidy) Yes No

9. Primary Language in household? _____

10. Transportation: Available in specific programs only. Are you able to transport your child to and from school each day? Yes No

11. Your total annual family income: \$_____

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

12. How did you hear about our program? _____

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