

Pulaski County Preschool Application



New River Community Action, Inc
Head Start Program
Pulaski Head Start
1520 Bobwhite Blvd., Pulaski
540.994.5740
Early Learning Center at NRCC
5251 College Drive, Dublin

Kindergarten Attendance Area:
Critzler _____ Riverlawn _____
Dublin _____ Snowville _____
Pulaski _____

Pulaski Co. Public Schools
Virginia Preschool Initiative
600 Dunlap Road
Dublin, VA 24084
540. 643.0206



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 preschool program for 2018 – 2019? (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)

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

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 1st, 2nd, 3rd and 4th choices.

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

_____ Pulaski Head Start (full school day, serving 3 and 4 year olds Transportation is limited)

_____ Pulaski Head Start part day services (4 days a week: Tuesday thru Friday mornings, No transportation provided)

_____ Head Start Early Learning Center at New River Community College (full school day, serving 3 and 4 year olds No Transportation)

Yes, Parent is currently enrolled as a student at NRCC

Additional Family Information

1. 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
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 1	Father /Guardian 2
No GED/Diploma (List Last grade attended in box)		
Has GED/Diploma (please write in box)		
Some College/Associate's Degree/ Other Training (please write in box)		
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
Not employed		
Work 20 hours or less/week		
Work 20-30 hours a week		
Work 30+ hours a week		
School (please list number of hours each week in box) 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 spoken in household? _____

9. **Transportation: Not available in all locations. Check with individual centers.**

I am available to transport my child to school every day? () Yes () No To a bus stop?()Yes ()N

What prevents you from being able to transport your child? _____

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 daycare and babysitters if they are not within the attendance zone.**

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 the 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. 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