

## Montgomery County Preschool Application



**NRCA, Inc. Head Start  
Blacksburg Head Start**  
701 Church St. SE  
Blacksburg, VA 24060  
540-552-0490  
**Christiansburg  
Head Start**  
135 Church St.  
Christiansburg, VA 24073  
540-381-7559

**Montgomery County Public Schools  
Virginia Preschool Initiative**  
750 Imperial St.  
Christiansburg, VA  
24073  
540-250-7416 or  
540-382-5100 ext. 1044  
**Kindergarten Attendance Area:**  
\_\_\_AES \_\_\_BEEKS \_\_\_BELVIEW \_\_\_CPS  
  
\_\_\_EMES \_\_\_FBE \_\_\_GLES \_\_\_PFES



### Program Selection

Please consider my child for the following program(s):

You only need to complete **ONE** application to be considered for the programs listed below with your order of preference.

**Please list 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices**

\_\_\_ **Head Start Preschool** (providing comprehensive family services and early childhood education for 3- and 4-year-olds with full school day hours)

\_\_\_ **Mixed Delivery Preschool through Ready Regions of Southwest Virginia** (providing early childhood education for 3- and 4-year-old students with **FULL** day hours) Locations include: Rainbow Riders, Valley Interfaith Childcare Center, and Virginia Tech Child Development Center

\_\_\_ **Montgomery County Public Schools Virginia Preschool Initiative** (providing early childhood education for 3- and 4-year-olds in the public school with full school day hours) \*Transportation may be provided, out of school zone transportation is determined based on availability.

**If my child does not get accepted into the first option, please consider my child for other programs. ( )Yes ( )No**

I am applying for a \_\_\_ three (3) year old preschool program or \_\_\_ four (4) year old preschool program.  
(mark the program that applies to your child)

**Child's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ ( )Male ( )Female

**Physical Address:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
(if different from physical)

**Please list current and past preschool/child care programs your child has attended:** \_\_\_\_\_

### **Parent/Guardian Information**

**1) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Lives with child:** \_\_\_ Yes \_\_\_ No

**Birthdate:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Education (Mark highest level achieved)	Employment	School/Training Program
<input type="checkbox"/> No GED <input type="checkbox"/> GED or <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors or Above List Degree: _____	Employer: _____  Phone Number: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed	<input type="checkbox"/> Attending full time <input type="checkbox"/> Attending part time Where: _____  <input type="checkbox"/> Not enrolled in school

**2) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Lives with child:** \_\_\_ Yes \_\_\_ No

**Birthdate:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Education (Mark highest level achieved)	Employment	School/Training Program
<input type="checkbox"/> No GED <input type="checkbox"/> GED or <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors or Above List Degree: _____	Employer: _____  Phone Number: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed	<input type="checkbox"/> Attending full time <input type="checkbox"/> Attending part time Where: _____  <input type="checkbox"/> Not enrolled in school

**Additional Family Information**

**1. Others living in household (including all siblings); related by blood, marriage or adoption:**  
(Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Relationship to applicant) \_\_\_\_\_

**2. Total Number of Members in Household:** \_\_\_\_\_

**3. Your total ANNUAL household income:**

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

( ) \$0-\$15,000 ( ) \$16,000- \$25,000 ( ) \$26,000-\$32,000 ( ) \$33,000-\$40,000 ( ) \$41,000-\$50,000  
( ) \$51,000-\$60,000 ( ) \$61,000-\$70,000 ( ) \$71,000-\$80,000 ( ) \$81,000 & above: \$ \_\_\_\_\_  
(please list)

**4. Do you receive (mark all that apply):** ( ) TANF; ( ) SSI; ( ) SNAP Benefits; ( ) Medicaid; ( ) Housing Assistance

**5. Does your child have any special needs we should be aware of such as: (mark all that apply)**

( ) Developmental Delay ( ) Speech /Language Disorders ( ) ADHD  
( ) Autism ( ) Traumatic Brain Injury ( ) ODD; OCD  
( ) Visual Impairment ( ) Hearing Impairment ( ) Orthopedic impairment or physical limitations  
( ) Other: \_\_\_\_\_

**6. Does your child receive individualized educational services or have a current IFSP or IEP with Montgomery County Public Schools?** ( ) Yes ( ) No

**7. Does your child have any chronic health conditions or developmental concerns they have seen or are currently seeing a specialist for? (mark all that apply)**

( ) Allergies; ( ) Chronic Health Condition; ( ) Prescribed Medication; ( ) Developmental Concern  
If you checked a condition, please explain: \_\_\_\_\_

**8. In the past 12 months has your family experienced: (mark all that apply)**

( ) domestic violence ( ) incarceration ( ) lack of food ( ) CPS involvement ( ) substance misuse  
( ) lack of housing due to economic hardship ( ) employment loss ( ) receiving Mental Health services  
( ) other: \_\_\_\_\_

**9. Child is a Foster Child:** ( ) Yes ( ) No

**10. Primary language spoken in household?** \_\_\_\_\_

**Any other languages in household?** \_\_\_\_\_

**11. Transportation:** Do you have a way to get your child to and from school each day? ( ) Yes ( ) No  
(Available in specific programs only)

**12. How did you hear about our program?** \_\_\_\_\_

*Head Start, Ready Regions of Southwest Virginia, and Montgomery County Public Schools take into consideration a number of factors in order to determine eligibility, such as household income, the age of child, number in household, and family needs. This information will be considered along with other information shared with our staff during the application process to determine eligibility to best serve your family.*

*By signing the application below, I authorize the release of all medical, dental, educational, and developmental information to be shared by Head Start, Ready Regions of Southwest Virginia, and Montgomery County Public Schools. I understand there are limited spaces available in all programs.*

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

(on-line application)