

NRCA, Inc.
 Floyd Head Start
 120 Epperly Mill Rd.
 Floyd, VA 24091
 540-745-2120



Floyd County Public Schools
 Virginia Preschool Initiative
 (VPI)
 140 Harris Hart Rd. NE
 Floyd, VA 24091
 540-745-9400
 Kindergarten Attendance Area:
 ___ Check ___ Floyd
 ___ Indian Valley ___ Willis



Floyd County Preschool Application

Child's Full Name: _____ Date of Birth: _____ ()Male ()Female

Physical Address: _____ Mailing Address: _____
 (if different from physical)

Directions to the home. Please include route numbers and significant landmarks. _____

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
___ No GED ___ GED or ___ High School Diploma ___ Some College ___ Associates ___ Bachelors or Above List Degree: _____	Employer: _____ Phone Number: _____ ___ Full Time ___ Part Time ___ Not Employed	___ Attending full time ___ Attending part time Where: _____ ___ 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
___ No GED ___ GED or ___ High School Diploma ___ Some College ___ Associates ___ Bachelors or Above List Degree: _____	Employer: _____ Phone Number: _____ ___ Full Time ___ Part Time ___ Not Employed	___ Attending full time ___ Attending part time Where: _____ ___ Not enrolled in school

Program Selection

Please consider my child for the following program(s). Please list 1st, 2nd, 3rd, and 4th choices.

- ___ **Floyd County Public Schools Virginia Preschool Initiative (VPI)** (providing early childhood education for 4-year-olds in the public school with full **school** day hours) *Transportation can be provided
- ___ **Head Start Preschool in the public school** (providing comprehensive family services and early childhood education for 4-year-olds with full **school** day hours)
- ___ **Head Start Preschool located on Epperly Mill Rd.** (providing comprehensive family services and early childhood education for 3- and 4-year-olds 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 at Copper Hill Daycare)

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

Additional Family Information

1. Others living in household (including all siblings); related by blood, marriage or adoption

(Name)	(Date of Birth)	(Relationship)
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. 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)

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

4. 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: _____

5. Does your child receive individualized educational services or have a current IFSP or IEP with Floyd County Public Schools?

() Yes () No

6. 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: _____

7. 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: _____

8. Child is a Foster Child: () Yes () No

9. Primary language spoken in household? _____

Any other languages in household? _____

10. Transportation: Do you have a way to get your child to and from school each day? () Yes () No

(Available in specific programs only)

11. How did you hear about our program? _____

Head Start, Ready Regions of Southwest Virginia, and Floyd 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 Floyd County Public Schools. I understand that there are limited spaces available in all programs.

Parent /Guardian Signature

Date

Staff Signature

Date

(on-line application)