

**NRCA, Inc.**  
**Rich Creek Head Start**  
 109 Old Virginia Ave  
 Rich Creek, VA 24147  
 540-726-2700  
**Pearisburg Head Start**  
 1105 Henson Ave.  
 Pearisburg, VA 24134  
 540-921-2355



**Giles County**  
**Virginia Preschool Initiative**  
 151 School Road  
 Pearisburg, VA 24134  
 540-921-1421

Kindergarten Attendance Area:  
 \_\_\_ Eastern \_\_\_ Macy \_\_\_ Narrows



**Giles 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/childcare 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). 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>, and 3<sup>rd</sup> choices

- \_\_\_ **Giles County Public Schools Virginia Preschool Initiative (VPI)** (providing early childhood education for 3- and 4-year-olds in the public school with full school day hours) \*Transportation can be provided
- \_\_\_ **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 at Imagination Station)

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 in Household (including all siblings); related by blood, marriage or adoption**

(Name)	(Date of Birth)	(Relationship to child)

**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 Giles 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 Giles 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 Giles County Public Schools. I understand there are limited spaces available in all programs.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

(on-line application)