



**NRCA, Inc. Head Start  
Early Learning Center at  
NRCC**  
5251 College Drive, Dublin  
540-674-3600 ext. 4420  
**Pulaski Head Start**  
1520 Bob White Blvd.  
Pulaski, VA 24301  
540-994-5740



**Pulaski County Public Schools**  
**Virginia Preschool  
Initiative (VPI)**  
202 North Washington  
Ave.  
Pulaski, VA 24301  
540-994-2511  
**Kindergarten Attendance  
Area:**  
\_\_\_\_ Critzer \_\_\_\_ Dublin  
\_\_\_\_ Pulaski \_\_\_\_ Riverlawn \_\_\_\_ Snowville



6671 Riverlawn  
Ct.  
Fairlawn, VA  
24141  
540-739-2209

**Pulaski 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
<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

**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>, 4<sup>th</sup> choices

\_\_\_\_ Head Start Early Learning Center at New River Community College (providing comprehensive family services and early childhood education for 3- and 4-year-olds with full **school** day hours)

Parent is currently enrolled as a student at NRCC

\_\_\_\_ Head Start (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 located @ Pulaski County Youth Center)

\_\_\_\_ Pulaski 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

**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)-** For Head Start: 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 diagnosed 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 Pulaski 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 Pulaski 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 Pulaski County Public Schools. I understand that there are limited spaces available in all programs.*

Parent /Guardian Signature

Date

Staff Signature

Date

(on-line application)