|  |  |  |
| --- | --- | --- |
| Head_Start_logo*NRCA,Inc.****Head Start Program****1093 East Main Street**Radford, Va. 24141****Blacksburg Head Start******540.552.0490******Christiansburg Head Start******540.381.7559*** | *MCPS****Virginia Preschool Initiative*** *750 Imperial Street*MCPS Logo*Christiansburg, VA 24073 540.250.7416 or 540.382.5100 ext.1044* | App. # Verification of Birth ( ) Yes ( ) No Type of Document Document # **Kindergarten Attendance Area:** \_\_\_AES \_\_\_BEEKS \_\_\_BELVIEW \_\_\_CPS \_\_\_EMES \_\_\_FBE \_\_\_GLES \_\_\_PFES  |
|  |  |

## *Montgomery County Preschool Application - Virginia Preschool Initiative and NRCA Montgomery County Head Start*

## *Child’s Information*

##

 (first) (middle) (last)

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

Residence:

Mailing Address:

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

Please list current and past preschool/Child Care programs your child has attended: Name of preschool/Child Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied to another preschool program for 2016-2017? (Yes)­­­­­­­­­­­­­\_\_\_\_\_ (No)\_\_\_\_\_\_

## *Mother/ Guardian 1 Information*

Name: Date of Birth: Lives with child: ( ) Yes ( ) No

Employer: Total Hours/Week: Work #:

Cell/Message Phone Number: E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### *Father/Guardian 2 Information*

Name: Date of Birth: Lives with child: ( ) Yes ( ) No

Employer: Total Hours/Week: Work #:

Cell/Message Phone Number: E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## *Others in Household (including all siblings)-(For Head Start Staff-Related by Blood, Marriage or Adoption)*

***(Name) (Relationship to Child) (Date of Birth)***

## *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. Please list 1st, 2nd and 3rd choices.*

 \_\_\_\_\_ Head Start full day services ( serving 3 and 4 year olds)

 \_\_\_\_\_ Montgomery County Public Schools Virginia Preschool Initiative (4 years old = full school day)

 \_\_\_\_\_ New River Community College / Head Start full day services (Full time NRCC students only)

 \_\_\_\_\_Head Start Combo (3 day a week-part day program)
\*\*\*Head Start Parents of returning children: To ensure a Head Start slot you must choose Head Start as first option\*\*\*\*

***Virginia Preschool Initiative and Head Start***

***Additional Family Information***

The New River Community Action Head Start Program and Virginia Preschool Initiative 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 child and family needs are noted. 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 application below, I authorize the release of all Medical, Dental, Educational and Developmental information to be shared by MCPS, and NRCA Head Start.

1. (A) 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

Please Describe Needs:

(B) Does your child receive special education 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.)*

1. Does your child have any health problems, or chronic conditions which we should be aware of? Please list and explain:

3. Does your family have any special circumstances, concerns, or needs that you would like to share with us?

**4. Education/Training** (Complete only for parent/guardians living with child)

|  |  |  |
| --- | --- | --- |
|  | Mother /Guardian 1 | Father /Guardian 2 |
| No GED/Diploma (Last grade attended) |  |  |
| Has GED/Diploma (Circle one) |  |  |
| Some College/Associate’s Degree/ Other Training (circle one) |  |  |
| Has College Degree (Bachelor’s or above) |  |  |

**Work/School:** (Please put checkmark in all boxes that apply for each)

|  |  |  |
| --- | --- | --- |
|  | Mother/Guardian 1 | Father/Guardian 2 |
| Not employed / Work up to 20 hours week (circle one) |  |  |
| Work 20-30 hours a week |  |  |
| Work 30+ hours a week |  |  |
| School part-time (# of hours) |  |  |
| School full-time (# of hours) |  |  |

5. Do you receive housing assistance (i.e. rental assistance, no monthly rent or mortgage payment)?

 ( ) Yes ( ) No

6. Primary Language in household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. **Transportation: Not available in all areas, specific locations only. Check with individual centers**

Bus transportation needed? ( )Yes ( )No Available to transport? ( )Yes ( )No To a bus stop? ( ) Yes ( ) No

 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 daycares and babysitters if they are not within the established bus route.***

8. **Income: (Head Start and VPI will need verification of income from the past 12 months)**

Please check the following category that applies to your **total** family income annually:

 \_\_\_ $0 to $11,170 \_\_\_ $27,011 to $30,970

 \_\_\_ $11,171 to $15,130 \_\_\_ $30,971 to $34,930

 \_\_\_ $15,131 to $19,090 \_\_\_ $34,931 to $38,890

 \_\_\_ $19,091 to $23,050 \_\_\_ over $38,891- if so please list your income \_\_\_\_\_\_\_\_\_\_

 \_\_\_ $23,051 to $27,010

Parent /Guardian Signature Staff Signature Date