|  |  |  |  |
| --- | --- | --- | --- |
| *New River Community Action, Inc.* ***Radford******Head Start Program*** *306 West Main Street*  *Radford, Va. 24141*  *540-731-4107*  *Radford City Schools/McHarg Elementary* ***Virginia Preschool Initiative*** *700 12th Street*  *Radford, Va. 24141 540-731-3652* | Head_Start_logo |  | **App. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Verification of Birth ( ) Yes ( ) No **Type of Document \_\_\_\_\_\_\_\_**  **Document #** |
| ***Pre-School Application*** |  |

## *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 /childcare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied to any other Head Start or Virginia Preschool Initiative program for 2016-2017? (Yes)\_\_\_\_\_\_ (No)\_\_\_\_\_\_

## *Parent / Guardian 1 Information:*

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

Employer: Total Hours/Week: Work #:

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

### *Parent /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 - Please include 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 1s, 2nd, or 3rd choices.*

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

\_\_\_\_\_ Radford City Public Schools Virginia Preschool Initiative (4 year old full school day)

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

***Additional Family Information***

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

(B) Does your child receive special education services 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, chronic conditions, or developmental concerns? ( ) Yes ( ) No If marked yes please list and explain: *(May use separate piece of paper)*

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 |  |  |
| Some College/Associate’s Degree/ Other Training (Please Circle One) |  |  |
| Has College Degree (Bachelor’s or above)Please List Degree |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | Mother/Guardian 1 | Father/Guardian 2 |
| Work 20 hours or less/week |  |  |
| 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:*(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

9. All applicants will have to provide proof of residency.

New River Community Action Head Start and Radford City Schools program takes into consideration a number of factors in order to determine eligibility. In addition to your income level and the age of your child, other children, and family needs are noted. The following information is voluntary. 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 the application below, I authorize the release of all medical, dental, educational, and developmental information to be shared by New River Community Action Head Start and Radford City Schools.

Parent /Guardian Signature Staff Signature Date