

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

New River Community Action  
Head Start Program  
1093 East Main Street  
Radford, Va. 24141



Blacksburg Head Start  
540.552.0490

Christiansburg Head Start  
540.381.7559

Kindergarten Attendance Area:
<input type="checkbox"/> AES <input type="checkbox"/> BEEKS <input type="checkbox"/> BELVIEW <input type="checkbox"/> CPS
<input type="checkbox"/> EMES <input type="checkbox"/> FBE <input type="checkbox"/> GLES <input type="checkbox"/> PFES
Verification of Birth ( ) Yes ( ) No



Montgomery County Public Schools  
Virginia Preschool Initiative  
750 Imperial St.  
Christiansburg, Va. 24073  
540.250.7416 or  
540.382.5100 ext.1044

**Child's Information**

Child's Full Name: \_\_\_\_\_ (first) (middle) (last) 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: \_\_\_\_\_

Have you applied to another Head Start or VPI program for 2020-2021? ( ) Yes ( ) No

**Mother/ Guardian: Information**

(List Relationship)

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

Employer: \_\_\_\_\_ Total Hours/Week: \_\_\_\_\_ Work #: \_\_\_\_\_

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

**Father/Guardian: Information**

(List Relationship)

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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> choices.

\_\_\_\_\_ Head Start preschool hours Monday-Friday (serving 3 and 4 year olds Blacksburg and Christiansburg sites)

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

\_\_\_\_\_ Head Start 4 days a week program – (serving 3 year olds Tuesday thru Friday preschool hours Blacksburg site only)

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

### ***Additional Family Information***

1. Does your child have any special needs we should be aware of such as: (please mark all that apply)  
 Developmental Delay                       Speech /Language Disorders                       ODD, OCD, ADHD  
 Autism     Traumatic Brain Injury                       Visual Impairment  
 Hearing Impairment                       Orthopedic impairment or physical limitations  
 Trauma (please explain) \_\_\_\_\_
2. Does your child receive special education services or have a current IFSP or IEP with Montgomery County Public Schools?  
 Yes  No (if yes, staff obtain release of information)
3. Does your child have any chronic health conditions or developmental concerns they have seen a specialist for and/or been prescribed medication?  Yes  No If marked yes please list and explain \_\_\_\_\_
4. Child is a Foster Child:  Yes  No

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

	Mother /Guardian 1	Father /Guardian 2
No GED/Diploma (List last grade attended in box)		
Has GED/Diploma (Please write which one in box)		
Some College/Associate's Degree/ Other Training (Please write which one in box)		
Has College Degree (Bachelor's or above) Please List Degree(s)		

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

	Mother/Guardian 1	Father/Guardian 2
Not employed		
Work 29 hours or less/week		
Work 30+ hours a week		
School part-time (# of hours)_____ WHERE?		
School full-time (# of hours)_____ WHERE?		

8. Do you receive housing assistance? (i.e. rental assistance, no monthly rent or mortgage payment, HUD or other subsidy)  Yes  No
9. Primary Language in household? \_\_\_\_\_
10. Transportation: Available in specific programs only. Are you able to transport your child to and from school each day?  Yes  No
11. Your total annual family income: \$ \_\_\_\_\_  
 (Head Start and VPI will need verification of income from the past 12 months)
12. How did you hear about our program? \_\_\_\_\_

New River Community Action Head Start and Montgomery County Public 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, number in household, 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 Montgomery County Public Schools.

\_\_\_\_\_  
 Parent /Guardian Signature      Date                                      Staff Signature                                      Date