

**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

Montgomery County Preschool Application

Kindergarten Attendance Area:

___AES ___BEEKS ___BELVIEW ___CPS

___EMES ___FBE ___GLES ___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 Full Name: _____ **Date of Birth:** _____ () Male () Female

Physical Address: _____

Mailing Address: (if different from physical) _____

Please list current and past preschool/Child Care programs your child has attended: _____

Have you applied to another Head Start or VPI program for 2021-2022? () Yes () No

Parent/ 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: _____

Parent/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 1st, 2nd, 3rd, 4th 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)

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

_____ Mixed Delivery Preschool for 3- and 4-year-olds with before and after school hours provided

Locations include: Rainbow Riders, Valley Interfaith Childcare Center, and Virginia Tech Child Development Center

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. **Primary language spoken in household?** _____

6. **In the past 12 months has your family experienced: (mark all that apply) domestic violence__ homelessness__ incarceration__ lack of food__ CPS involvement__ drug/alcohol addiction__**

7. **Has your family been negatively impacted by COVID?** Yes No
 If you answered yes please explain: _____

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

	Parent/Guardian 1	Parent /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)		

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

	Parent/Guardian 1	Parent/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?		

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

New River Community Action Head Start, United Way of Southwest Virginia, 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, United Way of Southwest Virginia, and Montgomery County Public Schools.

Parent /Guardian Signature Date Staff Signature Date