

New River Community Action, Inc  
**Head Start Program**  
644 West Main Street  
Radford, Va. 24141  
540.994.5740



Pulaski Co. Public Schools  
**Virginia Preschool Initiative**  
600 Dunlap Road  
Dublin, VA 24084  
540. 643.0206



App. # \_\_\_\_\_  
Verification of Birth ( ) Yes ( ) No  
Type of Document \_\_\_\_\_  
Document # \_\_\_\_\_

**Kindergarten Attendance Area:**  
\_\_\_ Dublin      \_\_\_ Snowville  
\_\_\_ Critzer      \_\_\_ Riverlawn  
\_\_\_ Pulaski Elementary

**Pulaski County Preschool Application**  
**Virginia Preschool Initiative and NRCA Pulaski County Head Start**

**Child's Information**

Child's Full Name: \_\_\_\_\_ (first) (middle) (last) Date of Birth: \_\_\_\_\_ ( ) Male ( ) Female

Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

List current Pre-School (child care program) your child attends: \_\_\_\_\_

List past Pre-School (child care program) your child attended: \_\_\_\_\_

Have you applied to another preschool program for 2012-2013? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

**Mother/ Guardian 1 Information**

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

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

Home Phone Number: \_\_\_\_\_ Message/Cell Phone Number: \_\_\_\_\_

**Father/Guardian 2 Information**

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

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

Home Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

**Others in Household (including all siblings)**

<i>(Name)</i>	<i>(Relationship to Child)</i>	<i>(Date of Birth)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Insurance** Please check all types of insurance that apply:

Private Medical Insurance – What Company: \_\_\_\_\_  Private Dental Insurance – What Company: \_\_\_\_\_

FAMIS Plus (Medicaid/Medallion)  FAMIS Plus (Medicaid VA Premier)  FAMIS (VA Premier)

**(circle one)** Did you receive a Pink or Blue paper card for VA Premier card?

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> and 3<sup>rd</sup> choices.

\_\_\_\_\_ Head Start full day services (8:45am to 3:15pm, serving 3 and 4 year olds)

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

\_\_\_\_\_ Head Start Home Based Program

\_\_\_\_\_ 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.

1. (A) Does your child have any special needs we should be aware of such as:
- |                                              |                                                                        |                                            |
|----------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Speech /Language Disorders                    | <input type="checkbox"/> ODD, OCD, ADHD    |
| <input type="checkbox"/> Autism              | <input type="checkbox"/> Traumatic Brain Injury                        | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Impairment  | <input type="checkbox"/> 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.)*

2. 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		
Has GED/Diploma		
Has GED/ Diploma/Some College/Associate's Degree/ Other		
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
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:**

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 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 \$10,890.       | ___ \$26,171. to \$29,990.                          |
| ___ \$10,891. to \$14,710. | ___ \$29,991. to \$33,810.                          |
| ___ \$14,711. to \$18,530. | ___ \$33,811. to \$37,630.                          |
| ___ \$18,531. to \$22,350. | ___ \$37,631. to \$50,000.                          |
| ___ \$22,351. to \$26,170. | ___ \$50,001. to \$65,000.                          |
|                            | ___ over \$65,000. –if so, please list income _____ |

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date