

New River Community Action, Inc.

**Pulaski Head Start Program**

14 Sixth Street  
Pulaski, Va. 24301  
540.994.5740



Kindergarten Attendance Area:

Critzer \_\_\_\_\_ Riverlawn \_\_\_\_\_

Dublin \_\_\_\_\_ Snowville \_\_\_\_\_

Pulaski \_\_\_\_\_

Pulaski Co. Public Schools  
**Virginia Preschool Initiative**  
8100 Beth Nelson Drive  
Fairlawn, Va. 24141  
540. 643.0708



**Child's Information:**

Date of Birth: \_\_\_\_\_ ( ) Male ( ) Female

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

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

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

Have you applied to any other Head Start or VPI preschool program for 2017-2018? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

**Father/ Guardian Information**

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

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

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

E-mail address: \_\_\_\_\_

**Mother/Guardian Information**

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

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

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

E-mail address: \_\_\_\_\_

Others in Household (including all siblings)-

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

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. The more programs for which my child is considered, the more likely s/he will be found eligible to participate. **Please write 1 beside your first choice, 2 beside your second choice, 3 beside your third choice, 4 beside your fourth choice and 5 beside your fifth choice.**

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

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

\_\_\_\_ Head Start (4 days a week-part day program Tuesday through Friday)

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

\_\_\_\_ Children's Health Improvement Partnership, Home-Visiting Program (provides in-home Parent Educator and Nurse visits)

\*\* (CHIP serves pregnant mothers and those with at least one child in the home six years old or younger) \*\*

For Office Use Only:

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

**Virginia Preschool Initiative and Head Start Additional Family Information**

1. 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 |  |

2. 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 *(staff please obtain Release of Information)*

3. Does your child have any health problems, or chronic conditions which we should be aware of? Please list and explain: *(May use separate piece of paper)* \_\_\_\_\_  
 \_\_\_\_\_

4. In the past 12 months has the family experienced: domestic violence\_\_\_ homelessness\_\_\_ incarceration\_\_\_ lack of food\_\_\_ CPS involvement\_\_\_ Is child a Foster Child (Y or N) drug/alcohol addiction\_\_\_ Other traumatic event\_\_\_ No answer\_\_\_

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

	Father /Guardian	Mother /Guardian
Not employed		
work up to 20hrs a week		
Work 20-30 hours a week		
Work 30+ hours a week		
School <b>(please list number of hours per week)</b>		

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

	Father /Guardian	Mother /Guardian
No GED/Diploma <b>(Last grade attended)</b>		
Has GED/Diploma <b>(Please write in box)</b>		
Some College/Associate's Degree/ Other Training <b>(Please write in box)</b>		
Has College Degree (Bachelor's or above) <b>Please List Degree</b>		

7. Do you receive housing assistance (i.e. rental assistance, no rent or mortgage payment, HUD, or other subsidy)?  Yes  No

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

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

Bus transportation needed?  Yes  No Available to transport to a bus stop if required?  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 attendance zone.**

10. **Total Family Income: \$\_\_\_\_\_ (Head Start will need verification of income from the past 12 months. VPI will need most recent copy of W2's or 3 most current paycheck stubs)**

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 is voluntary and 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 Pulaski County Public Schools VPI Program and NRCA Head Start.**

\_\_\_\_\_  
 Parent/Guardian Signature  
 1/17

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

\_\_\_\_\_  
 Date