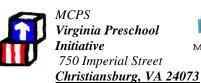
NRCA,Inc. Head Start Program 1093 East Main Street Radford, Va. 24141 Blacksburg Head Start 540.552.0490 **Christiansburg Head Start** <u>540.381.7559</u>







| App. # | | | |
|---------------------------------------|-------|--------|--|
| Verification of Birth (|) Yes | () No | |
| Type of Document | | | |
| Document # | | | |
| · · · · · · · · · · · · · · · · · · · | | | |

| Kindergarten Attendance Area: | | | | | | | | |
|-------------------------------|---------|-----------|-----|--|--|--|--|--|
| AES _ | BEEKS _ | BELVIEW _ | CPS | | | | | |

___EMES ___FBE ___GLES ___PFES

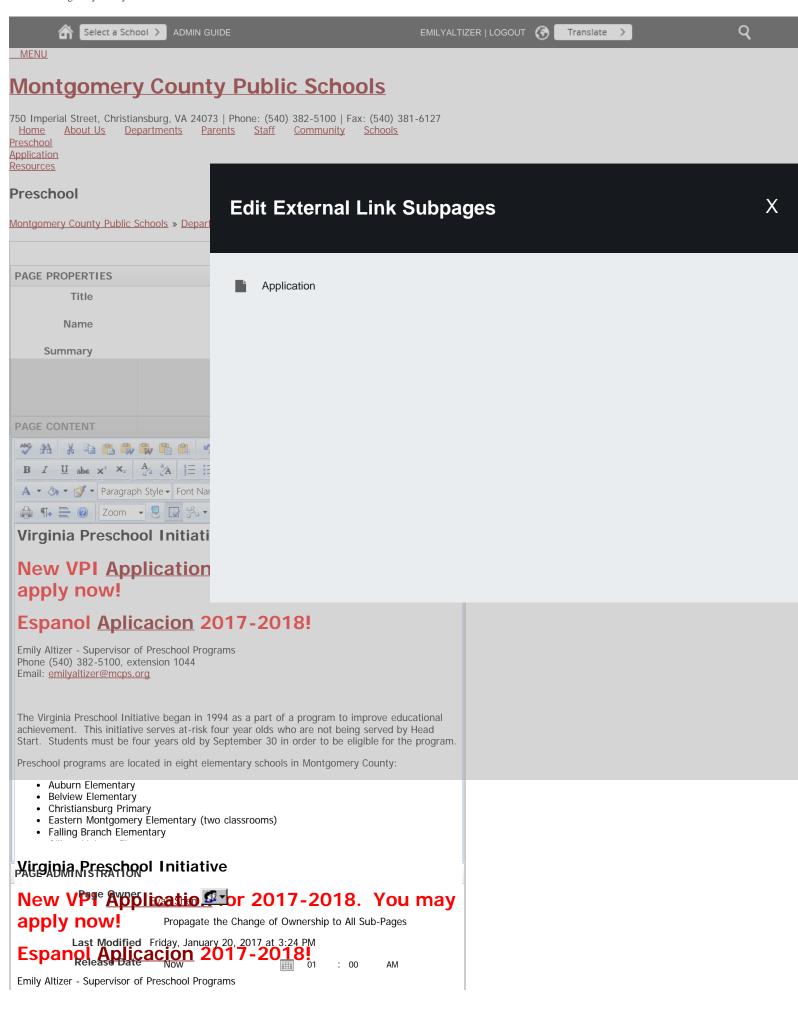
Montgomery County Preschool Application - <u>Virginia Preschool Initiative and NRCA Montgomery County Head Start</u>

540.250.7416 or 540.382.5100 ext.1044

| 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 nu | mbers and significant landmarks | |
| Please list current and past preschool/Child Care | programs your child has attended: Name of | of preschool/Child Care: |
| Have you applied to another HS or VPI pr | ogram for 2017 - 2018? (Yes)(_No) |) |
| Mother/ Guardian Information | | |
| Name: | Date of Birth: | Lives with child: () Yes () No |
| Employer: | Total Hours/Week: | Work #: |
| Cell/Message Phone Number: | E-mail address: | |
| Father/Guardian 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 (including all sibling | s)-(For Head Start Staff-Related by B | lood, Marriage or Adoption) |
| (Name) (Relationsh | ip to Child) (Date of I | Birth) |
| Does Your Child Have Insurance? Yes (|) No() Please check all types o | f insurance that apply: |
| □Private Medical Insurance □ Private Denta | | |
| Date of child's last physical: Are your child's immunizations (shots) up to date *Program Selection** | | entist visit: |
| Please consider my child for the following program, 3^{rd} , 4^{th} and 5^{th} choices. | ram(s). I understand that there are limited | spaces available in all programs. Please list 1s |
| Head Start full day services (ser | ving 3 and 4 year olds) | |
| Montgomery County Public Sch | ools Virginia Preschool Initiative (4 years | old = full school day) |
| New River Community College | / Head Start full day services (Full time NI | RCC students only) |
| Head Start Part Day Services (4 o | days a week- Tuesday thru Friday mornings | s) |
| | Partnership, Home-Visiting Program (provi hers and those with at least one child in the | ides in-home Parent Educator and Nurse visits) home, 6 years old or younger)** |

Additional Family Information

| 1. | Does your child have any special | es your child have any special needs we should be aware of such as: | | | | |
|------------------|--|--|---|---|--|--|
| | () Developmental Delay() Autism() Hearing Impairment | () Speech /Language Disorders() Traumatic Brain Injury() Orthopedic impairment or physic | | D | | |
| 2. | Does your child receive special education services (related services), have a IFSP, or receive treatment from a doctor for any of the above special needs? () Yes () No (if yes, staff please obtain release of information) | | | | | |
| 3. | Does your child have a current IE | P with Montgomery County Public S | Schools? () Yes () No | | | |
| 4. | | oroblems, chronic conditions, or deve separate piece of paper) | _ | | | |
| 5. | CPS involvement Is child a Fos | y experienced: domestic violence h ter Child <u>(Y or N)</u> drug/alcohol addict | ion Other traumatic event | | | |
| 6. | Education/Training: (Complete | only for parent/guardians living with | h child) | | | |
| L | | | Mother /Guardian 1 | Father /Guardian 2 | | |
| _ | No GED/Diploma (Last grade attended |) | | | | |
| _ | Has GED/Diploma | or Training (Blasse Circle One) | | | | |
| | Some College/Associate's Degree/ Oth Has College Degree (Bachelor's or abo | | | | | |
| _1 | las Collège Deglee (Bachelol s'ol abo | ve) Hease List Degree(s) | | | | |
| 7. | Work/School: (Please put check | kmark in all boxes that apply for each | h) | | | |
| | • | 11 7 0 | Mother/Guardian 1 | Father/Guardian 2 | | |
| 1 | Work 20 hours or less/week | | | | | |
| 1 | Work 20-30 hours a week | | | | | |
| 1 | Work 30+ hours a week | | | | | |
| 5 | School part-time (# of hours) | WHERE? | | | | |
| Ş | School full-time (# of hours) | WHERE? | | | | |
| 7. | Do you receive housing assistance () Yes () No | e? (i.e. rental assistance, no monthly | y rent or mortgage payment, | HUD or other subsidy) | | |
| 8. | Primary Language in household? | | | | | |
| 9. | Transportation: Not available in | all specific locations only. Check v | with individual centers. | | | |
| | Available to transport?() Yes (|) No To a bus stop?()Yes ()No | | | | |
| | What prevents you from being a | ble to transport your child? | | | | |
| 10 | . Your total annual family incom | ie: _\$ | | | | |
| | | verification of income from the pas | st 12 months) | | | |
| | (| , or all of the pull | , | | | |
| nu and inf | mber of factors in order to determine d family needs are noted. The follow formation shared with our staff during family. By signing the application | Start and Montgomery County Public ne eligibility. In addition to your inco owing information is voluntary. This ng the application process in order to on below, I authorize the release of a er Community Action Head Start and | ome level and the age of your information will be considered determine eligibility and build medical, dental, education | ar child, other children, ered along with other ecome familiar with nal, and developmental | | |
| Pa | rent /Guardian Signature | Staff Signature | Dat | e | | |



Phone (540) 352 Pity O, extension 9/044 01 : 00 AM Email: emilyaltizer@mcps.org Follow-up Tasks

The Virginia Preschool Initiative began in 1994 as a part of a program to improve educational

Montgomery County Public Schools

Engage! Encourage! Empower!

750 Imperial Street, Christiansburg, VA 24073

Phone (540) 382-5100 | Fax (540) 381-6127

Montgomery County Public Schools does not discriminate in its programs and activities for reasons of race, religion, color, gender, national origin, disability, age, or on any other basis prohibited by law. The following persons have been designated to handle inquiries regarding non-discrimination policies:

Director of Human Resources and Director of Secondary Education 750 Imperial Street SE, Christiansburg, VA 24073 (540)382-5100

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