

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: _____
Directions to the home: (Please include route numbers and significant landmarks) _____

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 2016-2017? (Yes) _____ (No) _____

Father/ Guardian 1 Information

Name: _____ Date of Birth: _____ Lives with child: () Yes () No
Employer: _____ Total Hours/Week: _____ Work #: _____
Cell/Message Phone Number: _____ E-mail address: _____

Mother/Guardian 2 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 siblings)-(For Head Start Staff- Relative, 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 ***Head Start Parents of returning children: To ensure a Head Start slot you must choose Head Start as first option***

Please consider my child for the following program(s). I understand that there are limited spaces available in all programs. **Please write 1 beside your first choice, 2 beside your second choice, and 3 beside your third 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 Combination Program (4 days a week-part day program)
- ____ Head Start at New River Community College (Full time NRCC students only full day services for child)

For Office Use Only:

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

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. 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.

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 | |

Please Describe Needs:

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:

4. Does your family have any special circumstances, concerns, or needs that you would like to share with us?

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

	Father /Guardian 1	Mother /Guardian 2
No GED/Diploma (Last grade attended)		
Has GED/Diploma (Please circle one)		
Some College/Associate's Degree/ Other Training (Please Circle One)		
Has College Degree (Bachelor's or above) Please List Degree		

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

	Father /Guardian 1	Mother /Guardian 2
Not employed / work up to 20hrs a week (circle one)		
Work 20-30 hours a week		
Work 30+ hours a week		
School part-time (# of hours)		
School full-time (# of hours)		

7. Do you receive housing assistance (i.e. rental assistance, no monthly rent or mortgage payment)? 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 established bus route.**

10. **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)**

- | | | |
|--------------------------|--------------------------|--|
| ___ \$0 to \$11,170 | ___ \$19,091 to \$23,050 | ___ \$30,971 to 34,930 |
| ___ \$11,171 to \$15,130 | ___ \$23,051to \$27,010 | ___ \$34,931 to \$38,890 |
| ___ \$15,131 to \$19,090 | ___ \$27,011to \$30,970 | ___ over \$38,891 If so, please list your income _____ |

Parent/Guardian Signature

Staff Signature

Date