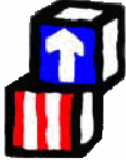


# Pulaski County Preschool Application



**New River Community Action, Inc**  
**Head Start Program**  
Pulaski Head Start  
1520 Bobwhite Blvd. Pulaski  
540.994.5740  
Early Learning Center at NRCC  
5251 College Drive, Dublin

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

Verification of Birth ( ) Yes ( ) No

**Pulaski Co. Public Schools**  
**Virginia Preschool Initiative**  
202 N. Washington Ave.  
Pulaski, VA 24301  
540.994.2548



## Child's Information

Child's Full Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) Date of Birth: \_\_\_\_\_ ( ) Male ( ) Female

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical): \_\_\_\_\_

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

Please list current and past Pre-School/ child care programs your child has attended: \_\_\_\_\_

Have you applied to another preschool program for 2021 – 2022? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

### Parent/Guardian: Information

(List Relationship)

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

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

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

### Parent/Guardian: Information

(List Relationship)

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

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

Home Phone Number: \_\_\_\_\_ Message/Cell Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Others in Household (including all siblings)

(Name) (Relationship to Child) (Date of Birth)

(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. The more programs for which my child is considered, the more likely s/he will be found eligible to participate. Please list 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices.

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

\_\_\_\_\_ Pulaski Head Start (full school day serving 3 and 4 year olds - **Transportation is limited**)

\_\_\_\_\_ Head Start Early Learning Center at New River Community College (full school day, serving 3 and 4 year olds - **No Transportation**)

Yes, Parent is currently enrolled as a student at NRCC

## *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 related services (have an IFSP or IEP)?     Yes     No *(If yes, staff please obtain Release of Information.)*
3. Does your child have any chronic health conditions or developmental concerns they have seen a specialist and/or 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. Education/Training: *(Complete only for parent/guardians living with child)*

	Parent /Guardian 1	Parent /Guardian 2
No GED/Diploma (List <b>last grade attended</b> in box)		
Has GED/Diploma (please write <b>GED or Diploma</b> in box)		
Some College/Associate's Degree/ Other Training (please write <b>which one</b> in box)		
Has College Degree (Bachelor's or above) <b>Please List Degree(s)</b>		

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

	Parent/Guardian 1	Parent/Guardian 2
Not employed		
Work 20 hours or less/week		
Work 20-30 hours a week		
Work 30+ hours a week		
School (please list number of hours each week in box) <b>WHERE?</b>		

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

9. **Transportation: Not available in all locations. Check with individual centers.**

I am available to transport my child to school every day?  Yes  No    To a bus stop?  Yes  No

What prevents you from being able to transport your child? \_\_\_\_\_

Will the bus pick your child up from:    \_\_\_ Home                      \_\_\_ Daycare Center                      \_\_\_ Baby sitter

If other than your home, **please give address.** \_\_\_\_\_

**\* Bus Transportation cannot be guaranteed for daycare and babysitters if they are not within the attendance zone.**

**\*\*10. Your total annual family income: \$** \_\_\_\_\_

(Head Start and VPI will need verification of income from the past 12 months. **Application is not complete and cannot be processed without this information.**)

11. **How did you hear about the program?** \_\_\_\_\_

New River Community Action Head Start and the Virginia Preschool Initiative program take 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. 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 and Pulaski County Public Schools.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date