

**Giles County Preschool Programs**  
**Virginia Pre-School Initiative (VPI) Program, VPI+ Program and Head Start Application**

**Location VPI & VPI+ Programs:** Projected to be at Eastern Elementary Middle School, Macy McClaugherty Elementary Middle School and Narrows Elementary Middle School

**Age Criteria:** Students must be 4 years old by September 30, 2018 for VPI & VPI+ Programs. Head Start accepts applications for children ages 3, & 4. Use this application to apply for VPI, VPI+ & Head Start.

**Schedule:** The VPI & VPI+ Programs will follow the Giles County School System calendar.

**Transportation:** Transportation will be provided to students by school buses.

**Curriculum:** The curriculum will follow Virginia's Foundation Blocks for Early Learning, which establishes a measurable range of skills and knowledge essential for four-year olds to be successful in kindergarten. In addition, a specific curriculum and multiple assessments will be part of the preschool program. The curriculum is "*Creative Curriculum*" and the "*Gold Assessment*" is used to track student progress in several areas.

**Eligibility:** Eligibility requirements for Giles County Public Schools VPI & VPI+ programs for the 2018-2019 school year are:

- (i) family income at or below 200 percent of poverty, (Head Start requirement is at or below 130 percent),
- (ii) homelessness,
- (iii) student's parents or guardians are school dropouts, or
- (iv) family income is less than 350 percent of federal poverty guidelines in the case of students with special needs or disabilities.

Additional risk-factors can be included, but **families MUST meet one of the four criteria listed above to be admitted into the program.**

**Application Process:**

1. Complete **ALL** sections of Application. There is a single application for VPI, VPI+ and Head Start programs.
2. Provide Child's Original Birth Certificate (copy will be made at school board office).
3. Provide copy of Parent/Guardian's picture ID.
4. Provide Proof of Giles County Residency (Example: Copy of utility bill with physical address).
5. Provide Proof of family income (one of the following): copy of W-2, incomes tax form from 2017, three consecutive pay stubs, verification from Social Services, or letter from employer stating period of employment and salary. Parent/Guardian will be required to sign *Income Verification* form.
6. If applicable: Copy of Custody Papers.

***If student is accepted into the program, a copy of current physical (within one year) and immunization record is REQUIRED prior to the first day of preschool.***

**Return completed application and #1-#6 to School Board Office (Room 107)**

Questions, contact Michele Thompson or Sharon Farmer at 540-921-1421, ext. 21

NRCA, Inc.  
Head Start Program  
1093 East Main Street  
Radford, Va. 24141  
540.633.5133



**GCPS Virginia Preschool Initiative**  
151 School Rd,  
Pearisburg, VA 24134  
(540) 921-1421



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

**Kindergarten Attendance Area:**  
\_\_\_\_ Eastern Elementary \_\_\_\_ Macy McClougherty  
\_\_\_\_ Narrows Elementary

**Giles County Preschool Application - Virginia Preschool Initiative and NRCA Giles County Head Start**

**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 numbers and significant landmarks. \_\_\_\_\_

Please list current and past preschool/Child Care programs your child has attended: Name of preschool/Child Care: \_\_\_\_\_  
Have you applied to another preschool program for 2018-2019? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

**Mother/ Guardian Information**

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

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

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

**Father/Guardian 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)- (For Head Start Staff-Related by Blood, 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**

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>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> choices.

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

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

\_\_\_\_ 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 home six years or younger)\*\*

## 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 services 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.)*
3. Does your child have any health problems, chronic conditions, or developmental concerns?  Yes  No If marked yes please list and explain: *(May use separate piece of paper)* \_\_\_\_\_  
 \_\_\_\_\_

4. In the past 12 months has the family experienced any special circumstances you would like to share?  
 \_\_\_\_\_

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

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

6. 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) <b>WHERE?</b> |                   |                   |
| School full-time (# of hours) <b>WHERE?</b> |                   |                   |

7. Do you receive any of the following? Housing/Rental Assistance  TANIF  SSI

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

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

Available to transport?  Yes  No To a bus stop?( Yes No

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

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

**(Head Start will need verification of income from the past 12 months)**

New River Community Action Head Start and Giles County Public Schools 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 children, and family needs are noted. The following 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 Giles County Schools.

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

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

\_\_\_\_\_  
Date