

NRCA, Inc Rich Creek Head Start
109 Old Virginia Ave.
Rich Creek, VA 24147
540-726-2700



NRCA, Inc Pearisburg Head Start
1105 Henson Ave.
Pearisburg, VA 24134
540-921-2355

Giles County Virginia Preschool Initiative
151 School Road
Pearisburg, VA 24134
(540) 921-1421



Verification of Birth
____(Yes) ____ (No)

Kindergarten Attendance Area:
____Eastern ____Macy ____Narrows

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

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 preschool/Child Care programs your child has attended: _____
Have you applied to another preschool program for 2020-2021? (Yes) ____ (No) ____

Mother/ Guardian: Information

(List relationship)
Name: _____ Date of Birth: _____ Lives with child: () Yes () No
Employer: _____ Total Hours/Week: _____ Work #: _____
Home Phone Number: _____ Message/Cell Phone Number: _____ Email address: _____

Father/Guardian: Information

(List relationship)
Name: _____ Date of Birth: _____ Lives with child: () Yes () No
Employer: _____ Total Hours/Week: _____ Work #: _____
Home Phone Number: _____ Message Phone Number: _____ Email address: _____

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 1st, 2nd, 3rd, 4th and 5th 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)

Additional Family Information

1. Does your child have any special needs we should be aware of such as:
 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 and/or developmental concerns they have seen a specialist for and/or been prescribed medication? Yes No If marked yes please list and explain: _____

4. Is child a Foster Child? Yes No

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) Please List Degree(s)		

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

	Mother/Guardian 1	Father/Guardian 2
Not Employed		
Work 29 or less hours a week		
Work 30+ hours a week		
School part-time (# of hours) WHERE?		
School full-time (# of hours) WHERE?		

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 calculate last 12 months of income)

11. **How did you hear about the program?** _____

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 School.

Parent /Guardian Signature Date Staff Signature Date