

# Montgomery County Preschool Application

**New River Community Action  
Head Start Program**  
1093 East Main Street  
Radford, Va. 24141

**Blacksburg Head Start**  
540.552.0490



**Christiansburg Head Start**  
540.381.7559

### Kindergarten Attendance Area:

\_\_\_AES \_\_\_BEEKS \_\_\_BELVIEW \_\_\_CPS

\_\_\_EMES \_\_\_FBE \_\_\_GLES \_\_\_PFES

Verification of Birth ( ) Yes ( ) No



**Montgomery County Public  
Schools**  
**Virginia Preschool Initiative**  
750 Imperial St.  
Christiansburg, Va. 24073  
540.250.7416 or  
540.382.5100 ext.1044

**United Way of  
Southwest Virginia**



**Child's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ ( ) Male ( ) Female

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

Please list current and past preschool/Child Care programs your child has attended: \_\_\_\_\_

Have you applied to another Head Start or VPI program for 2022-2023? ( ) Yes ( ) No

### **Parent/ Guardian:** \_\_\_\_\_ **Information**

(List Relationship)

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

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

**Education:**(mark highest level achieved) \_\_\_NO GED \_\_\_High School Diploma \_\_\_GED \_\_\_Some College  
\_\_\_Associates \_\_\_Bachelors or Above (List Degree \_\_\_\_\_)

**Employer:** \_\_\_\_\_ **Total Hours/Week:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ or ( ) Not Employed

**In school:** \_\_\_(Part-time) or \_\_\_(Full-time)

### **Parent/Guardian:** \_\_\_\_\_ **Information**

(List Relationship)

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

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

**Education:**(mark highest level achieved) \_\_\_NO GED \_\_\_High School Diploma \_\_\_GED \_\_\_Some College  
\_\_\_Associates \_\_\_Bachelors or Above (List Degree \_\_\_\_\_)

**Employer:** \_\_\_\_\_ **Total Hours/Week:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ or ( ) Not Employed

**In school:** \_\_\_(Part-time) or \_\_\_(Full-time)

### **Others in Household (including all siblings)- For Head Start Staff-Related by Blood, Marriage or Adoption**

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

### **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> choices.

\_\_\_ **Head Start Preschool** (serving 3- and 4-year olds offering comprehensive family services, full school day hours)

\_\_\_ **Montgomery County Public Schools Virginia Preschool Initiative** (serving 4- year olds, full school day hours)

\_\_\_ **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: (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
  
2. **Does your child receive special education services or have a current IFSP or IEP with Montgomery County Public Schools?**  
( ) Yes ( ) No
  
3. **Does your child have any chronic health conditions or developmental concerns they have seen a specialist for and/or been 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. **In the past 12 months has your family experienced: (mark all that apply)**  
( ) domestic violence ( ) incarceration ( ) lack of food ( ) CPS involvement ( ) drug/alcohol addiction  
( ) lack of housing due to economic hardship ( ) employment loss ( ) continued impact from COVID-19 virus
  
7. **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
  
8. **Transportation:** Are you able to transport your child to and from school each day? ( ) Yes ( ) No  
(Available in specific programs only)
  
9. **Do you receive housing assistance?** (i.e. rental assistance, no monthly rent or mortgage payment, HUD or other subsidy) ( ) Yes ( ) No
  
10. **Do you receive (mark all that apply) ( ) TANF; ( ) SSI; ( ) SNAP Benefits**
  
11. **Your total ANNUAL family income: \$** \_\_\_\_\_  
(Head Start, United Way, and VPI will need verification of income from the past 12 months)
  
12. **How did you hear about our program?** \_\_\_\_\_

New River Community Action Head Start, United Way of Southwest Virginia, and Montgomery County Public Schools program takes 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. 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, United Way of Southwest Virginia, and Montgomery County Public Schools.

\_\_\_\_\_  
**Parent /Guardian Signature**                      **Date**    \_\_\_\_\_  
**Staff Signature**    **Date**  
 (on-line application)