

New River Community Action, Inc.
Radford Head Start Program
215 3rd. Ave.
Radford, Va. 24141
540-731-4107



Radford City Schools/McHarg Elementary
Virginia Preschool Initiative
700 12th St.
Radford, VA 24141
540-731-3652

United Way of
Southwest Virginia



Pre-School Application

Verification of Birth () Yes () No

Child's Full Name: _____ Date of Birth: _____ () Male () Female

Physical Residence: _____

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 2021 – 2022? () Yes () No

Parent/Guardian: _____ Information

(List Relationship)

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

Employer: _____ Total Hours/Week: _____ Work #: _____

Cell/Message Phone Number: _____ E-mail address: _____

Parent /Guardian: _____ Information

(List Relationship)

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

Employer: _____ Total Hours/Week: _____ Work #: _____

Cell/Message Phone Number: _____ E-mail address: _____

Others in Household - Please include 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 and 4th 5th choices.

_____ Head Start full day school day located at 1st Baptist for 3-year olds

_____ Head Start full day school day located at McHarg Elem School for 4-year olds

_____ Radford City Public Schools Virginia Preschool Initiative (VPI)
(Full day school day located at McHarg Elementary School for 4-year olds)

_____ New River Community College / Head Start full day services (Full time NRCC Students only)

_____ Mixed Delivery Preschool for 3- and 4-year-olds with before and after school hours provided at
Radford Early Learning Center

If my child is chosen as part of the Mixed Delivery Grant, I do/do not consent for his/her photograph to be shared with the granting agency.

Parent/Guardian Signature: _____

Date: _____

Additional Family Information

1. Does your child have any special needs we should be aware of such as: (mark all that apply)

- | | | |
|---|--|--|
| <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 | <input type="checkbox"/> Diagnosed Medical Condition |
| <input type="checkbox"/> Trauma: (Please explain) _____ | | |

2. Was your family impacted by the COVID-19 pandemic? Yes No

If you answered yes, please explain: _____

3. 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.)

4. Does your child have any chronic health conditions and/or developmental concerns they have seen a specialist for and/or were prescribed medication? Yes No

If marked yes please list and explain: _____

5. Child is a Foster Child? Yes or No

6. Primary Language in household? _____

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

	Parent /Guardian 1	Parent/Guardian 2
Did Not Finish High School (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)		

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

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

9. Do you receive any of the following? Housing/Rental Assistance TANF SSI

10. 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? _____

11. Your total annual family income: \$ _____

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

12. All applicants will have to provide proof of residency.

13. How did you hear about our program? _____

New River Community Action Head Start, Radford City Schools, and United Way of Southwest Virginia takes 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, Radford City Schools, and United Way of Southwest Virginia.

Parent /Guardian Signature

Date

Staff Signature

Date

Please send your completed application for the 2021-2022 Mixed Delivery Grant to Dr. Agida Manizade at amanizade@radford.edu by **August 16th, 2021.**