

NRCA, Inc.
Floyd Head Start
120 Epperly Mill Rd.
Floyd, VA 24091
540-745-2120



Floyd County Public Schools
Virginia Preschool Initiative
(VPI)
140 Harris Hart Rd. NE
Floyd, VA 24091
540-745-9400
Kindergarten Attendance Area:
____ Check ____ Floyd
____ Indian Valley ____ Willis



Floyd County Preschool Application

Child's Full Name: _____ 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: _____

Parent/Guardian Information

1) Name: _____ Relationship: _____ Lives with child: ____ Yes ____ No

Birthdate: _____ Phone Number: _____ Email Address: _____

Education (Mark highest level achieved)	Employment	School/Training Program
<input type="checkbox"/> No GED <input type="checkbox"/> GED or <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors or Above List Degree: _____	Employer: _____ Phone Number: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed	<input type="checkbox"/> Attending full time <input type="checkbox"/> Attending part time Where: _____ <input type="checkbox"/> Not enrolled in school

2) Name: _____ Relationship: _____ Lives with child: ____ Yes ____ No

Birthdate: _____ Phone Number: _____ Email Address: _____

Education (Mark highest level achieved)	Employment	School/Training Program
<input type="checkbox"/> No GED <input type="checkbox"/> GED or <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors or Above List Degree: _____	Employer: _____ Phone Number: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed	<input type="checkbox"/> Attending full time <input type="checkbox"/> Attending part time Where: _____ <input type="checkbox"/> Not enrolled in school

Program Selection

Please consider my child for the following program(s). Please list 1st, 2nd, 3rd, and 4th choices.

- ☐ **Floyd County Public Schools Virginia Preschool Initiative (VPI)** (providing early childhood education for 4-year-olds in the public school with full school day hours) *Transportation can be provided
☐ **Head Start Preschool in the public school** (providing comprehensive family services and early childhood education for 4-year-olds with full school day hours)
☐ **Head Start Preschool located on Epperly Mill Rd.** (providing comprehensive family services and early childhood education for 3- and 4-year-olds full school day hours)
☐ **Mixed Delivery Preschool through Ready Regions of Southwest Virginia** (providing early childhood education for 3- and 4-year-old students with FULL day hours at Copper Hill Daycare)

If my child does not get accepted into the first option, please consider my child for other programs. ()Yes ()No

Additional Family Information

1. Others living in household (including all siblings); related by blood, marriage or adoption

(Name)

(Date of Birth)

(Relationship)

2. Your total **ANNUAL** household income:

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

() \$0-\$15,000 () \$16,000-\$25,000 () \$26,000-\$32,000 () \$33,000-\$40,000 () \$41,000-\$50,000

() \$51,000-\$60,000 () \$61,000-\$70,000 () \$71,000-\$80,000 () \$81,000 & above: \$

(please list)

3. Do you receive (mark all that apply): () TANF; () SSI; () SNAP Benefits; () Medicaid; () Housing Assistance

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

() Developmental Delay

() Speech /Language Disorders

() ADHD

() Autism

() Traumatic Brain Injury

() ODD; OCD

() Visual Impairment

() Hearing Impairment

() Orthopedic impairment or physical limitations

() Other: _____

5. Does your child receive individualized educational services or have a current IFSP or IEP with Floyd County Public Schools?

() Yes () No

6. Does your child have any chronic health conditions or developmental concerns they have seen or are currently seeing a specialist for? (mark all that apply)

() Allergies; () Chronic Health Condition; () Prescribed Medication; () Developmental Concern

If you checked a condition, please explain: _____

7. Child is a Foster Child: () Yes () No

8. In the past 12 months has ANY MEMBER IN THE HOUSEHOLD experienced: (mark all that apply)

() domestic violence () incarceration () lack of food () CPS involvement () substance misuse () chronic health issues

() lack of housing due to economic hardship () employment loss () receiving Mental Health services

() Trauma () other: _____

9. Primary language spoken in household? _____

Any other languages in household? _____

10. Transportation: Do you have a way to get your child to and from school each day? () Yes () No

(Available in specific programs only)

11. How did you hear about our program? _____

Head Start, Ready Regions of Southwest Virginia, and Floyd County Public Schools take into consideration a number of factors in order to determine eligibility, such as household income, the age of child, number in household, and family needs. This information will be considered along with other information shared with our staff during the application process to determine eligibility to best serve your family.

By signing the application below, I authorize the release of all medical, dental, educational, and developmental information to be shared by Head Start, Ready Regions of Southwest Virginia, and Floyd County Public Schools. I understand that there are limited spaces available in all programs.

Parent /Guardian Signature

Date

Staff Signature

☐ (on-line application)

Date