



**ROANOKE CITY
PUBLIC SCHOOLS**
Strong Students. Strong Schools. Strong City.



APPLICATION FORM

Roanoke City Preschool Programs

A collaboration between Roanoke City Public Schools and TAP Head Start.

Priority enrollment for the 2008-09 school year through May 15, 2008

Child's Information

Child's Name: First _____ Middle _____ Last _____

Nickname: _____ Male Female

Street Address _____ City _____ Zip _____

Date of Birth _____ Age _____ Primary Language _____

Current Preschool or Child Care Center (if enrolled): _____

Is your child toilet trained? Yes No Does your child have a disability or special need? Yes No

If yes, where does your child receive services? _____

(All programs accept children with disabilities or special needs. Children will be referred to the Roanoke City Public Schools REACH program.)

Do you have concerns about your child's development or behavior? Yes No

If yes, please describe your concerns: _____

Program Selection

Please consider my child for the following program. I understand that there are limited spaces available in all programs. Check one:

- Roanoke City Public Schools preschool programs (3 year olds = 3 hours/day, 4 year olds = full day)
- Head Start full day services (6:30am to 6:00pm all year, 8:00am to 4:00pm is free)
- Head Start part day services (4 ½ hours daily during the school year)

If you checked Head Start, please provide parents' annual income: _____ (Documentation required)

If your child is not eligible for the program you selected, do you wish to be considered for another program listed? Yes No

Do you need transportation for your child to attend? Yes No Unsure

Will you obtain child care before/after the preschool program your child attends? Yes No Unsure

If yes, please list name and location: _____

For Office Use Only: RCPS Home School (per Attendance Zone): _____ Age Verified: _____

Application Received: Date: _____ Location: _____ Staff Name: _____

Roanoke City School Employee? Yes No REACH Referral: Yes No Date Sent: _____

Application Sent to Head Start/RCPS: Date: _____ Receiving Staff Name: _____

Student Information: School/Center Placement: _____ Enrollment Date: _____

FAMILY RISK FACTORS

The information on this form is used to determine eligibility and to address family needs.

All information will be kept strictly confidential.

Child's Name: _____

Person completing this form: _____ Relationship to child: _____

Who has legal custody of child? _____

Household Information

Child lives with: One Parent Two Parents Foster Parents Other/Guardian (please specify): _____

Parent's/Guardian's Name (s): _____

Telephone Numbers: Home: _____ Mother's Cell: _____ Father's Cell: _____

Mother's Place of Employment/School: _____ Mother's Work Phone: _____ Total Hours per Week: _____

Father's Place of Employment/School: _____ Father's Work Phone: _____ Total Hours per Week: _____

Brothers and sisters in household under 18 years of age:

Full Name:	Age:	School/Preschool/Child Care Center:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Risk Factors

- Child is receiving Medicaid/FAMIS
- Family receives Temporary Assistance for Needy Families (TANF) (documentation required)
- Child has a diagnosed disability
- Child has chronic illness (such as diabetes, asthma, etc.)
- Child was born prematurely
- Child is in foster care
- Child or family is in counseling
- Child has no health insurance
- Teen mother or father at child's birth
- Incarcerated parent(s)
- Homeless family (living in/with: street, car, shelter, hotel, friends/relatives)
- Deceased parent
- Single parent family
- Parent deployed in military
- Parent has a diagnosed disability
- Parent has a mental illness
- Chronic or terminal illness in family
- Substance abuse in the household
- Domestic violence in the home
- Family uses English as a second language
- Parent/Guardian did not complete high school or receive a GED

Is there anything else you would like us to know about your child or family? _____

I certify that everything above is correct, to the best of my knowledge.

Signature of parent/guardian: _____ Date: _____