



**ROANOKE CITY  
PUBLIC SCHOOLS**

Strong Students, Strong Schools, Strong City.

# APPLICATION FORM School Year 2017-18

## Roanoke City Preschool Programs

*A collaboration between Roanoke City Public Schools and TAP Head Start*  
*www.roanokepreschool.org*



*Applications are accepted year-round. Initial application review for Head Start is February to May for the 2017-18 school year. Initial application review for RCPS is February 1 – April 14 for 2017-18 school year. Educational home visits are a part of these programs. Information will be handled confidentially. Please complete front and back of this form.*

### Child's Information:

Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name: \_\_\_\_\_  Male  Female E-mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you plan to move prior to the first day of school?  Yes  No  Maybe

If yes, please list your new address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Parent 1 Cell: \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_

Parent/Guardian 1 Place of Employment/School: \_\_\_\_\_ Total Hours per Week: \_\_\_\_\_

Parent/Guardian 1 Work Phone: \_\_\_\_\_

Parent/Guardian 2 Place of Employment/School: \_\_\_\_\_ Total Hours per Week: \_\_\_\_\_

Parent/Guardian 2 Work Phone: \_\_\_\_\_

Current Preschool or Child Care Center (if enrolled): \_\_\_\_\_

Is your child toilet trained?  Yes  No *(Toilet training is not a requirement for program acceptance.)*

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 may 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:

There are limited spaces available in all programs. Please consider my child for the following program. Check one:

- Roanoke City Public Schools VPI preschool program for 4 year olds (full-day hours, same as in elementary schools)
- Head Start full-day services for 3 and 4 year olds (6:30am to 6:00pm available all year, 8:00am to 4:00pm is free)
- Head Start part-day services for 3 and 4 year olds (4½ hours daily during the school year)

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: \_\_\_\_\_

The following are required for Head Start enrollment:

•Birth Certificate or Birth Letter •Current Physical Examination •Current Immunization Record

For Roanoke City Public Schools only:

Transportation is provided to/from your child's home address or a child care address within your child's home school attendance zone only. Transportation is **not** provided for children who submit transfer requests outside their home school zone. All school bus changes must be submitted to the preschool office no later than **JULY 7, 2017**.

The following are required for school entrance by **JUNE 30, 2017**: •Birth Certificate •Current Physical Examination •Current Immunization Record •Proof of Residency

# FAMILY FACTORS

The information on this form is used to determine eligibility and to address family needs. TAP Head Start and Roanoke City Public Schools do not discriminate on the basis of race, color, national origin, sex, disability, or age in programs and activities.

## Household Information:

Child's Name: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Who has legal custody of child? \_\_\_\_\_

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

Brothers and sisters in household under 18 years of age:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Preschool/Child Care Center: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide parents' annual income: \_\_\_\_\_ (Documentation required; may include: 2016 W-2, 2016 tax return, most recent pay stubs, current TANF or SSI statement, current SNAP benefits letter with monthly income )

## Family Factors: Please check all that apply:

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

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

\_\_\_\_\_  
\_\_\_\_\_

*I have reviewed this information and certify that everything above is correct, to the best of my knowledge. I understand that Roanoke City Public Schools and TAP Head Start work in partnership. I give permission for the release of information regarding my child's screening, eligibility, and enrollment between Roanoke City Public Schools and TAP Head Start. Information will be handled confidentially.*

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b> RCPS Home School (per Attendance Zone): _____ Age Verified (list age): _____
Application Received: Date: _____ Location: _____ Staff Name: _____
REACH Referral: <input type="radio"/> Yes <input type="radio"/> No Date Sent: _____
Transfer Request: <input type="radio"/> Yes <input type="radio"/> No Requested School: _____ Granted or Denied/ Reason: _____
Date received by Preschool Office: _____ Receiving Staff Name: _____
Additional Notes/Information: _____
_____