



Pittsylvania County Community Action, Inc.

348 NORTH MAIN STREET ♦ POST OFFICE BOX 1119 ♦ CHATHAM, VIRGINIA 24531

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(Pre-School)

HEAD START PROGRAM APPLICATION



Angela R. Barnes

Head Start Director

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CHILD'S NAME: _____ AGE: _____ DOB ____/____/____

PARENT'S NAME: _____ AGE: _____ DOB ____/____/____

Do you work, attend school, or are enrolled in a job training program full time? ____ Yes ____ N
If yes, please specify: _____

To be considered for enrollment for the 2022-23 school year, all pages must be filled out in their entirety. The first four (4) documents **are required**:

1. **Income verification documents (2021 W'2, 1040 Tax Form, Check Stub, TANF, SNAP Notice of Action Benefit Letter, SSI or Other)**
2. **Birth Certificate or Hospital Record with signature and seal.**
3. **Custody Papers (if applicable)**
4. **Up-to-date Immunization Record**
5. **Physical (current with blood lead & blood count) and current Dental Record**

If you have any questions about the Head Start Program, please call one of the following sites:

1. Martinsville City
 - Refuge Temple Center (1A & B) (276) 252-2007 or (434) 432-8911
 - Refuge Temple Center (2) (276) 634-7037 or (276) 252-2007
2. Henry County
 - Moral Hill Center (276) 252-2007 or (434) 432-8911
 - Stanleytown Center (276) 252-2007 or (434) 432-8911
3. Campbell County (Altavista Center) (434) 432-8911 or (276) 252-2007
4. Pittsylvania County
 - Chatham (Joseph Galloway Center) (434) 432-8911 or (276) 252-2007
 - Shiloh Center (434) 432-8911 or (276) 252-2007
 - Bethel Center (434) 432-8911 or (276) 252-2007

We Gladly Accept Children With Special Needs

Head Start does not discriminate against children or families based upon race, color, national origin, or special needs.

An Equal Opportunity Agency

PITTSYLVANIA COUNTY COMMUNITY ACTION INC.
HEAD START - PRE-SCHOOL; A PATH TO SCHOOL READINESS
P.O. BOX 1119, CHATHAM VA 24531



CHILD ENROLLMENT APPLICATION

Center # _____ ☐ New Enrollee ☐ Returnee ☐ Waiting ☐ Pending

Name of Child _____ Birth Date _____ Birth Certificate # _____

Gender: ☐ Male ☐ Female

Ethnicity: ☐ B ☐ W ☐ Other ☐ Hispanic ☐ Bi-Racial

Head of Household: Mother / Father (circle one)

Mailing Address if different from Living Address: _____

Email Address: _____

Verified by staff: _____ Title: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Two Parent Household

Mother/Guardian (circle one) Name: _____

Date of Birth: _____ Ethnicity: ☐ B ☐ W ☐ Hispanic ☐ Bi-Racial Other _____

Living Address: _____ City _____ State _____ Zip _____

Email Address: _____

Telephone Numbers: (Home) _____ (Cell) _____ (Contact #) _____

Employer: _____ Work Hrs. _____ Business Telephone Number: _____

Unemployed as of: _____ Disabled ☐ yes ☐ no

*Please specify if you are currently enrolled in school or a job training program _____

Father/Guardian (circle one) Name: _____

Email Address: _____

Date of Birth: _____ Ethnicity: B W Hispanic Bi-Racial Other _____

Living Address: _____ City _____ State _____ Zip _____

Telephone Numbers: (Home) _____ (Cell) _____ (Contact #) _____

Employer: _____ Business Telephone Number: _____

Unemployed as of: _____ Disabled ☐ yes ☐ no

Please specify if you are currently enrolled in school or a job training program _____

Magisterial Jurisdiction: ☐ Martinsville City ☐ Henry County ☐ Pittsylvania County ☐ Campbell County

Directions from the child's home to school: _____

Do you have transportation to get your child to and from the classroom? YES NO

Does the child have any allergies? ☐ yes ☐ no

If yes, please explain _____

What is the primary language spoken at home? _____ What language does the child speak at home? _____

Family uses English as a second language ☐ yes ☐ no

How well does the child speak English? ☐ Well ☐ Not Well ☐ Not at all

Does your child have Medical Coverage? YES NO Does it cover Dental Services? YES NO If yes, please give the name of the Dentist _____

Does the child have Medicaid? ☐ YES ☐ NO Does the child have Private Insurance? ☐ YES ☐ NO If yes, please indicate
• FAMIS ☐ YES ☐ NO

The name of the Private Insurance _____

• Name of Medical Doctor _____

Do either/both of the parents have health insurance? ☐ YES ☐ NO If yes, what type? _____

Does your child attend any pre-school classes? ☐ YES ☐ NO If yes, what pre-school? _____

Does your child have a disability ☐ Yes ☐ No If yes, what type? _____

Do you have any concerns about your child's development in any of the following areas?

Physical Development ☐ Vision ☐ Speech ☐ Hearing ☐ Behavior ☐ Other _____

Please check any box to indicate which of the following services your child is receiving:

☐ Speech ☐ Pre-school ☐ Occupational Therapy / Physical Therapy ☐ Developmental

☐ Hearing ☐ Language ☐ Vision ☐ Other Explain: _____

FAMILY FACTORS: Please check all that apply to the child's family:

Family homeless without a roof ☐ yes ☐ no

Child was born prematurely/high risk pregnancy
☐ yes ☐ no

Did you graduate high school? ☐ yes ☐ no

*Family receives Food Stamps ☐ yes ☐ no

Do you have a GED? ☐ yes ☐ no

Child receiving WIC ☐ yes ☐ no

Child in a foster home ☐ Yes ☐ No

Social Services is involved in the family ☐ yes ☐ no

Child received WIC in the past ☐ yes ☐ no

Parent deployed /military ☐ yes ☐ no

Teen Parent at child's birth ☐ yes ☐ no

Deceased Parent ☐ yes ☐ no

Child or family is in counseling ☐ yes ☐ no

Parent has a mental illness ☐ yes ☐ no

Parent or Guardian is incarcerated if so, who? _____

Substance abuse in the household ☐ yes ☐ no

Chronic or terminal illnesses in family ☐ yes ☐ no

Domestic violence in the home ☐ yes ☐ no

Child has a chronic illness ☐ yes ☐ no

Child has health insurance ☐ yes ☐ no

*Child/family member receiving SSI ☐ yes ☐ no

*Receiving Pension ☐ yes ☐ no

*Receiving TANF ☐ yes ☐ no

*Child receiving child support ☐ yes ☐ no

***Required: If Receiving**

Please list number in immediate family living in the home whose income support the Household.

Parent/Legal Guardian Names	Birth Date	Relationship to Child	Race	Highest Level of Education

To include Head Start Child:

Children's Name	Birth Date	Sex	Relationship to Head Start Child	Highest level of Education
1.				
2.				
3.				
4.				
5.				
6.				
7.				

PLEASE READ AND SIGN

*****Proof of income is required. Please attach the following to this application: W-2, Paycheck Stub, Income Tax Return (Gross) Income Page Only, (Zero Income Must Provide Notarized Written Statement or Notice of Action Form) Child Support, TANF, Pension, Homeless, Foster Care, SSI, SSA or any other source of income and a copy of your child's Birth Certificate.*****

Parent/Legal Guardian Statement:

I certify that this information is true. I understand that this information will be used to determine whether my child is eligible for Head Start services, but does not guarantee acceptance into the program. I understand that any information that is untrue can result in legal action by the Federal Office of the Administration for Children and Families.

I understand this is an application ONLY and does not guarantee enrollment in the program. I also understand that I MUST keep Head Start informed of any changes of address or phone number.

Parent/Legal Guardian Signature: _____ Date _____

☐ **If you check this block you DO NOT want information shared with other preschool programs.**

Program Use Only:

Number in household _____

Yearly income received ☐ yes

Birth date verified ☐ yes

Residency verified ☐ yes

Staff Statement: I certify that the above information is an accurate depiction of the information given to me by the above signed parent/guardian. No information has been altered or omitted. I understand that actions may be taken which may affect my employment with the PCCA Head Start program for knowingly submitting false information.

Signature of verifying staff member (income): _____

Date _____

Verified by: PFCE Manager _____

Date _____

"This Institution is an Equal Opportunity provider and employer."