



Pittsylvania County Community Action, Inc.

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(Pre-School) HEAD START PROGRAM APPLICATION 2023-2024

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 ___ No ___

If yes, please specify: _____

To be considered for enrollment for the 2023-24 school year, all pages must be filled out in their entirety. The first four (4) documents **are required**:

1. Income verification documents (2022 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 (IA & 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.



**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.”