

**Anaconda Deer Lodge County Head Start
Return to 317 W. 4th St. or mail to P.O Box 219
For information: 563-8445**

Child's name _____ **Age** _____ **Birthdate** _____

Needed to Complete Application:

(Please attach copies, or we can make copies of your originals)

1)Proof of income* _____ 2) Birth Certificate _____ 3) Immunization record _____

*For proof of income, W-2's or tax return is best. Otherwise, please provide proof for an extended period of time if using pay stubs. All circumstances are considered, and staff will contact you for an in-person review.

Note: We sometimes receive more applications than we have spots available, so please be aware that while we cannot guarantee placement, most people will receive either a letter of acceptance, or notice of waiting list by mid-June.

Please inform us of changes to phone/address so we can have the most current information!

ANACONDA-DEER LODGE COUNTY HEAD START
ENROLLMENT APPLICATION

Child Information -

First Name: _____ Last Name: _____
Nickname if preferred: _____ Social Security #: _____ - _____ - _____
Date of Birth: _____ Medical Insurance: _____
Gender: Male - Female Language: _____
Ethnicity: (for statistical purposes only: Black - Hispanic - Native American - White - Asian - East Indian - Other

Was your child referred to Head Start by someone? Yes - No
By Whom: _____ Why: _____
Does child have a disability or special need? Yes - No - Suspected - Referred
Describe disability/ special need: _____
Diagnosed by: _____ Date of Diagnosis: _____
Does anyone else in your home have a disability or special need? Yes - No
Does anyone in the home receive SSI ? Yes No
How would child get to Head Start ? (Circle One): Bus* - Parent - Other _____

***If bus, address for pick up and drop off _____ Is this a childcare? Yes - No**
Name of childcare provider _____

Family Information

Name of Parent/Guardian #1: _____ Phone #1 _____
Date of Birth: _____ Phone #2 _____
Gender: Male - Female

Name of Parent/Guardian #2: _____ Phone #1 _____
Date of Birth: _____ Phone #2 _____
Gender: Male - Female

Address#1: _____
Address #2 , if different: _____
Mailing address/es: _____

How do you prefer to be contacted: phone, mail, e-mail, etc. (** Please inform us if any of these change so you can always be contacted about your child.) If by phone, place a CHECKMARK by the first number to be called.

E-mail address (optional) _____

Number in Family: _____ Number in the Household: _____

Number of Children, by Age: 0-3 _____ 4-5 _____ 6+ _____

Other Children in the Home:

Child's Name: _____
Date of Birth: _____ Gender: Male - Female

Child's Name: _____
Date of Birth: _____ Gender: Male - Female

[] Check here if there are more children in the home. Please list their information on the back

Has any other child in the household been enrolled in Head Start before this year? Yes - No

If yes, what year(s)? _____

Parental Status (Circle One): One Parent - Two Parents - Not child's Parent

Do biological parents live together? Yes - No

With whom does the child live?

If not together, other parent's name and address so we can keep in touch with both, or please give a reason why if we should not:

For statistical purposes, please provide the following for each adult: (please circle)

Adult #1:

Educational level: less than 12th grade - HS grad. - GED - some college - associate degree
bachelor's degree - higher

Employment : part time - full time - seasonal - unemployed - attending school or training

Adult #2:

Educational level: less than 12th grade - HS grad. - GED - some college - associate degree
bachelor's degree - higher

Employment: part time - full time - seasonal - unemployed - attending school or training

Emergency Contacts if parent/guardian cannot be reached

Name _____ Phone () _____ - _____
Address _____ City _____
Relationship to child _____

Name _____ Phone () _____ - _____
Address _____ City _____
Relationship to child _____

Income Information

Do you currently receive TANF benefits? Yes - No (please provide documentation)

Have you received TANF benefits in the past? Yes - No

Does this child currently receive Medicaid? Yes - No

Does anyone in the family receive SSI? Yes - No (please provide documentation)

Are you using the WIC program? Yes - No

Are you using the SNAP program? Yes - No

*Do you have a specific family need or crisis? Yes - No

*Are you currently living in someone else's home? Yes - No

*If "yes" to one or both of the last 2 questions, please describe in detail, adding more on back if needed:

Certification

I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated, and I may be subject to legal action. I also understand that the information in this application will be held in confidence within the agency and is accessible to me during normal business hours.

Signature _____ Date _____

FOR AGENCY USE ONLY - DO NOT WRITE BELOW THIS LINE

Income Verified: Y N By: () W-2 Form () Tax Return () Check Stubs () Letter () unempl. () SSI () Other
Birth Verified: Y N By: () Certified BC () Hospital BC () Health Dept. Certificate () Other
Category of eligibility: **Categorically:** ___SSI ___Hmls ___Fstr ___PA; **Income:** ___ below FPG ___100-130% ___OI
Staff Verification _____ Date _____

I agree or permit:

- | | |
|--|---|
| <p>1. I consent to allow my child, _____ to participate in the required Head Start screenings listed below:</p> <p>DIAL 4 developmental screening; Vision and hearing screening; DECA Early Childhood screening; Hemoglobin, hematocrit and lead screening;</p> | <p><i>(Please use initials)</i></p> <p>YES NO</p> |
| <p>2. For my child's health records to go to public school before attending kindergarten.</p> | <p>_____</p> |
| <p>3. For center staff to secure needed emergency medical care in case of emergency when I cannot be contacted.</p> | <p>_____</p> |
| <p>4. To provide proof of birth and immunizations records.</p> | <p>_____</p> |
| <p>5. To allow staff to make home visits during the school year at my convenience.</p> | <p>_____</p> |
| <p>6. That my child may go on field trips taken by the program. I understand that the children will be accompanied by teachers, aides, and volunteers and that I may choose to attend.</p> | <p>_____</p> |
| <p>7. That the Head Start Program has permission to publish the photographic portraits or pictures of _____ taken by the newspaper.</p> | <p>_____</p> |
| <p>8. That as a Head Start Parent, it is my right and responsibility to volunteer in the Program.</p> | <p>_____</p> |
| <p>9. That as a Head Start Parent, it is my right and responsibility to attend Parent Meetings and other activities for the parents.</p> | <p>_____</p> |
| <p>10. That it is my responsibility to provide new addresses and current phone numbers if and whenever they change, and to keep emergency numbers up to date.</p> | <p>_____</p> |
| <p>11. That it is my responsibility to ensure that my child attends regularly, and to call the Center any time my child will be absent.</p> | <p>_____</p> |
| <p>12. That it is my responsibility to attend Parent Orientation; to read the Parent Handbook provided in order to familiarize myself with the policies and services of the program; to read the weekly notes to remain informed of schedules and activities throughout the year.</p> | <p>_____</p> |

I understand that I have the right to review records and information maintained on my family.
 I understand that the information provided above will remain strictly confidential.

Signature _____ Date _____ 3/16