



**Anaconda Deer Lodge County Head Start**  
**return to 317 W. 4<sup>th</sup> St. or mail to P.O. Box 219**  
**Anaconda, MT 59711**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**NEEDED TO COMPLETE APPLICATION:**

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

1.  **Proof of Income**

3 Consecutive Paystub's

W-2's

Bank Statements

Zero Income Statement

Residency

SNAP, TANF, SSI Documentation

2.  **Birth Certificate**

3.  **Immunizations**

**PLEASE NOTE:**

- For proof of income, all circumstances are considered, and staff will contact you for an in-person interview.
- Head Start now offers two schedules but understand there is no guarantee your child can be placed in a specific time slot.
- Due to high demand, we cannot always guarantee placement. Families will receive either a letter of acceptance or notice of waiting list by mid-June.



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

If yes, what year(s)?

<b>Parent Status:</b> <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Not Child's Parent	Do biological parents live together? <input type="checkbox"/> Yes <input type="checkbox"/> No	With whom does the child live?
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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:

<b>Adult #1</b>	<b>Adult #2</b>
<b>Education Level:</b> <input type="checkbox"/> >12 <sup>th</sup> Grade <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Higher	<b>Education Level:</b> <input type="checkbox"/> >12 <sup>th</sup> Grade <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Higher
<b>Employment:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Attending School or Training <input type="checkbox"/> Unemployed	<b>Employment:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Attending School or Training <input type="checkbox"/> Unemployed

**EMERGENCY CONTACTS (if parent/guardian cannot be reached)**

Name:	Name:
Address:	Address:
City:	City:
Relationship to Child:	Relationship to Child:

**INCOME INFORMATION**

Do you currently receive SNAP benefits?  Yes  No (Please Provide Documentation)

Does anyone in the family receive SSI?  Yes  No (Please Provide Documentation)

Do you currently receive TANF benefits?  Yes  No (Please Provide Documentation)

Does this child currently receive Medicaid?  Yes  No

Are you using the WIC 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 last two questions, please describe in detail:**

\_\_\_\_\_

\_\_\_\_\_

**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  Unemployment  SSI  Other  
**Birth Verified:**  Y  N **By:**  Certified BC  Hospital BC  Health Dept. Certificate  Other  
**Category of Eligibility:**  SSI  Homeless  Foster  PA **Income:**  below FPG  100-130%  OI  
Staff Verification \_\_\_\_\_ Date \_\_\_\_\_

# Parent Permission Form

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.

*Initial Below*

## I agree or permit:

**YES**                      **NO**

I consent to allow my child, \_\_\_\_\_, to participate in the required Head start screenings listed below:

- i. DIAL 4 Developmental Screening
- ii. Vision and Hearing Screening
- iii. DECA Early Childhood Screening
- iv. Hemoglobin, Hematocrit, and Lead Screening

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For my child's health records to go to public school before attending Kindergarten.

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For center staff to secure needed emergency medical care in case of emergency when I cannot be contacted.

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To provide proof of birth and immunization records.

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To allow staff to make home visits during the school year, at my convenience.

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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.

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That the Head Start program has permission to publish the photographic portraits or pictures of \_\_\_\_\_ taken by the newspaper.

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That the Head Start program has permission to publish a photograph or pictures of \_\_\_\_\_ on its social media pages.

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That as a Head Start parent, it is my right and responsibility to volunteer in the program.

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That as a Head Start parent, it is my right and responsibility to attend parent meetings and other activities for the parents.

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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.

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That it is my responsibility to ensure that my child attends regularly, and to call the center any time my child will be absent.

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That it is my responsibility to attend parent orientation; to read the Parent Handbook provided to familiarize myself with the policies and services of the program. I will also read the weekly notes and remain informed of schedules and activities throughout the year.

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**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_