



**Ravalli Early Head Start & Ravalli Head Start**  
**No Cost Early Childhood Programs Ages 0-5**  
**2016-2017**

**Child's Name** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 (first) (last) Date of Birth  M / F  
 Circle

**Child's Name** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 (first) (last) Date of Birth  M / F  
 Circle

Parent/Guardian \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 or Prenatal Mother (first) (last) Date of Birth

Parent/Guardian \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 (first) (last) Date of Birth

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

Mailing Address (if different): \_\_\_\_\_  
 City State Zip

Phone \_\_\_\_\_ Text? Yes No Phone (message/work) \_\_\_\_\_  
 Circle

Email \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Are you a foster parent or legal guardian for the child you are enrolling? \_\_\_\_\_  
 Caseworker name/phone #

How many *children* are in your family? \_\_\_\_\_ How many are under age 5? \_\_\_\_\_

Who told you about Head Start? \_\_\_\_\_  
 Person or Organization

Does your child have a diagnosed disability? Yes No Does s/he have an IFSP/IEP? Yes No  
 Describe: \_\_\_\_\_

Do you have any special concerns about your child (health, development, behavior, etc)? Yes No  
 Describe: \_\_\_\_\_

Please list a relative/friend who does not live with you and knows how to contact you.  
 Name/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Please check income and benefits your family receives:			
INCOME:	<input type="checkbox"/> TANF	<input type="checkbox"/> SSI (Parent/Child)	<input type="checkbox"/> Child Support /Alimony
	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Military Income
	<input type="checkbox"/> Foster/Adoption Subsidy	<input type="checkbox"/> Grants/Scholarships	<input type="checkbox"/> Other Cash Assistance
BENEFITS:	<input type="checkbox"/> WIC	<input type="checkbox"/> SNAP	<input type="checkbox"/> Financial Aid
	<input type="checkbox"/> Healthy MT Kids Plus	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Housing Assistance
	<input type="checkbox"/> Healthy MT Kids (BCBS)	<input type="checkbox"/> Tribal	<input type="checkbox"/> Best Beginnings Scholarship

The information provided is true and accurately reflects our family situation.

\_\_\_\_\_ /\_\_\_\_\_  
**Parent/Guardian Signature Date**

\_\_\_\_\_ /\_\_\_\_\_  
**Parent/Guardian Signature Date**

I am applying for:

**Ages 0 – 3 / Early Head Start Center & Home Based Options**

(check) Home Based \_\_\_\_\_ Either Center\*/ Home Based \_\_\_\_\_ Center\* \_\_\_\_\_

Are you employed full time? \_\_\_\_\_ Enrolled in school full time? \_\_\_\_\_

\* Required for Center: Employed at least 30+ hours per week / comparable school hours. Center hours 8AM – 5PM Monday – Friday.

Prenatal \_\_\_\_\_ Are you a teen parent? \_\_\_\_\_ First time parent? \_\_\_\_\_ "High Risk"? \_\_\_\_\_  
Due Date \_\_\_\_\_

**Ages 3 - 5 / Head Start Pre-school**

Hamilton Center

Morning \_\_\_\_\_ Bus Service? \_\_\_\_\_

8:30 – 12:30

Mid-Morning \_\_\_\_\_ Bus Service? \_\_\_\_\_

9:45 – 1:45

Bus Service is for outlying areas only/ no bus service in Hamilton. All classes are held Monday – Thursday.

Stevensville Center

Morning \_\_\_\_\_ Bus Service? \_\_\_\_\_

8:45 – 12:45

To enroll your child in Head Start you will need this application plus -

**1. Your child's Birth Certificate and /or Immunization Record**

- SSN not required.

**2. Your Proof of Income** For the past 12 months or calendar year →

- IRS1040 or W-2 Forms
- 12 months of paystubs/pay envelopes
- Child Support documentation
- Student loan documents
- Award letter(s)

Or Proof of • Current TANF • SSI • Foster Status

Or Statement of Homelessness or -0- Income

Income Guidelines 1/16	
Number in Family	Yearly Income
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580

Add \$4,160 for each family member.

**Non-Discriminatory Clause:** U.S. federal law prohibits Ravalli Head Start from discriminating on the basis of race, sex, age, color, national origin, or disabilities in provision of services and employment

Updated 1/25/2016



Head Start Staff will complete below

I have seen this child's:

Birth Certificate     Immunization Records     Proof of Income     Proof of Pregnancy\*

\* Prenatal Mother

This child - or prenatal mother - is eligible to participate in the Ravalli Early/Head Start program.

Staff signature	Title	Date
Ravalli Early Head Start 103 South 9 <sup>th</sup> St. Suite 106 Hamilton MT 59840 406.363.7412 ext 222 FAX: 406.363.7287	Ravalli Head Start 585 E Third St. Stevensville MT 59870 406.777.5563 <a href="http://www.ravalliheadstart.org">www.ravalliheadstart.org</a>	Ravalli Head Start 81 Kurtz Lane Hamilton MT 59840 406.363.1217 ext 614 FAX: 406.363.1627