



Ravalli Early Head Start & Ravalli Head Start
No Cost Early Childhood Programs Ages 0-5
2018-2019

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 child 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 can be contacted in case of an emergency.

Name & Relationship _____ Phone: _____

_____ Street _____ City _____ State _____ Zip

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 CHIP	<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

<p><u>Hamilton Center</u></p> <p>6 Hour Class M – F _____ Bus Service? _____</p> <p>8:30 – 2:30</p> <p>4 Hour Class M – T _____ Bus Service? _____</p> <p>8:30 – 12:30</p>	<p style="text-align: right;"><u>Stevensville Center</u></p> <p>4 Hour Class M – T _____ Bus Service? _____</p> <p>8:45 – 12:45</p>
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Bus Service is for outlying areas only/ no bus service in Hamilton. 6 Hr. class is **M-F** / 4 Hr. class is **M-T**

To enroll your child you will need **this application plus** -

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

2. Your Proof of Income For the past 12 months or calendar year → 1040 or W2 or Paystubs for 12 mo
Or *Proof of* • Current TANF • SSI • Foster Status • Statement of Homelessness or -0- Income

Income Guidelines 2/18	
Number in Family	Yearly Income
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740

Add \$4,320 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 2/2018



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 th 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 www.ravalliheadstart.org	Ravalli Head Start 81 Kurtz Lane Hamilton MT 59840 406.363.1217 ext 614 FAX: 406.363.1627