



2020-2021 HRDC Early Childhood Education(ECE) Application

HRDC ECE is a federally funded (Head Start) preschool program for income eligible children ages 3 to 5. Children attending HRDC ECE will engage in foundational learning experiences that will prepare them for school. Our rich play based environments provide a safe, secure, social setting that support the development of all children. Health and developmental screenings along with parent teacher conferences provide opportunity for parents to collaborate with staff for the development of their child. Healthy meals and snacks are part of the education experience.

Parents are the primary educators of their children. We support them as an integral part of our program. Parent involvement in their child's education will start here to form a foundation for involvement throughout their child's school years.

HRDC ECE supports parents and families in achieving their own goals, parent-child relationships and engaging in community.

How to Apply for An Early Childhood Education Program

Please read this application carefully and fill it out completely. Please provide us with the following information :

- ✓ **General Information:** We must be able to reach you in order to enroll your child. If you move or change your phone number after completing this application, please notify us.
- ✓ **Proof of Birth:** Acceptable proof includes birth certificates, passport, or HMK Plus card.
- ✓ **Income:** All family income for the last 12 months or calendar year must be reported. Examples of acceptable proof of income include 1040 tax return, written document from employer, W-2 forms, SSI payments, unemployment, child support, university grants, SSI, at LEAST three months of pay stubs or TANF.
- ✓ **Immunizations:** Your child must be up-to-date on all age appropriate immunizations and we must have written verification.

Additional Information you will be asked for:

- ✓ Any custody papers/parenting plans/orders of protection
- ✓ A copy of your child's IEP (Plan for services in school) or IFSP (Plan for services for Family Outreach), if he /she receives services
- ✓ Your child's most recent Well Child Exam Record (Contact your doctor's office to have records faxed)
- ✓ Your child's most recent Dental Exam Record (Contact your dentist's office to have records faxed)

What Happens Next?

As soon as we receive the completed application, including the additional information, we will review it and contact you to schedule an appointment either in-person or via phone to verify information on your application. When an opening becomes available for your child, we will contact you to arrange a time to complete the enrollment process. We will make every effort to accommodate your classroom request.

**Please drop off your application to our office at
33 South Tracy Bozeman, MT 59715**

Phone: 406-586-9652 Fax: 406-585-3538 Email: headstart@thehrdc.org

Please indicate ALL options your child would be available to attend:

Bozeman

Belgrade

Livingston

Full Day___ Half Day___

Full Day___ Half Day___

Full Day___ Half Day___

Child's Name _____

Birth Date _____

Gender MALE FEMALE

Race: White Asian Black Pacific Islander American Indian Other: _____
Hispanic /Latino Yes No

Primary Guardian _____ Birth Date _____

Race: White Asian Black Pacific Islander American Indian Other: _____
Hispanic /Latino Yes No

Primary Language: English Spanish Other _____

Living Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone Numbers: Home _____ Cell _____ Work _____

E-Mail Address: Please print clearly _____

Preferred Method of Contact(choose one or multiple): Phone Call Text Messge Email

Lives with Child? YES NO Highest grade completed in school _____

Employment: Full time Part time Unemployed Retired/Disabled Attends a college or training program

Secondary Guardian _____ Birth Date _____

Race: White Asian Black Pacific Islander American Indian Other: _____
Hispanic/Latino Yes No

Primary Language: English Spanish Other _____

Living Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone Numbers: Home _____ Cell _____ Work _____

*Head Start can text me information at the above cell number YES NO

E-Mail Address: Please print clearly _____

Lives with Child? YES NO Highest grade completed in school _____

Employment: Full time Part time Unemployed Retired/Disabled Attends a college or training program

***Other Adult Living in the Home _____ Birth Date _____

Race: White Asian Black Pacific Islander American Indian Other: _____

Hispanic /Latino Yes No

Lives with Child? YES NO Highest grade completed in school _____

Employment: Full time Part time Unemployed Retired/Disabled Attends a college or training program

Children: (Please list all OTHER children living in the home. DO NOT include the attending child.)

Child 1: _____ Date of Birth _____ Gender: Male Female

Race: White Asian Black Pacific Islander American Indian Other: _____

Hispanic /Latino Yes No

Child 2: _____ Date of Birth _____ Gender: Male Female

Race: White Asian Black Pacific Islander American Indian Other: _____

Hispanic /Latino Yes No

Child 3: _____ Date of Birth _____ Gender: Male Female

Race: White Asian Black Pacific Islander American Indian Other: _____

Hispanic /Latino Yes No

Child 4: _____ Date of Birth _____ Gender: Male Female

Race: White Asian Black Pacific Islander American Indian Other: _____

Hispanic /Latino Yes No

*****Please attach a list for additional children or additional adults living in the home.**

Do you have any concerns about your child's development?

Speech Vision Physical Hearing Behavior Other

Please explain: _____

Does your child have a diagnosed disability or receive private therapy?

Please explain: _____

Does your child have an IEP (Individualized Education Plan) with local school district? Yes No

If yes, which School District: _____

Please indicate any of the following services your **child** is receiving: (Check all that apply)

Occupational Therapy Family Outreach YDI/YBGR
 Physical Therapy THRIVE Other: _____
 Speech/Language AWARE

Medical Information:

Asthma Yes No *If Yes, your child will need a spacer and inhaler at school

Diabetes Yes No

Seizures Yes No

Special Dietary Needs Yes No *If Yes, Explain: _____

Allergies Yes No *If Yes, Explain: _____

Other: _____

Does your child use an EpiPen? Yes No

*Additional paperwork will be required for any special conditions to ensure the safety of your child.

Medication Currently taking At home: _____ At school: _____

Does your child have health insurance? Yes No

Does your child have dental insurance? Yes No

Family Information:

What is the parental status in the home? Single Two-parent Separated Parents Foster Legal guardian

Is there a legal custody document? Yes No

Is your family experiencing? Homelessness Living in temporary shelter Shared housing due to economic hardship

Are any parents/guardians actively deployed? Yes No

Are you receiving: Supplemental Social Security(SSI) TANF

Household Circumstances: (Check all that apply)

We understand there are circumstances that all families may experience over time. This information helps us better understand your child's needs and provide support for your family. Let us know if your family has experienced any of the following circumstances in the past or present:

Child's parent is incarcerated Teen Parent Returned from Foster placement (last 6 months)

Child is currently experiencing grief/loss Substance Abuse Child Abuse/Neglect Domestic Violence

What are your child's strengths? _____

What are your child's challenges/concerns? _____

Is there anything else you would like us to know about your child/family? _____

How did you learn about our program? _____

*Any of the above information will not negatively impact your child's eligibility

Income

Please provide the following information about your family's income. This information is needed to determine if your family is income-eligible. If anyone in your family qualifies for SSI or TANF, your child automatically eligible for our program.

Estimation of Monthly Income of Household: _____

*Be sure to include any income. This means total cash receipts before taxes from all sources, grants/scholarships you receive, child support payments, unemployment, SSDI payments, military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts; and net gambling or lottery winnings.

Tax Return/W2(s)

At Least Three Months of Check Stubs

Student Grant/Scholarships

TANF Statement

SSI Statement

Unemployment Statements

Other

Child Support Payments

PLEASE READ AND SIGN BELOW

I, the parent or legal guardian of the above named child, certify that the information provided here is true. If any part of it is false, my participation in the HRDC Early Childhood Education Program may be terminated. I also understand that the information I have provided will be shared with the Montana Department of Public Health and Human Services, also the Public School District (Necessary for HRDC to continue receiving funding.)

Signature: _____

Date: _____