



## 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 you to collaborate with staff for the development of their child. Healthy meals and snacks are part of the education experience.

You are the primary educator of your children. We support families as an integral part of our program. Family involvement in your child's education will start here to form a foundation for involvement throughout their child's school years.

HRDC ECE supports families in achieving their own goals and engaging in our 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 to see if your family qualifies:

- ✓ **General Information:** Provide up to date contact information in order to contact you
- ✓ **Proof of Birth:** Birth Certificate (let us know if this is not available for alternatives)
- ✓ **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, W-2 form(s), written document from employer, forms, SSI payments, unemployment documentation, at LEAST three months of pay stubs or TANF/SNAP statements.
- ✓ **Immunizations:** Your child must be up-to-date on all age appropriate immunizations
- ✓ **Housing Costs:** If your family is over income with your income provided, Head Start will reduce your family's income by subtracting excessive housing costs (more than 30% of your income spent on housing) Please provide Rent/Mortgage documentation, Energy Bills, HOA payment, Garbage, Insurance Cost to deduct housing from your family's income

### ***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  
32 South Tracy Bozeman, MT 59715**

Phone: 406-586-9652 Fax: 406-585-3538 Email: [headstart@thehrdc.org](mailto:headstart@thehrdc.org)

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

Bozeman

Belgrade

**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Gender**  Male  Female  Non-Binary

Race:  White  Asian  Black  Pacific Islander  American Indian  Hispanic /Latino Other: \_\_\_\_\_

**Primary Guardian** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

Race:  White  Asian  Black  Pacific Islander  American Indian  Hispanic /Latino Other: \_\_\_\_\_

Gender:  Male  Female  Non Binary

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 Message  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  Hispanic/Latino Other \_\_\_\_\_

Gender:  Male  Female  Non-binary

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  Hispanic /Latino  Other:

Gender:  Male  Female  Non Binary

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  Non-binary

Race:  White  Asian  Black  Pacific Islander  American Indian  Hispanic /Latino Other: \_\_\_\_\_

**Child 2:** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female  Non-binary

Race:  White  Asian  Black  Pacific Islander  American Indian  Hispanic/Latino Other: \_\_\_\_\_

**Child 3:** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female  Non-binary

Race:  White  Asian  Black  Pacific Islander  American Indian  Hispanic/Latino Other: \_\_\_\_\_

**Child 4:** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female  Non-binary

Race:  White  Asian  Black  Pacific Islander  American Indian  Hispanic/Latino Other: \_\_\_\_\_

**\*\*\*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  SNAP  WIC

**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)  Active Military
- 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 is automatically eligible for our program.

**Estimation of Monthly Income of Household:** \_\_\_\_\_ **Monthly Housing Cost:** \_\_\_\_\_

\*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: \_\_\_\_\_