

ANACONDA-DEER LODGE COUNTY HEAD START
ENROLLMENT APPLICATION

Child Information - Applicant

First Name: _____ Last Name: _____
Nickname: _____ Social Security #: _____ - _____ - _____
Date of Birth: _____ Medical Insurance: _____
Sex/Gender: Male - Female Language: _____
Ethnicity: (for statistical purposes only: Black - Hispanic - Native American - White - Asian - East Indian - Other

Referred to Head Start? Yes - No
By Whom: _____ Why: _____

Does child have a disability or special need? Yes - No - Suspected - Referred
Describe disability/ special need: _____
Diagnosed by: _____ Date of Diagnosis: _____
Does anyone else in your home have a disability/ special need? Yes - No

Child will get to Head Start by (Circle One): Bus - Walking - Parent - Other _____

****If bus, address for pick up and drop off _____ Is this a childcare? Yes - No**
Name of childcare provider _____

Family Information

Parent/Guardian #1: _____ Social Security #: _____ - _____ - _____
Date of Birth: _____ Sex/Gender: Male - Female
Parent/Guardian #2: _____ Social Security #: _____ - _____ - _____
Date of Birth: _____ Sex/Gender: Male - Female

Address: _____
Mailing address: _____
E-mail address: _____
City: _____
State: _____ Zip: _____

Contact Phones: Please circle whether each is a Home (H) Cell (C), Work (W), or Message (M) number
(Please inform if any phone numbers change)
Phone #1: _____ H C W M
Phone #2: _____ H C W M
Phone #3: _____ H C W M
Phone #4: _____ H C W M
Please inform us if any phone number changes at a later date

Number in Family: _____ Number in the Household: _____
Number of Children, by Age: 0-3 _____ 4-5 _____ 6+ _____

Other Children in the Home:
Child's Name: _____ Social Security #: _____ - _____ - _____
Date of Birth: _____ Sex/Gender: Male - Female
Child's Name: _____ Social Security #: _____ - _____ - _____
Date of Birth: _____ Sex/Gender: Male - Female

[] Check here if there are more children in the home. Please list their information on the back

Has any other child in the household been enrolled in Head Start before this year? Yes - No
If yes, what year(s)? _____

I agree or permit:

1. That my child, _____, may participate in the following activities at Head Start :

		<i>Yes</i>	<i>No</i>
		<u>(PLEASE USE INITIALS)</u>	
	vision screening	_____	_____
	hearing screening	_____	_____
	DECA Early Childhood screening	_____	_____
	hematocrit/ hemoglobin	_____	_____
	lead screening	_____	_____
2.	For my child's health records to go to public school.	_____	_____
3.	The center staff to secure needed emergency medical care in case of emergency when I cannot be contacted.	_____	_____
4.	To provide required proof of birth and immunizations records of my child.	_____	_____
5.	To allow staff to make home visits during the school year at my convenience.	_____	_____
6.	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.	_____	_____
7.	That the Head Start Program has the absolute right and permission to publish the photographic portraits or pictures of _____ taken by the newspaper.	_____	_____
8.	That as a Head Start Parent, I know it is my right and responsibility to volunteer in the Program.	_____	_____
9.	That as a Head Start Parent, I know it is my right and responsibility to attend Parent Meetings and other activities for the parents.	_____	_____
10.	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.	_____	_____
11.	That it is my responsibility to ensure that my child attends regularly, and to call the Center any time my child will be absent.	_____	_____
12.	That it is my responsibility to attend Parent Orientation; to read the Parent Handbook provided in order to familiarize myself with the policies and services of the program; to read the weekly notes to remain informed of schedules and activities throughout the year.	_____	_____

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.

Signature _____ Date _____

Needed to Complete Application

Return to 317 W. 4th St
or mail to P.O. Box 219

- ⇒ **Proof of income** _____
- ⇒ **Birth Certificate** _____
- ⇒ **Immunization record** _____

Anaconda Deer Lodge Co. Head Start offers several class options: an 8- hour and a 6- hour class which meet 5 days a week, and 3 part-day classes that meet 4 days per week.

Please choose from the following to help us plan enrollment. There are many factors to consider when placing a child in a particular class, among them, your needs and preference.

Please check one.

_____ If eligible, [parent/s must be working or attending school] I would be interested in The Full Day (8-hour) class

*I/we work _____ hours per week

*I/we attend school at _____

_____ If eligible, [parent(s) must be working or attending school] I would be interested in the 6-hour class.

*I/we work _____ hours per week

*I/we attend school at _____

_____ I/we prefer a part-day class, 4 days per week