



HRDC Head Start



What is HRDC Head Start?

HRDC Head Start is a Federally funded preschool program for children aged 3 to 5, from low income families. Children attending Head Start participate in a variety of educational activities. They also receive health and development screenings, have healthy meals and snacks, and enjoy playing indoors and outdoors in a safe, secure, social setting. We welcome children with challenges and disabilities!

HRDC Head Start involves families as well as the Head Start child. Parent support is vital to the success of the program. Families are encouraged to volunteer time to the program. This can include helping in the classroom, preparing activities at home, serving on parent committees, etc. Upon acceptance into the program, your family will receive Family Support services, which include setting goals toward strengthening the family.

How to Apply for Head Start

Please read this application carefully and fill it out completely. Enrollment is not processed as a first come-first serve basis. Each application contains important information that is used to place your child on the waiting list for the program. 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 forms of proof include birth certificates, passport, or HMK Plus card.
- ✓ **Income:** All family income must be reported. Examples of acceptable proof of income include 1040 tax return, past 3 months of check stubs, W-2 forms, unemployment, child support, university grants, SSI, or TANF.
- ✓ **Immunizations:** Your child must be up-to-date on all age appropriate immunizations.

If you need help completing the application or need help locating any of the following items, please call us at 406-587-4486.

What Happens Next?

When we receive your application, we will review it and let you know if we need more information. When an opening becomes available for your child, we will contact you to arrange a time to complete the enrollment process.

Please drop off or mail your applications to 32 South Tracy Bozeman, MT 59715.
Applications are accepted year round!

The entire staff at Head Start is looking forward to working with your family!

Application for Enrollment

HRDC-Head Start
32 S. Tracy Avenue
Bozeman, MT 59715
Phone: 406-587-4486 Fax: 406-585-3538



Child's Name _____ Birth Date _____

Sex: MALE FEMALE

Race/Ethnicity: White Asian Black Pacific Islander Hispanic Native Other: _____

Mother or Legal Guardian _____ Birth Date _____

Living Address _____

Mailing Address _____

Phone Numbers: Home _____ Cell _____ Work _____

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

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

Father or Legal Guardian _____ Birth Date _____

Living Address _____

Mailing Address _____

Phone Numbers: Home _____ Cell _____ Work _____

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

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

Adults: (Please list all adults who are living in this home OTHER than parents)

Adult 1: _____ Relationship to child _____ Birth Date _____

Adult 2: _____ Relationship to child _____ Birth Date _____

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

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

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

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

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

Family Information:

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

What is the primary language spoken at home? _____

Is your family? ___ Homeless ___ Living in temporary shelter ___ Sharing housing due to loss of housing/economic hardship

Do you receive State Paid Child Care Assistance for any child in this household? ___ YES ___ NO

Are you receiving Supplemental Security Income (SSI)? ___ YES ___ NO

Are you receiving TANF? ___ YES ___ NO

If yes, please provide documentation.

Are you receiving WIC? ___ YES ___ NO

Emergency Contact _____ Relationship _____

Mailing Address _____ Phone Number _____

Please mark the classroom you would like your child to attend. Head Start is no longer able to provide transportation, please keep this in mind when choosing a classroom.

Bozeman Belgrade Livingston Gallatin Gateway (AM only)
 AM AM AM
 PM PM PM (if available)

Child's Physician _____ Child's Dentist _____

The following information will be used to help us with your application:

Does your child have health insurance? YES NO **Does your child have dental insurance?** YES NO

Is your child currently receiving mental health services? YES NO

If so, by whom Aware Youth Dynamics Private Other

If yes, please provide documentation

Does your child have a medical condition or special diet? YES NO If yes, Explain _____

If yes, please provide documentation

Does your child have a disability? YES NO Suspected If yes, Explain _____

Does this child have an Individualized Education Plan (IEP)? YES NO

Please indicate any of the following services your child is receiving:

Occupational Therapy/Physical Therapy Speech/Language Hearing Vision Developmental

Other (Please specify) _____

Have you previously been involved with a Head Start program? YES NO

If yes, please explain. _____

Were you or are you a teen parent? YES NO

Do you have reliable transportation? YES NO

Do you have any of the following items affecting you, your child, or immediate family members?

Child Abuse/Neglect Substance Abuse Domestic Violence Family Member Incarcerated

Divorce/Separation/Marriage Death in the Family Reading/Writing English Language Learner

Does your child take naps? YES NO If yes, when? _____

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? _____

Income Sheet

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 RECEIVES TANF OR SSI BENEFITS, YOUR CHILD IS ELIGIBLE FOR OUR PROGRAM, ALTHOUGH ALL FAMILY INCOME STILL NEEDS TO BE VERIFIED.**

FAMILY MEMBER	GROSS INCOME (BEFORE TAXES)	HOW OFTEN? (MONTHLY, WEEKLY, ETC)	WHERE? (EMPLOYER, TANF, SSI, EDUCATIONAL GRANTS, CHILD SUPPORT, ETC)	EMPLOYMENT STATUS (FULL TIME, PART TIME, UNEMPLOYED, SEASONAL, STUDENT)

PLEASE PROVIDE ANY OF THE FOLLOWING INCOME DOCUMENTATION WITH THIS APPLICATION TO VERIFY YOUR FAMILY'S INCOME.

- W-2/TAX RETURN CHECK STUBS STUDENT GRANT AWARD LETTER
 TANF STATEMENT SSI STATEMENT UNEMPLOYMENT STATEMENT
 CHILD SUPPORT

PLEASE COMPLETE THIS SECTION IF YOU HAVE NO CASH INCOME AT THIS TIME.....

I verify that I have NO cash income at this time. _____ (please initial) Please list who pays for the following:

Housing _____
 Food _____
 Utilities _____

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 Head Start 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. (Necessary for Head Start to continue receiving funding.)

NAME _____	DATE _____
FOR OFFICE USE ONLY.	
TOTAL FAMILY INCOME: \$ _____ FOR THE PERIOD OF _____.	
I certify that I have examined the above income documentation and have determined this child is:	
<input type="checkbox"/> income eligible <input type="checkbox"/> TANF/SSI/Foster/Homeless <input type="checkbox"/> 101%-130% <input type="checkbox"/> over the income guidelines	
HEAD START STAFF SIGNATURE: _____ DATE: _____	
COMMENTS: _____ _____ _____ _____	