

**Application**

Thank you for your interest in Early Head Start and/or Head Start 0-5.

Summit Head Start 0-5 is able to serve 35 children ages 3-5 and 24 children ages 6 weeks to 3 years old and one pregnant woman. Head Start is an income-qualifying program. Families with children with special needs are encouraged to apply. Early Head Start and Head Start programs provide comprehensive family services for families with children ages prenatal to 5 years old. We work in partnership with the families and the community in providing comprehensive services, including:

- Health Support/ Mental Health Support
- Education Services
- Self-Sufficiency Development

We take pride in participating in an integrated program model within the school district preschools, and community-based center programs. We focus on the importance of child initiation, creative play, hands-on discovery, and continuous exposure to developmentally appropriate activities for each child. Available programming includes:

- Full day preschool for children ages 3-5
- Full year childcare/preschool for infants, toddlers, and preschoolers

The Head Start 0-5 program is a partnership between Summit County Government, Summit School District, Early Childhood Options, Summit County Preschool, Lake Dillon Preschool, Clayton Early Learning and Carriage House Early Learning Center.

As part of the process of recruiting eligible children and their families, the following information is required. Please complete and return the following to us:

- _____ Completed Application
- _____ Signed Interagency Release
- _____ Housing Questionnaire
- _____ Family Income Verification for the last 12 months (e.g., taxes, W-2, paystubs, employer letter verifying income, Head Start Form)
- _____ Residency Verification (e.g; Head Start Form, Lease, bill, bank statement)
- _____ Copy of Child's Birth Certificate
- _____ Copy of child's immunizations
- _____ ASQ3 & ASQSE 2 Parent Questionnaires (Online)

Families who are applying for full year, full day childcare/preschool, we encourage you to also apply for the Care and Education Assistance Programs.

- Tuition assistance through the Town of Breckenridge or Frisco (TOB/TOF)
- Colorado Child Care Assistance Program (CCCAP)
- Summit Pre-K Program (SPK)
- Universal Preschool (UPK)

We accept applications year-round, and always maintain a waitlist.

ERSEA Specialist 970-368-3120

***Bilingual**



Summit Head Start 0-5 Eligibility Application 2023-2024

Child's Name: _____
First Name Middle Name Last Name

Date of Birth: _____ **Sex:** Male Female

Has your child previously been enrolled in Head Start or Early Head Start? Yes No

If yes, please write the name of the program: _____

How did you hear about Head Start? _____

Race: White Native American/ Alaskan Native Asian
 Black/Afro-American Hawaiian or Pacific Islander Multi-Racial

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Child's primary language: _____

Family Type:

- Two parent household Blended family
- Single parent household Foster family
- Parent lives with a partner Lives with grandparent or guardian
- Parents are divorced/separated **Date** _____

Parent/Guardian #1

Name: _____ **Date of Birth:** _____

Phone Number: _____ **Lives with child?** Yes No

E-mail: _____

Relationship to child: _____ **Provides Financial Support?** Yes No

Place of Employment: _____ **Job Title:** _____

Employment Status: Full-Time Part-Time Unemployed If not working, last day
 Disabled Home Seasonal Full-time student Part-time student of employment:

Highest Grade Completed _____

9th or less Some High School High School Diploma/GED Some College
 Associates Bachelors Masters Doctorate

Language: _____ **English Proficiency** None Little Moderate Proficient

Are you pregnant? Yes No Doesn't Apply Due Date? _____

How many jobs does this parent have? _____

Parent/Guardian #2 (even if 2nd parent/guardian/caregiver is not in the same household as child)

Name: _____ **Date of Birth:** _____

Phone Number: _____ **Lives with child?** Yes No

E-mail: _____

Relationship to child: _____ **Provides Financial Support?** Yes No

Place of Employment: _____ **Job Title:** _____

Employment Status: Full-Time Part-Time Unemployed If not working, last day
 Disabled Home Seasonal Part-time student Full-time student of employment:

Highest Grade Completed _____

9th or less Some High School High School Diploma/GED Some College
 Associates Bachelors Masters Doctorate

Language: _____ **English Proficiency** None Little Moderate Proficient

Are you pregnant? Yes No Doesn't Apply Due Date? _____

How many jobs does this parent have? _____



Summit Head Start 0-5 General Information

Do you own your home(mortgage) or is your name on the lease? Yes No

Mailing Address: City State Zip Code

Physical Address: (If different) City State Zip Code

Alternate contact person: Phone number:

Service preference (if you're applying for Early Head Start, ages 0-3 years old)

- Lake Dillon Preschool Summit County Preschool Carriage House Early Learning Center

Service preference (if you're applying for Head Start, ages 3-5 years old) Are you interested in home child care

- Dillon Valley Elementary Silverthorne Elementary Summit County Preschool
Upper Blue Elementary Frisco Elementary Lake Dillon Preschool
Summit Cove Elementary Carriage House Early Learning Cent

How many people live with the child (including family members and roommates):

Table with columns: Name, Gender, DOB/Age, Relationship

Number of bedrooms:

Type of services family is currently receiving (mark all that apply): N/A

- TOB/TOF-Tuition Assistance CHP+ SSI-Supplemental Security Income
TANF -Public assistance/welfare Public housing WIC- Women, Infant, Children
Unemployment benefits Child support/alimony Kinship assistance
LEAP - Energy program assistance Foster care/adoption subsidy CCCAP- Child Care Assistance Program
FU/FIRC -Families United home visitation NFP -Nurse Family Partnership SFOP- Strengthening Families
Medicaid/Medicare Food Stamps (SNAP) Advocates for Victims of Assault
No Insurance? Other (please list):

Family circumstances within the immediate household (mark all that apply): N/A

- Substance abuse/treatment Family member other than child with medical issue, disability/special need
Domestic violence Family member or child with or receiving mental health support
Incarcerated family member (in the last 12 months) Parent deported
Other Early Intervention
Abuse/neglect of child
Loss of family member through death in last 12 months

Was the applicant child premature? Yes No If yes, how many weeks? What was birth weight? pounds ounces

Do you have internet access at home? Yes No

Was the oldest child born when parent was under 18 years of age & unmarried Father Mother N/A

At least one parent/Guardian is a member of the Unites Stated Military Yes No

To the best of my knowledge, the information given in this application is accurate and true. I also understand that failure to respond to all questions truthfully may negatively impact my child's placement. Completion of this application does not guarantee enrollment in any program.

Parent/guardian signature: Date:



Health Home

1. Does applicant have a Medical Home and/or access to continuous Health Care? Yes No

Special Needs Concerns

1. Do you have any concerns about your child? Yes No

2. Does your child have any allergies? Yes No

If yes, please

explain: _____

Has this been diagnosed by a professional? Yes No

2. Has your child ever received special education services or early intervention? Yes No

3. Is your child on an Individualized Education Plan (IEP)? Yes No

If yes, please write where child was attending: _____

4. Is your child on an Individualized Family Service Plan (IFSP)? Yes No

If yes, please write where child was attending: _____

5. Do you have any special education documentation? Yes No Not applicable.

*If you marked yes to any of these questions, please fill out a Release of Information form.

List any additional information you would like us to be aware of: _____

Name of specialist/ clinic/ school district that works with your child (name of doctor, clinic, etc.): _____

Phone number _____

To the best of my knowledge, the information given in this application is accurate and true. I also understand that failure to respond to all questions truthfully may negatively impact my child's placement. Completion of this application does not guarantee enrollment in any program.

Parent/guardian signature: _____ **Date:** _____