To register your child for SUU Head Start, please complete the attached application and return it with copies of the items listed below to your nearest Head Start center. All applications must be received in-person. Faxed or mailed applications will not be accepted except in special cases. Please reference page 2 for a list of centers and phone numbers. If you are unable to return your application in person, or if you are applying during the summer months for Beaver, Delta, Fillmore, or Parowan centers, please call 1-800-796-6070 for instructions on returning your application.

If any of the items listed below are not provided with your application, the application will be considered incomplete and your child will not be considered for enrollment.

- **Birth Certificate** or DCFS School Enrollment Letter for Foster Children
- **Income verification** (not required for children in Foster Care)
  - Any one of the following; which ever best reflects current income earnings.
    - 1040 Tax Return
    - W2s and 1099s
    - Paycheck stubs for 12 months
    - Letter from employer stating monthly income, signed and dated by employer
    - DWS 630
- **Immunization Record** – must have all shots listed below or be on schedule

```
| 4 HIB | 4 DTaP | 3 Polio | 1 MMR | 3 HEP B | 2 HEP A | 1 Varicella or proof of chicken pox | 3 PCV-13 |
```

- The following documents are also required if they are being received by the family.
  - Unemployment Insurance
  - Child Support Documentation
  - School Grants and Scholarships
  - Social Security benefits
  - Family Employment Program (FEP) – also known as TANF
  - Any other sources of income

Eligibility is based on income, age, child need and family needs. Your child must be at least 3 years of age by September 1 to qualify for the current school year (which begins in August). Most families must meet federal poverty guidelines for income to qualify (see other side).

Head Start classes meet for a regular school year (August – May), Monday through Thursday, four (4) hours a day. Children are provided meals and all educational supplies while in class. There are no fees for Head Start, but parent involvement in their child’s education is encouraged as it has been proven to help children to be successful.

Please note that SUU Head Start does not provide bus transportation. If you have questions or need help completing the application, please call 435-586-6070 or toll free at 1-800-796-6070. We look forward to the possibility of serving your child and your family!
**Frequently Asked Questions**

1. **How do I know if I qualify or if I am eligible for Head Start?**
   To be eligible, family incomes should not exceed the amounts listed on the federal income guidelines (shown below). Exceptions may be made for children with disabilities.

2. **What if I make more than the amounts shown in the income guidelines?**
   We can still take your application and we may still consider your child for enrollment. However, we are obligated to enroll income eligible families first before enrolling families who do not meet the income guidelines. Head Start does not offer a payment option.

3. **When will I know if my child was enrolled?**
   Generally, families will know if they have been enrolled by the middle of July, or three weeks after your application has been received if you applied after mid-July.

4. **When should I turn in my application?**
   Right away! Do not wait until July or August to turn in your application. Most positions may be filled by then and you may be put on a waiting list.

5. **What if my child is not toilet trained?**
   Toilet training is not a requirement for Head Start enrollment. However, parents are asked to help their child change clothes if he/she has an accident. For tips on toilet training, please call 435-586-6070 for a handout.

---

**Head Start Centers**

**Central Office**
2390 W Hwy 56 Ste 1
Cedar City, UT 84720
(435) 586-6070
Toll free: 1-800-796-6070
Fax: (435) 586-5232
www.suu.edu/headstart

<table>
<thead>
<tr>
<th>Head Start Centers</th>
<th>2015-16 Income Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central Office</strong></td>
<td><strong>(Before Taxes)</strong></td>
</tr>
<tr>
<td><strong>Size of Family</strong></td>
<td><strong>Yearly</strong></td>
</tr>
<tr>
<td>1</td>
<td>$11,770.00</td>
</tr>
<tr>
<td>2</td>
<td>$15,930.00</td>
</tr>
<tr>
<td>3</td>
<td>$20,090.00</td>
</tr>
<tr>
<td>4</td>
<td>$24,250.00</td>
</tr>
<tr>
<td>5</td>
<td>$28,410.00</td>
</tr>
<tr>
<td>6</td>
<td>$32,570.00</td>
</tr>
<tr>
<td>7</td>
<td>$36,730.00</td>
</tr>
<tr>
<td>8</td>
<td>$40,890.00</td>
</tr>
</tbody>
</table>

*Add $4,160 for each family member over 8*
CHILD DATA

1. Child’s Name:

First Name ___________________________ Middle Name ___________________________ Last Name ___________________________

2. Nickname: ___________________________

3. Date of Birth: / / 

4. Gender: M F

5. Family’s Primary Phone: ___________________________

6. Address:

Street ___________________________ Unit # ___________________________ City ___________________________ State ___________________________ Zip ___________________________

7. Mailing Address (if different from above):

P.O. Box or Street ___________________________ City ___________________________ State ___________________________ Zip ___________________________

8a. Was the child previously enrolled in Head Start, Early Head Start, Early Intervention, or with the School District Preschool? YES □ NO □

8b. If yes, how many years did he/she attend?

□ 1 □ 2 □ 3

8c. Which did he/she attend?

□ Head Start □ Early Head Start □ Early Intervention □ School District

9. Ethnicity (choose one):

□ Hispanic / Latino □ Non-Hispanic / Non-Latino

10. Race:

□ American Indian/Alaska Native □ Asian □ Black or African American □ Bi-racial / Multi-racial

□ Native Hawaiian/Pacific Islander □ White □ Unspecified □ Other: ___________________________

11. Language Spoken at Home:

Primary: □ English □ Spanish □ Other: ___________________________

Secondary: □ English □ Spanish □ Other: ___________________________

12. How well does the child speak English?

□ Very Well □ Not Well □ Well □ Not at all

13a. Do you use or need full-year and/or full-day child care? YES □ NO □

13b. Do you receive subsidized child care? YES □ NO □

13c. Primary source of child care when child is not in Head Start (choose only one):

□ Family Child Care Home □ Child Care Center or Classroom □ Public School Pre-Kindergarten Program

□ At Home □ Another Home with a Relative or Unrelated Adult □ Other: ___________________________

14. Family Type (choose only one)

□ Two Parent Family □ Single Parent Family (mother figure only) □ Single Parent Family (father figure only)

□ Single Parent Family (mother figure only) Living with Partner □ Single Parent Family (father figure only) Living with Partner □ Other Relative(s) □ Other Family Type: ___________________________

15. Family Composition

Is your family a stepfamily? YES □ NO □

16. List all persons who live in the household.

Total Number in Household: _______

Household Member #1 Age: _______ Relationship to Child: ___________________________

Household Member #2 Age: _______ Relationship to Child: ___________________________

Household Member #3 Age: _______ Relationship to Child: ___________________________

Household Member #4 Age: _______ Relationship to Child: ___________________________

Household Member #5 Age: _______ Relationship to Child: ___________________________

Household Member #6 Age: _______ Relationship to Child: ___________________________

Household Member #7 Age: _______ Relationship to Child: ___________________________

Household Member #8 Age: _______ Relationship to Child: ___________________________
### PRIMARY PARENTAL FIGURE DEMOGRAPHIC DATA

<table>
<thead>
<tr>
<th>Name of Primary Parental Figure:</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td></td>
<td>/ /</td>
<td>Yes No</td>
<td>M F</td>
<td>YES NO</td>
</tr>
<tr>
<td></td>
<td>MM DD YY</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>7. Home Phone:</th>
<th>8. Work Phone:</th>
<th>9. Cell Phone:</th>
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<table>
<thead>
<tr>
<th>10. Living &amp; Mailing Address: (if different from child applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
</tr>
<tr>
<td>--------</td>
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<th></th>
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</tr>
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<tbody>
<tr>
<td>Hispanic / Latino</td>
<td>American Indian/Alaska Native</td>
<td>English Spanish Other:</td>
<td>Very Well Not Well Well Not at all</td>
<td>Married Single Widowed</td>
</tr>
<tr>
<td>Non-Hispanic / Non-Latino</td>
<td>Native Hawaiian/Pacific Islander</td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Occupational Status</th>
<th>17. Education</th>
<th>18a. Was this parent under 17 at the birth of the FIRST child in family?</th>
<th>18b. Was this parent over 41 at the birth of the LAST child in family?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date:</td>
<td>School Full-time</td>
<td>Yes No</td>
<td>YES NO</td>
</tr>
<tr>
<td></td>
<td>Some College</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High School Diploma/GED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than High School/GED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trade/Business Qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baccalaureate Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Associate Degree</td>
<td></td>
<td></td>
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<td></td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Military Status</th>
<th>20. Is this parent currently on active duty in the U.S. Military?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES NO</td>
</tr>
</tbody>
</table>
1. **Type of Housing** (choose only one)
   - [ ] Apartment
   - [ ] House
   - [ ] Community Shelter
   - [ ] Migrant Housing
   - [ ] Homeless / No Housing
   - [ ] Mobile Home / Trailer
   - [ ] Hotel / Motel Room
   - [ ] Other: ____________________

2. **Housing Payment Arrangement** (choose only one)
   - [ ] Exchange Services for Housing
   - [ ] Own Housing
   - [ ] Make No Payment for Housing
   - [ ] Rent Housing
   - [ ] Receive Subsidized Housing
   - [ ] Other: ____________________

3. **Length of Time at Current Address:**
   - [ ] Less than 6 months
   - [ ] 6 – 12 months
   - [ ] 1 – 2 years
   - [ ] 2+ years

4. **How many times have you moved in the past 12 months?**
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10
   - [ ] 11
   - [ ] 12
   - [ ] More than 12

5. **Type of Federal or Other Assistance Received** (choose all that apply)
   - [ ] Medicaid or CHIP
   - [ ] Unemployment
   - [ ] (TANF) Temporary Assistance for Needy Families
   - [ ] (WIC) Women, Infants, and Children
   - [ ] (SSI) Supplemental Security Income
   - [ ] (SNAP) Supplemental Nutrition Assistance Program (Food Stamps)

6. **Transportation**

   a. Can you or someone in your family transport your child to Head Start?  [ ] YES  [ ] NO

   b. If not, how will your child get to Head Start? __________________________________________________________

   (Please note that SUU Head Start does not provide bus transportation.)

---

**ADDITIONAL INFORMATION**

If any of the following apply, please explain in more detail if desired. Use other side of paper if needed.

1. Have there been negative changes in employment, living conditions, or income?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Is anyone living in the household with disabilities and / or health problems?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Is child in foster care or living with someone other than the parents?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Was child born with, or has health problem, allergies, disabilities, or special needs?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. Briefly describe the family crisis so we may better prepare for your child (death, divorce, separation, job loss, recent move, substance abuse, incarceration, abuse, mental health, etc.) Use other side of paper if needed.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Head Start Performance Standards require that all children be up to date or on schedule with all immunizations and well child care health and dental exams.

1. If you do not currently have a doctor, dentist, or a way to pay for appointments would you like help? □ YES □ NO

2. Conditions your child has which may be important in an emergency (choose all that apply):

Allergies

☐ Bites: ____________________________

☐ Food: ____________________________

☐ Medication: _______________________

☐ Other: ____________________________

Conditions

☐ Asthma

☐ Diabetes

☐ Seizure

☐ Other: ____________________________

3. Is the condition(s) currently under control / care by physician? □ YES □ NO

4a. Do you have concerns about your child’s overall health and development? □ YES □ NO

4b. Describe Concerns:

4c. Concerns Expressed By (choose one):

☐ Medical Provider

☐ Primary Care Provider

☐ Family Member

☐ Program Staff

☐ Social Service Agency

☐ Other: ____________________________

5. Has your child attended the School District Preschool? □ YES □ NO

6a. Does your child have a disability? □ YES □ NO

6b. If Yes, please select one of the following.

☐ Speech & Language

☐ Behavioral

☐ Developmental

☐ Multiple

☐ Other: ____________________________

*** Please provide referral document(s) if your child has diagnosed disabilities (ex. IEP, Doctor Note, etc.)***

7. Is your child able to use the toilet by him/herself? □ YES □ NO

8. Are they able to change their own clothes if they have a wetting accident? □ YES □ NO

9a. Medical Insurance Providers:

☐ Medicare / Medicaid

☐ Child Health Insurance Program (CHIP)

☐ Private

☐ No Coverage

☐ Other: ____________________________

9b. Insurance Effective Date: (MM/DD/YY)

9c. Expiration Date: (MM/DD/YY)

9d. Primary Insurance: YES NO N/A

9e. Include Dental Coverage? YES NO N/A

10a. Current Medical Provider:

10b. Phone #: (MM/DD/YY)

10c. Date of Last Well Exam: (MM/DD/YY)

11a. Current Dental Provider:

11b. Phone #: (MM/DD/YY)

11c. Date of Last Dental Exam: (MM/DD/YY)
1. Child’s Name: ___________________________  2. Date of Birth: (MM/DD/YY) ___________________________

First Name ___________________________ Last Name ___________________________

3. Medical Emergency Consent:
In case of injury or medical emergency, my signature below authorizes Head Start staff to give permission to any doctor, nurse, hospital personnel, or paramedic to provide medical care as they (medical personnel) deem necessary in the best interest of my child.

X ___________________________  X ___________________________
Signature of Parent / Legal Guardian Date Signature of Parent / Legal Guardian Date

4. Primary Parent’s Emergency Phone Numbers:

Phone 1: ___________________________
☐ Home  ☐ Work  ☐ Cell  ☐ Other: ___________________________

Phone 2: ___________________________
☐ Home  ☐ Work  ☐ Cell  ☐ Other: ___________________________

5. Secondary Parent’s Emergency Phone Numbers:

Phone 1: ___________________________
☐ Home  ☐ Work  ☐ Cell  ☐ Other: ___________________________

Phone 2: ___________________________
☐ Home  ☐ Work  ☐ Cell  ☐ Other: ___________________________

6. Emergency Contacts:
If parent/guardian cannot be reached, who will know where to find you or be responsible for your child?

<table>
<thead>
<tr>
<th>Emergency Contact 1</th>
<th>Address:</th>
<th>Gender:</th>
<th>M</th>
<th>F</th>
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<tbody>
<tr>
<td>Name:</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Street</td>
<td>City</td>
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<td></td>
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<tr>
<td>Phone 1:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Phone 2:</td>
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<tr>
<td>Relationship to Child:</td>
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<table>
<thead>
<tr>
<th>Emergency Contact 2</th>
<th>Address:</th>
<th>Gender:</th>
<th>M</th>
<th>F</th>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<td>Street</td>
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<td>Phone 1:</td>
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<td>Phone 2:</td>
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<td>Relationship to Child:</td>
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<th>Address:</th>
<th>Gender:</th>
<th>M</th>
<th>F</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>Street</td>
<td>City</td>
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<tr>
<td>Phone 1:</td>
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<td>Phone 2:</td>
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<tr>
<td>Relationship to Child:</td>
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<tr>
<th>Emergency Contact 4</th>
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<th>Gender:</th>
<th>M</th>
<th>F</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>Street</td>
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<tr>
<td>Phone 1:</td>
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<td>Relationship to Child:</td>
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<tr>
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<th>Gender:</th>
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<tr>
<td>Phone 1:</td>
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<tr>
<td>Relationship to Child:</td>
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In the event of a medical or community emergency, SUU Head Start staff will transport your child if you or no one from your contact information can be located.

7. Transportation Release: I hereby authorize the persons listed above to pick up my child.

X ___________________________  X ___________________________
Signature of Parent / Legal Guardian Date Signature of Parent / Legal Guardian Date
Third Party Verification:

If you indicated "yes" to any of the questions under section 9. Residency Status above, or if you used the "No Income / Payment in Cash" form, may SUU Head Start have permission to contact a person or agency who can verify your information?

YES (please complete the information below)

NO

Legal Guardian Signature:

__________________________

Contact Name: __________________ Phone: ___________________ Affiliation (grandparent, shelter, etc.): _____________________

---

9. Residency Status (choose all that apply)

☐ Yes ☐ No  Does child's family share housing due to economic struggles? (living with other adults, including relatives)  If yes, please explain ____________________________

☐ Yes ☐ No  Is child living in a shelter, hotel, motel, or lack regular, fixed residence? (domestic violence, emergency, or transitional housing)  If yes, please explain ____________________________

☐ Yes ☐ No  Is child living in a car, park, campground, or public place?  If yes, please explain ____________________________

☐ Yes ☐ No  Is child living in a place without adequate facilities? (no heat, water, electricity, etc.)  If yes, please explain ____________________________

---

10. Third Party Verification: If you indicated "yes" to any of the questions under section 9. Residency Status above, or if you used the "No Income / Payment in Cash" form, may SUU Head Start have permission to contact a person or agency who can verify your information?

☐ YES (please complete the information below) ☐ NO  Legal Guardian Signature: ________________________________

Contact Name: __________________ Phone: ___________________ Affiliation (grandparent, shelter, etc.): _____________________

---

1. Child's Name: ________________________________

2. Date of Birth: (MM/DD/YY)

----

3. Number of Adults in Household: _____________

4. Number of Children in Household: ______________

5. Number of adults contributing to income: ___________

6. Primary Adult's Yearly Income

Employment (gross): ______________

Unemployment: ______________

Child Support: ______________

Other: ______________

Total Yearly Income: $ ______________

7. Secondary Adult's Yearly Income

Employment (gross): ______________

Unemployment: ______________

Child Support: ______________

Other: ______________

Total Yearly Income: $ ______________

Total Family Yearly Income (before taxes): $ ______________

---

8. Legal Guardian Signature(s)

I certify that the information in this application is correct to the best of my knowledge and is subject to verification.

X

Legal Guardian Date

X

Legal Guardian Date

---

9. Residency Status (choose all that apply)

☐ Yes ☐ No  Does child's family share housing due to economic struggles? (living with other adults, including relatives)

If yes, please explain ____________________________

☐ Yes ☐ No  Is child living in a shelter, hotel, motel, or lack regular, fixed residence? (domestic violence, emergency, or transitional housing)

If yes, please explain ____________________________

☐ Yes ☐ No  Is child living in a car, park, campground, or public place?

If yes, please explain ____________________________

☐ Yes ☐ No  Is child living in a place without adequate facilities? (no heat, water, electricity, etc.)

If yes, please explain ____________________________

---

10. Third Party Verification: If you indicated "yes" to any of the questions under section 9. Residency Status above, or if you used the "No Income / Payment in Cash" form, may SUU Head Start have permission to contact a person or agency who can verify your information?

☐ YES (please complete the information below) ☐ NO  Legal Guardian Signature: ________________________________

Contact Name: __________________ Phone: ___________________ Affiliation (grandparent, shelter, etc.): _____________________

---

STAFF USE ONLY

---

1. Date Accepted: _____________ / Start Date: _____________

2. Verify Eligibility. Check which category of eligibility this child falls into.

☐ Categorical

☐ Income

☐ Over Income (counted as part of 10% maximum)

☐ Homeless

☐ Below federal poverty guidelines

☐ Public Assistance

☐ Foster Care / Kinship Care

☐ Between 100 - 130% federal poverty guidelines

☐ (not more than 35% of enrolled children may fall into this category)

Remarks ____________________________

---

3. What documentation was used to determine eligibility?

☐ Income Tax Forms: ____________________________

☐ School grants and scholarships

☐ W-2 and 1099

☐ Foster/Kinship care documentation

☐ Pay stub or pay envelopes

☐ TANF documentation

☐ Written statements from employers

☐ SSI documentation

☐ Unemployment

☐ Third Party Verification

☐ Child support documentation

☐ Homeless based on information gathered from interview and application

☐ No Income/Payment in Cash From

☐ Other: ______________________________________

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Eligibility Determination Statement  I hereby do certify that the family is eligible to participate in the H.S. Program. I attest that I have examined the documents checked above and certify that the family is eligible in accordance with Head Start regulations and ERSEA policies.

4. Staff Signature: ____________________________ Date: ____________________________ FCE Manager Verification: ____________________________

5. Staff Name: ____________________________ Title: ____________________________