



Head Start Enrollment Application 2019-2020

Head Start
 2390 W Highway 56 #1
 Cedar City, UT 84720
 435-586-6070
 Toll Free 1-800-796-6070
 Fax 1-435-586-5232
www.suu.edu/headstart

Welcome to Head Start:

Head Start is proud to offer a world-class pre-school program to children and families in Millard, Beaver, Iron, and Washington Counties.

This year we are able to offer two types of classes (types are limited by location):

Part day: 4 days a week (Monday thru Thursday), 4 hours a day, morning or afternoon.

Full day: 5 days a week (Monday thru Friday), 7 hours a day, half day on Friday.

(See other side for locations and types of classes offered)

Children are eligible based on age, income, and child or family need.

- Your child must be at least 3 by September 1.
- If your child turns 5 before September 1, they are required to go to the local school district.

Here is what you need to do to register your child:

- Complete the attached application.
- Return it **in person** to your nearest Head Start Center (See other side).
- Bring the following items:

Birth Certificate or DCFS School Enrollment Letter for Foster Children

Income Verification (not required for children in foster care)

(Complete the questionnaire on Page 7 to determine which income documents to include with your application)

Immunization Record – Must have all shots listed below or be on schedule.

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

- Faxed or mailed applications will not be accepted except in special cases.
- If you are unable to return your application in person, or if you are applying during the summer months, please call our toll free number 1-800-796-6070 for instructions.
- See our website for Frequently Asked Questions. www.suu.edu/headstart

Head Start Centers

| | |
|--|--|
| Beaver Head Start located in Belknap Elementary School 510 N 650 E, Beaver, UT 84713 435-438-2281 x5121 Part Day AM Class | Delta Head Start located in Delta, UT 84624 <p style="text-align: right;">Full Day Class</p> |
| * Cedar City Head Start Main Center 2390 W Highway 56 #1, Cedar City, UT 84720 435-586-6070 <p style="text-align: right;">Part Day AM/PM and Full Day</p> | Fillmore Head Start located in Fillmore Elementary School 555 W 400 S, Fillmore, UT 84631 435-743-6339 Part Day AM Class |
| Cedar City Head Start Gateway Center 201 E 3800 N, Enoch, UT 84721 435-867-5558 Part Day AM Class | Hurricane Valley Head Start 706 N 195 W, LaVerkin, UT 84745 435-635-3442 Part Day AM and Full Day |
| Cedar City Head Start Fiddlers Center 1830 North Main Street Cedar City, UT 84721 435-233-6695 Full Day Class | *St. George Head Start Main Center 494 E 900, St. George, UT 84790 435-628-5641 Part Day AM/PM and Full Day |
| Enoch Head Start (North Side of Enoch Elementary) 4783 Wagonwheel Dr., Enoch, UT 84721 435-865-6959 Part Day AM Class | St. George Head Start Bluff Center 175 W 900 S #12, St. George, UT 84770 435-674-4545 Part Day AM/PM Class |
| Parowan Head Start (near the City Pool) 55 S 300 E, Parowan, UT 84761 435-477-1715 Part Day AM Class | St. George Young Sunset Center 1469 W. Sunset Blvd St. George, UT 84790 435-359-9321 Part Day AM/PM and Full Day |

****These Centers are open during the summer***

***** Other Centers are open by appointment please call 1-800-796-6070 to schedule an appointment***



SUU Head Start
 2390 W Hwy 56, Suite 1
 Cedar City, UT 84720
 Phone: (435) 586-6070 or 1-800-796-6070 ext. 23
 Fax: (435) 586-5232

Complete one copy for **each** eligible child
 If you need help with paperwork, call 1-800-796-6070

CHILD DATA

1. Child's Name:

 First Name Middle Name Last Name

2. Nickname:

3. Date of Birth:

____ / ____ / ____
 MM DD YY

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

15. Family Composition

Is your family a stepfamily? YES NO

16. List all persons who live in the household, including the parents and child applicant.

Total Number in Household: _____

| | | | | | |
|---------------------|-----|-----------------------|---------------------|-----|-----------------------|
| Household Member #1 | Age | Relationship to Child | Household Member #5 | Age | Relationship to Child |
| Household Member #2 | Age | Relationship to Child | Household Member #6 | Age | Relationship to Child |
| Household Member #3 | Age | Relationship to Child | Household Member #7 | Age | Relationship to Child |
| Household Member #4 | Age | Relationship to Child | Household Member #8 | Age | Relationship to Child |

PRIMARY PARENTAL FIGURE DEMOGRAPHIC DATA

1. Name of Primary Parental Figure:

First Name _____ Middle Name _____ Last Name _____

| | | | | |
|---------------|---------------------------------------|-------------------------------------|-----------------------|--|
| Email: | Date of Birth: MM / DD / YY | Head of household? Yes No | Gender: M F | Legal guardian of child applicant? YES NO |
|---------------|---------------------------------------|-------------------------------------|-----------------------|--|

| | | |
|--------------------|--------------------|--------------------|
| Home Phone: | Work Phone: | Cell Phone: |
|--------------------|--------------------|--------------------|

Living & Mailing Address: (if different from child applicant)

Street _____ P.O. Box _____ City _____ State _____ Zip _____

| | |
|---|--|
| 2. Ethnicity (choose one): <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic / Non-Latino | 3. Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-racial / Multi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____ |
|---|--|

| | | |
|--|---|--|
| 4. Language Spoken at Home: Primary: English Spanish Other: _____ Secondary: English Spanish Other: _____ | 5. How well does this person speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Not Well <input type="checkbox"/> Well <input type="checkbox"/> Not at all | 6. Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed |
|--|---|--|

| | |
|---|---|
| 7. Occupational Status Start Date: _____ <input type="checkbox"/> Paying Job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Job Training Program: <input type="checkbox"/> With Salary <input type="checkbox"/> Without Salary <input type="checkbox"/> Unemployed: <input type="checkbox"/> Time since last job: _____ months <input type="checkbox"/> No previous employment <input type="checkbox"/> Other: <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work due to disability | 8. Education <input type="checkbox"/> School Full-time <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Less than High School/GED <input type="checkbox"/> Trade/Business Qualification <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Other: _____ 9. Military Status Is this parent currently on active duty in the U.S. Military? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this parent a veteran of the U.S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

SECONDARY PARENTAL FIGURE DEMOGRAPHIC DATA

1. Name of Secondary Parental Figure:

First Name _____ Middle Name _____ Last Name _____

| | | | | |
|---------------|---------------------------------------|-------------------------------------|-----------------------|--|
| Email: | Date of Birth: MM / DD / YY | Head of household? Yes No | Gender: M F | Legal guardian of child applicant? YES NO |
|---------------|---------------------------------------|-------------------------------------|-----------------------|--|

| | | |
|--------------------|--------------------|--------------------|
| Home Phone: | Work Phone: | Cell Phone: |
|--------------------|--------------------|--------------------|

Living & Mailing Address: (if different from child applicant)

Street _____ P.O. Box _____ City _____ State _____ Zip _____

| | |
|---|--|
| 2. Ethnicity (choose one): <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic / Non-Latino | 3. Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-racial / Multi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____ |
|---|--|

| | | |
|--|---|--|
| 4. Language Spoken at Home: Primary: English Spanish Other: _____ Secondary: English Spanish Other: _____ | 5. How well does this person speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Not Well <input type="checkbox"/> Well <input type="checkbox"/> Not at all | 6. Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed |
|--|---|--|

| | |
|---|---|
| 7. Occupational Status Start Date: _____ <input type="checkbox"/> Paying Job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Job Training Program: <input type="checkbox"/> With Salary <input type="checkbox"/> Without Salary <input type="checkbox"/> Unemployed: <input type="checkbox"/> Time since last job: _____ months <input type="checkbox"/> No previous employment <input type="checkbox"/> Other: <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work due to disability | 8. Education <input type="checkbox"/> School Full-time <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Less than High School/GED <input type="checkbox"/> Trade/Business Qualification <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Other: _____ 9. Military Status Is this parent currently on active duty in the U.S. Military? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this parent a veteran of the U.S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

FAMILY INFORMATION

1. Type of Housing (choose only one)

- Apartment
- Community Shelter
- Homeless / No Housing
- Hotel / Motel Room
- House
- Migrant Housing
- Mobile Home / Trailer
- Other: _____

2. Housing Payment Arrangement (choose only one)

- Exchange Services for Housing
- Make No Payment for Housing
- Receive Subsidized Housing
- Own Housing
- Rent 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?

5. Type of Federal or Other Assistance Received (choose all that apply)

- Medicaid or CHIP
- (TANF) Temporary Assistance for Needy Families
- (SSI) Supplemental Security Income
- Unemployment
- (WIC) Women, Infants, and Children
- (SNAP) Supplemental Nutrition Assistance Program (Food Stamps)

6. Transportation

6a. Can you or someone in your family transport your child to Head Start? YES NO

6b. If not, how will your child get to Head Start? _____

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

7. Residency Status (choose all that apply)

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

If yes, please explain _____

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

If yes, please explain _____

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

If yes, please explain _____

8. Third Party Verification: If you indicated "yes" to any of the questions under section 7. **Residency Status** above, may SUU Head Start have permission to contact a person or agency who can verify your information?

YES NO Legal Guardian Signature: _____

Contact Name: _____ Phone: _____ Affiliation (grandparent, shelter, etc.): _____

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. 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

CHILD'S HEALTH QUESTIONNAIRE

In order to provide the best services for your child and his/her needs, please answer the following:

Social Emotional

| | | |
|---|-----|----|
| Does your child interact with other children when in a group setting? | Yes | No |
| Does he or she often get overstimulated? | Yes | No |
| Does he or she often hit, kick or bite? | Yes | No |
| Can he or she make eye contact with me while we talk? | Yes | No |

Language/Communication

| | | |
|---|-----|----|
| Do people outside of your family understand what he/she says? | Yes | No |
| Can he/she say their own name? | Yes | No |
| Can he/she speak in 3-5 word sentences or more? | Yes | No |

Cognitive

| | | |
|--|-----|----|
| Can your child understand one step directions? | Yes | No |
| Can your child do imaginary play (like a banana is a phone)? | Yes | No |
| Can your child stay with an activity for 5 min. or more? | Yes | No |

Movement

| | | |
|---|-----|----|
| Can your child hop on one foot? | Yes | No |
| Can your child feed him or herself with a spoon? | Yes | No |
| Can your child go from sitting to standing on their own? | Yes | No |
| Is your child able to consistently use the toilet by him/herself? | Yes | No |
| Is your child able to change their own clothes if they have a wetting accident? | Yes | No |

Education

| | | |
|---|-----|----|
| Has your child ever been in a classroom setting before? | Yes | No |
| Has your child attended a School District Preschool? | Yes | No |
| Does your child have an IEP? **If yes, please provide a copy** | Yes | No |

Did your child have health problems at birth? If so, please describe:

Do you have concerns about your child's overall health and development?

If you answered yes to any of the above questions, please explain:

EMERGENCY CONTACT INFORMATION**1. Child's Name:****Date of Birth:** (MM/DD/YY)

First Name

Last Name

2. 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 _____
Signature of Parent / Legal Guardian
Date
 X _____
Signature of Parent / Legal Guardian
Date**3. Primary Parent's Emergency Phone Numbers:**
 Phone 1: _____
 Home Work Cell Other: _____

 Phone 2: _____
 Home Work Cell Other: _____
4. Secondary Parent's Emergency Phone Numbers:
 Phone 1: _____
 Home Work Cell Other: _____

 Phone 2: _____
 Home Work Cell Other: _____
5. Emergency Contacts:

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

| | | | | | |
|-----------------------------|--|-------------------------|--|------------------------------|--|
| Emergency Contact 1: | | Address: | | Gender: | |
| Name: _____ | | Street _____ City _____ | | M F | |
| Phone 1: _____ | | Phone 2: _____ | | Relationship to Child: _____ | |
| Emergency Contact 2: | | Address: | | Gender: | |
| Name: _____ | | Street _____ City _____ | | M F | |
| Phone 1: _____ | | Phone 2: _____ | | Relationship to Child: _____ | |
| Emergency Contact 3: | | Address: | | Gender: | |
| Name: _____ | | Street _____ City _____ | | M F | |
| Phone 1: _____ | | Phone 2: _____ | | Relationship to Child: _____ | |
| Emergency Contact 4: | | Address: | | Gender: | |
| Name: _____ | | Street _____ City _____ | | M F | |
| Phone 1: _____ | | Phone 2: _____ | | Relationship to Child: _____ | |
| Emergency Contact 5: | | Address: | | Gender: | |
| Name: _____ | | Street _____ City _____ | | M F | |
| Phone 1: _____ | | Phone 2: _____ | | Relationship to Child: _____ | |

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.

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

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

Primary Parental Figure:

Name: _____

1. Did this parent start working with his/her current employer on or before January 2018?

YES Turn in your 2018 W2. N/A

NO, he/she started after January 2019.

Turn in **all** your **paystubs AND** an Employment Verification Form, DWS 630, or a letter from your employer stating your monthly income. An Employment Verification Form is attached to this application.

2. Does this parent collect unemployment insurance?

YES Turn in unemployment insurance statement or letter

NO

3. Does this parent collect child support, even for a child who is not being enrolled for Head Start?

YES Turn in an ORS statement or a divorce decree. If this is an informal arrangement, turn in a letter from the provider that states how much he/she provides.

NO

4. Does this parent receive any grants or scholarships?

YES Turn in documentation of grants and scholarships you have been awarded.

NO

5. Does this parent receive Supplemental Security Income (SSI) benefits, including on behalf of children? Not to be confused with SSDI.

YES Turn in a statement that specifically states SSI.

NO

6. Does this parent receive Family Employment Program (FEP) benefits from Workforce Services?

YES Turn in a statement of FEP.

NO

7. Does this parent receive Social Security benefits other than SSI, including on behalf of children?

YES Turn in your Benefit Verification Letters available through www.ssa.gov.

NO

8. Does this parent receive assistance from family, friends, or organizations (church, etc.) in the form of cash, assistance with payments (they pay your rent, phone bill, buy/provide groceries, etc.), or housing (you live with them free of charge)?

YES Provide a letter written by the individual or organization assisting you that describes what type of assistance they provide to you.

NO

Secondary Parental Figure:

Name: _____

1. Did this parent start working with his/her current employer on or before January 2018?

YES Turn in your 2018 W2. N/A

NO, he/she started after January 2019.

Turn in **all** your **paystubs AND** an Employment Verification Form, DWS 630, or a letter from your employer stating your monthly income. An Employment Verification Form is attached to this application.

2. Does this parent collect unemployment insurance?

YES Turn in unemployment insurance statement or letter

NO

3. Does this parent collect child support, even for a child who is not being enrolled for Head Start?

YES Turn in an ORS statement or a divorce decree. If this is an informal arrangement, turn in a letter from the provider that states how much he/she provides.

NO

4. Does this parent receive any grants or scholarships?

YES Turn in documentation of grants and scholarships you have been awarded.

NO

5. Does this parent receive Supplemental Security Income (SSI) benefits, including on behalf of children? Not to be confused with SSDI.

YES Turn in a statement that specifically states SSI.

NO

6. Does this parent receive Family Employment Program (FEP) benefits from Workforce Services?

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YES Turn in your Benefit Verification Letters available through www.ssa.gov.

NO

8. Does this parent receive assistance from family, friends, or organizations (church, etc.) in the form of cash, assistance with payments (they pay your rent, phone bill, buy/provide groceries, etc.), or housing (you live with them free of charge)?

YES Provide a letter written by the individual or organization assisting you that describes what type of assistance they provide to you.

NO

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

Required Documents

- Birth Certificate or DCFS School Enrollment Letter (for foster children)
- Immunization Record – Make sure to copy the entire card, and make sure the name is on the copy.
- Income Verification – Refer to page 7 of the application.

Schedule:

Would you like the extended day option (6 hours/5 days) if it were available? Yes No

Cedar City and St. George

Time Preference? Prefer Either Need (child will be waitlisted if your "need" is not available)
 AM PM

St. George:

Center Preference? Prefer Either Need (child will be waitlisted if your "need" is not available)
 East (Main Center) West (New Center)

Interview conducted by: _____ Date: _____ Center: _____

Child's Name: _____ DOB: _____

Date Accepted: _____ Start Date: _____

Primary Adult's Annual Income

Secondary Adult's Annual Income

| | |
|---------------------------|---------------------------|
| Employment _____ | Employment _____ |
| Unemployment _____ | Unemployment _____ |
| Child Support _____ | Child Support _____ |
| Grants/Scholarships _____ | Grants/Scholarships _____ |
| Other: _____ | Other: _____ |

Number of Family Members: _____

Total Family Annual Income: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Categorical | <input type="checkbox"/> Income | <input type="checkbox"/> Over Income (counted as part of 10% maximum) |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Below federal poverty guidelines | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Foster Care / Kinship Care | <input type="checkbox"/> Public Assistance | |
| | <input type="checkbox"/> Between 100 - 130% federal poverty guidelines (not more than 35% of enrolled children may fall into this category) | |

Documentation used to determine eligibility:

- | | |
|--|--|
| <input type="checkbox"/> Income Tax Forms: _____ | <input type="checkbox"/> School grants and scholarships |
| <input type="checkbox"/> W-2 and 1099 | <input type="checkbox"/> Foster/Kinship care documentation |
| <input type="checkbox"/> Pay stub or pay envelopes | <input type="checkbox"/> TANF documentation |
| <input type="checkbox"/> Written statements from employers | <input type="checkbox"/> SSI documentation |
| <input type="checkbox"/> DWS 630 | <input type="checkbox"/> Third Party Verification |
| <input type="checkbox"/> Employment Verification Form | <input type="checkbox"/> Homeless based on information gathered from interview and application |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> No Income/Payment in Cash From |
| <input type="checkbox"/> Child support documentation | <input type="checkbox"/> Other: _____ |

Interview Format: In Person Telephone: _____

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.

Staff Signature: _____ Date: _____ FCE Manager Verification: _____

Staff Name: _____ Title: _____

