



Northwest Montana Head Start
79 7th Avenue East North
Kalispell, Montana 59901



406.752.7011 Administration Office

FAX 406.755.1916

We are an equal opportunity provider and employer

Thank you for your interest in our program!

Be sure to include the following materials with your application:

INCOME VERIFICATION *This must be completed for all parents or legal guardians who live in the child's home. This may include one or both biological parents (regardless of marital status), a biological parent and his/her legal spouse, or another guardian with a legal tie to the child. We must have documentation of **all types of income** for your family, including one or several of the following:*

Earned Income:

Supply one of the following, whichever most accurately depicts your current yearly income:

- 2015 Income Tax Return (Form 1040)
- 2015 W2s
- Three full months of pay stubs

Additional Sources of Income

Supply any or all of the following that your family receives:

- Proof of unemployment benefits
- Documentation of TANF or SSI
- Student Aid award letter
- State verification of foster care status
- VA and/or disability benefits
- Documentation of child support received
- Any other source of regular income

IMMUNIZATION RECORDS *You can ask your doctor to fax them directly to us.*

PROOF OF CHILD'S AGE *(Birth certificate, Medicaid card, or other legal document)*

How does enrollment work?

- Head Start students must be 3 years old.
- Enrollment is needs-based, so please be sure to fill out your application completely and provide all requested materials.
- To fulfill funding requirements, at least 90% of Northwest Montana Head Start students must meet federal low-income guidelines. Up to 10% of students may be accepted from higher income levels.
- Children with disabilities are encouraged to apply!

Completing this application does not guarantee your child's enrollment in our program. We fill spots in our classrooms throughout the school year, and if we cannot enroll your child immediately, we may be able to do so at a later date. Please be sure to notify us if your contact information changes.

If you need assistance or have questions, call us at (406)752-7011.

Your child will also need to complete the following within 90 days of enrollment:

★ **Physical Exam**

★ **Lead Test***

★ **Dental Exam**

We encourage you to make your child's appointment today, because physicians and dentists tend to book up quickly. While we do not endorse or recommend any specific provider, the list below will give you a starting point if you are in need of a provider for your child. You can also check the Answer Book or local phone book for a more complete list of providers. This is only a partial list of providers in our area.

Dental Providers	
Dr. Peter Nelson 795 Sunset Blvd Kalispell, MT (406)752-8302	Kalispell Kidds 1252 N Meridian Rd Kalispell, MT (406)756-1142
Columbia Falls Family Dental Center 105 Nucleus Ave Columbia Falls, MT (406)892-2104	Stebbins Dental Studio 401 Baker Ave Whitefish, MT 59937 (406)862-3503
Dr. Newman 160 Nucleus Ave Columbia Falls, MT (406)892-2085	Dr. Daniels 1210 U.S. 93 Eureka, MT 59917 (406)297-2461

Health Care Providers	
Community Health Center 1035 1 st Ave W Kalispell, MT (406)751-8113	Big Sky Family Medicine 202 Conway Dr #200 Kalispell, MT (406)752-8433
Sunny View Pediatrics 1273 Burns Way Kalispell, MT (406)752-8300	Family Health Care 1287 Burns Way Kalispell, MT (406)752-8120
Glacier Medical Associates 1111 Baker Ave Whitefish, MT (406)862-2515	Columbia Falls Clinic 1850 9 th St W Columbia Falls, MT (406)892-3206
North Valley Professional Center 2165 9 th St W (Hwy 2) Columbia Falls, MT (406)892-3208	Eureka Health Prompt Care 298 Osloski Rd Eureka, MT 59917 (406)297-3145



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ENROLLMENT APPLICATION

Child's Information:

First Name:	Middle Name:	Last Name:	Nickname:
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race (Check One or More): <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Multi-Racial / Biracial <input type="checkbox"/> Other: _____		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	

PREFERRED CLASS TIMES:

Select all that apply. We can't promise you will get your preference.

<input type="checkbox"/> Kalispell AM	<input type="checkbox"/> North Valley AM (Columbia Falls / Canyon / Whitefish)
<input type="checkbox"/> Kalispell PM	<input type="checkbox"/> North Valley PM (Columbia Falls / Canyon / Whitefish)
<input type="checkbox"/> Kalispell Full Day	<input type="checkbox"/> Tobacco Valley (Eureka)

Limited busing may be available at some Head Start locations. Are you interested in bus services? Yes No

Potty-training: Is your child in diapers? Yes No Is your child in Pull-Ups? Yes No
Potty-training does not affect your child's eligibility. This question is for class placement purposes only.

Parent / Guardian #1 Information

Fill in this section for yourself as the parent / guardian completing this application

Your First and Last Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____			Your age when child was born:
Living Address: _____ <small>Street Address City State Zip</small>			
Mailing Address: _____ <small>Street Address or PO Box City State Zip</small>			
Email Address: _____			

Home Phone: () _____	Cell Phone: () _____	Work Phone: () _____	Message: () _____
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Last Grade Completed: <input type="checkbox"/> 9th grade or lower <input type="checkbox"/> Some college / training <input type="checkbox"/> 10 th grade <input type="checkbox"/> Degree / certification <input type="checkbox"/> 11 th grade <input type="checkbox"/> Associate <input type="checkbox"/> 12 th grade <input type="checkbox"/> Bachelor <input type="checkbox"/> GED <input type="checkbox"/> Master	Employment Status: <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Full-time <input type="checkbox"/> Retired / Disable <input type="checkbox"/> Training / School <input type="checkbox"/> None / Unemployed <input type="checkbox"/> Other: _____
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List all other people, adults and children, who live in your home: *You may attach a separate sheet if needed.*

Name	Birth date	Relationship to Child

Is a parent / guardian in the home currently pregnant? Yes No *If yes, estimated due date:* _____

Parent / Guardian #2 Information

Fill in this section to the best of your ability, whether or not the other parent lives in your home.

First and Last Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
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Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____	Age when child was born:
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Living Address: CHECK THIS BOX IF ADDRESS IS SAME AS PREVIOUS PAGE

Street Address City State Zip

Mailing Address: _____

Street Address or PO Box City State Zip

Email Address: _____

Home Phone: () ()	Cell Phone: () ()	Work Phone: () ()	Message Phone: () ()
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Last Grade Completed: <input type="checkbox"/> 9th grade or lower <input type="checkbox"/> Some college / training <input type="checkbox"/> 10 th grade <input type="checkbox"/> Degree / certification <input type="checkbox"/> 11 th grade <input type="checkbox"/> Associate <input type="checkbox"/> 12 th grade <input type="checkbox"/> Bachelor <input type="checkbox"/> GED <input type="checkbox"/> Master	Employment Status: <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Full time <input type="checkbox"/> Retired / Disabled <input type="checkbox"/> Training / School <input type="checkbox"/> None / Unemployed <input type="checkbox"/> Other _____
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Family Information

1. What language is spoken most often in your home?
 English Spanish Russian Chinese Other: _____

2. Is at least one parent / guardian a member of the U.S. military? Yes No **A veteran?** Yes No

3. Are you or anyone in your family receiving the following (mark all that apply): *You must provide proof of TANF or SSI for income verification
 SNAP WIC TANF* Supplemental Security Income (SSI)

4. Emergency Contacts: *If possible, have at least one emergency contact who does not live in your home.*

Name	Address	Phone	Relationship

5. Are there any legal documents regarding custody or visitation of your child?* Yes No
 *This could include, but is not limited to a Parenting Plan, court orders regarding Legal Guardianship / Adoption / Foster Care Status, Order of Protection, or a notarized letter from the parent / legal guardian giving you the right to enroll this child in school.
If yes, please provide a copy with the application.

6. Is there a parent / guardian who is currently incarcerated and/or enrolled in a rehabilitation program? Yes No

7. Is there any other special family need or crisis? Yes No
 Please explain: _____

By signing this application, I certify that the information I have provided is true and accurate. I understand that if any information is found to be false, my child may not be eligible to participate in the program. I also understand that all information I have provided will be kept confidential.

X _____ **Date:** _____
Parent / Guardian Signature

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discrimination against you in any way. However, if you choose not to furnish it, we are required to note the racial / national origin of the individual applicants on the basis of visual observation or surname.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: check one or more <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Multi-racial / Biracial <input type="checkbox"/> Other: _____	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
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_____ Ethnicity / race was determined through visual observation by a Head Start staff member.