



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:*

- 2021 Income Tax Return (Form 1040)
- 2021 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!
- Once your application is turned in, we will schedule a time to meet with you. We meet with every family that applies.

*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.

<b>Dental Providers</b>		
<b><u>Glacier Grins Pediatric Dentistry</u></b> 155 Hutton Ranch Rd Kalispell, MT (406)890-6055		<b><u>Kalispell Kidds</u></b> 1252 N Meridian Rd Kalispell, MT (406)756-1142
<b><u>Big Sky Pediatric Dentistry</u></b> 795 Sunset Blvd Kalispell, MT (406)752-8302		<b><u>Smile Montana</u></b> 105 Nucleus Ave Columbia Falls, MT (406)892-2104
6348 Hwy 93 Whitefish, MT (406)730-5073		Dental Urgent Care 115 Commons Way Suite 102 Kalispell, MT (406)314-6353
6360 US 93 S Whitefish, MT 59937 (406)862-7895		
<b><u>Cedarwood West Dentistry</u></b> 211 5 <sup>th</sup> St W Columbia Falls, MT (406)892-4348	<b><u>Three Rivers Dental</u></b> 160 Nucleus Ave Columbia Falls, MT (406)892-2085	<b><u>Dr. Daniels</u></b> 744 US Hwy 93 N Eureka, MT (406)297-2461

<b>Health Care Providers</b>		
<b><u>Greater Valley Health Center</u></b> <i>Formerly Community Health Center</i> 1035 1 <sup>st</sup> Ave W Kalispell, MT (406)751-8113		<b><u>Glacier Medical Associates</u></b> 1111 Baker Ave Whitefish, MT (406)862-2515
500 12 <sup>th</sup> Ave W Columbia Falls, MT (406)862-2515		
<b><u>Logan Health Children's Primary Care</u></b> <i>Formerly Sunny View Pediatrics</i> 1273 Burns Way Kalispell, MT (406)752-8300		<b><u>Logan Health Primary Care</u></b> <i>Formerly Family Health Care</i> 1287 Burns Way Kalispell, MT (406)752-8120
<b><u>Logan Health Primary Care</u></b> <i>Formerly Big Sky Family Medicine</i> 160 Heritage Way #202 Kalispell, MT (406)752-8433	<b><u>Heart &amp; Hands</u></b> 770 West Reserve #3 Kalispell, MT (406)300-4511	<b><u>Logan Health Primary Care – Columbia Falls</u></b> <i>Formerly Columbia Falls Clinic</i> 1850 9 <sup>th</sup> St W Columbia Falls, MT (406)892-3206
<b><u>Logan Health Primary Care – Columbia Falls</u></b> <i>Formerly North Valley Professional Center</i> 1675 Talbot Rd Columbia Falls, MT (406)892-3208	<b><u>Heavens Peak Health Care</u></b> 1035 9 <sup>th</sup> St W Columbia Falls, MT 59912 (406)897-2000	<b><u>Logan Health Primary Care – Eureka</u></b> <i>Formerly Eureka Health Prompt Care</i> 298 Osloski Rd Eureka, MT (406)297-3145



**Parent / Guardian #2 Information**

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

<b>First and Last Name:</b> _____	<b>Date of Birth:</b> _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married
-----------------------------------	-----------------------------	---	--

<b>Relationship to Child:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	<b>Age when child was born:</b> _____
---	---------------------------------------

**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:** \_\_\_\_\_

<b>Home Phone:</b> ( ) ( )	<b>Cell Phone:</b> ( ) ( )	<b>Work Phone:</b> ( ) ( )	<b>Message Phone:</b> ( ) ( )
-------------------------------	-------------------------------	-------------------------------	----------------------------------

<b>Last Grade Completed:</b> <input type="checkbox"/> 9th grade or lower <input type="checkbox"/> 10 <sup>th</sup> grade <input type="checkbox"/> 11 <sup>th</sup> grade <input type="checkbox"/> 12 <sup>th</sup> grade <input type="checkbox"/> GED	<b>Employment Status:</b> <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Training / School <input type="checkbox"/> Other _____
--	---

**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 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