



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 their legal spouse, or another guardian with a legal tie to the child.*

Earned Income:

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

- 2024 Income Tax Return (Form 1040)
- 2024 W2s
- Three full months of pay stubs
- Unemployment benefits
- Proof of TANF, SSI, or SNAP eligibility

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.

Dental Providers

<p><u>Glacier Grins Pediatric Dentistry</u> 155 Hutton Ranch Rd Kalispell, MT (406)890-6055</p>		<p><u>Kalispell Kidds</u> 1252 N Meridian Rd Kalispell, MT (406)756-1142</p>	
<p><u>Big Sky Pediatric Dentistry</u> 795 Sunset Blvd Kalispell, MT (406)752-8302</p>	<p>6348 Hwy 93 Whitefish, MT (406)730-5073</p>	<p><u>Smile Montana</u> 105 Nucleus Ave Columbia Falls, MT (406)892-2104</p>	
<p><u>Greater Valley Health Center</u> <i>Formerly Community Health Center</i> 1035 1st Ave W Kalispell, MT (406)751-8113</p>		<p>Dental Urgent Care 115 Commons Way Suite 102 Kalispell, MT (406)314-6353</p>	
		<p>6360 US 93 S Whitefish, MT 59937 (406)862-7895</p>	
<p><u>Cedarwood West Dentistry</u> 211 5th St W Columbia Falls, MT (406)892-4348</p>	<p><u>Three Rivers Dental</u> 160 Nucleus Ave Columbia Falls, MT (406)892-2085</p>		<p><u>Dr. Daniels</u> 744 US Hwy 93 N Eureka, MT (406)297-2461</p>

Health Care Providers

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



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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 LOCATION:
Select all that apply

Kalispell - 79 7th Ave EN, Kalispell

North Valley – 80 Railroad St, Columbia Falls

Tobacco Valley – 366 6th St E, Eureka (in the Eureka Middle School)

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: () _____

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
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____			Age when child was born:
Living Address: <input type="checkbox"/> CHECK THIS BOX IF ADDRESS IS SAME AS PARENT / GUARDIAN #1 _____ <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 Phone: () _____

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

*

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

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