

www.myheadstart.org

1 (408) 453-6900 or 1 (800) 820-8182

Dear Parent,

Thank you for your interest in the Early Learning Services Head Start and State Preschool Programs. We provide full-day and part-day preschool services, free of charge or low cost, to eligible families who live in Santa Clara and San Benito Counties. We also offer home-based and center-based services for newborn children to 36 months. Please fill out the application completely and if you need help, you can call us Monday through Friday from 8:00 am to 5:00 pm.

Please note that as part of the enrollment process, you will have an interview with a staff member.

DOCUMENTS YOU WILL NEED (Copies only these will not be returned)

- Income Verification** – The documents need to show your income **for the past 12 months**. All parent or guardian income needs to be submitted. This includes: (any combination of the following to complete 12 months)
 - **Latest Income Tax Return (1040) or W2 with 1 recent month of check stubs or Pay Stubs for 12 Months**
 - **Notice of Action** (if receiving cash aid from CalWORKs, not food stamps)
 - **Proof of SSI - Supplemental Security Income** (if applicable)
 - **Unemployment Income**
 - **Worker’s Compensation**
 - **Child Support**
 - **Disability Income**
 - **Completed “Employer Income Verification”** (This is a form showing hours worked and pay rate)
- Birth Certificate(s)** (for the child and all siblings under 18)
- Proof of Address** (i.e., a phone bill, water bill, etc.)
- Immunization Records**
- TB Assessment or TB Test Results**
- Proof of Legal Custody** (if the child is in foster care)
- Homeless Verification** (if applicable and if available)
- Current IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan)** (if applicable)
- Full Time Employment or School/Training Verification** (if you would like full day services)

SCHEDULE YOUR INTERVIEW

When you have gathered your documents and completed the application contact an Early Learning Services Staff to schedule a date and time for an interview at a location near you. Please be sure to bring all the documents listed above and the completed application.

Schedule Your Appointment Today | 1 (408) 453-6900 or 1 (800) 820-8182

NOHO# _____

CPID # _____

ELS PRESCHOOL SERVICES APPLICATION

I would like to apply for [] AM Session [] PM Session [] Full Day* [] Single Session [] Home Based [] No Preference

*Note: Full day requires both parents/guardians to be working more than 30 hours per week or in school full time taking 12+ units or seeking employment

Child (Applicant)

Form section for child information including First Name, Last Name, Middle, Gender, Birth Date, Living Address, City/Zip, Birth Country, Mailing Address, Is the child in foster care?, Ethnicity, Race, Pacific Islander/Hawaiian, American Indian/Alaskan, More than one race, Some Other Race.

Does the child have a current IEP or IFSP? [] Yes [] No If yes, please complete the Disabilities section of this application

Family Information

Form section for primary language spoken at home, dominant language in classroom, sibling with IEP/IFSP, Name of Person(s) Having Legal Custody of the Child, Parents/Guardians in the Home, Primary Email Address.

Form section for Mother/Guardian's Name, Birth Date, Relationship to Child.

Form section for Lives with the Child, Marital Status, Primary Phone Number, Employment Status.

Form section for Mother/Guardian's Email Address, Alternate Phone Number, Education.

Form section for Father/Guardian's Name, Birth Date, Relationship to Child.

Form section for Lives with the Child, Marital Status, Primary Phone Number, Employment Status.

Form section for Father/Guardian's Email Address, Alternate Phone Number, Education.

List all other family members living in the household for whom you are responsible for the care and welfare - NOT LISTED ABOVE:

Table with 5 columns: First Name, Last Name, Date of Birth, Is this person related to the child's parent(s)?, Is this person supported by the parent's income? Contains 6 rows for listing family members.

Total number of people living in the household (including you) for whom you provide financial support []

ELS PRESCHOOL SERVICES APPLICATION

Child's Name _____

Child's Birth Date _____

Emergency Contact Information

Name	Phone	Relationship

Family Residency

**Temporarily in one of the following due to inadequate housing, financial hardship, or loss of housing
Family Living Situation (Check all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Shelter Name _____
<input type="checkbox"/> Motel/Hotel Name _____
<input type="checkbox"/> Transitional Housing Name _____
<input type="checkbox"/> Single Room Occupancy (SRO)
<input type="checkbox"/> Car, Trailer, or Campsite
<input type="checkbox"/> Rented Garage
<input type="checkbox"/> Rented Trailer, Motor Home on Private Property | <input type="checkbox"/> With another adult (Not the parent/legal guardian)
<input type="checkbox"/> Another Family's House/Apartment
<input type="checkbox"/> None of the options apply
<input type="checkbox"/> Other (Not designed for human beings)
Explain: _____
_____ |
|---|---|

Eligibility

Mother/Guardian	
Mother Name	Has Income <input type="checkbox"/> Y <input type="checkbox"/> N

Check all that apply

- | | |
|---|-----------------------|
| Do you receive: | Monthly Amount |
| <input type="checkbox"/> TANF/CalWORKs (no food stamps) | \$ _____ |
| <input type="checkbox"/> SSI | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ |
| <input type="checkbox"/> Other sources of income | \$ _____ |
| _____ | |

Employment Information	
Employer Name	Employer Phone

- Pay Periods** Weekly Every 2 Weeks Twice Per Month Monthly

Gross Income \$ _____ Per _____

School/Training Information	
Are you in School or Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Name	School Phone

School Units _____

Father/Guardian	
Father Name	Has Income <input type="checkbox"/> Y <input type="checkbox"/> N

Check all that apply

- | | |
|---|-----------------------|
| Do you receive: | Monthly Amount |
| <input type="checkbox"/> TANF/CalWORKs (no food stamps) | \$ _____ |
| <input type="checkbox"/> SSI | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ |
| <input type="checkbox"/> Other sources of income | \$ _____ |
| _____ | |

Employment Information	
Employer Name	Employer Phone

- Pay Periods** Weekly Every 2 Weeks Twice Per Month Monthly

Gross Income \$ _____ Per _____

School/Training Information	
Are you in School or Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Name	School Phone

School Units _____

Parent/Guardian Signature _____	Date _____
Early Learning Services Staff's Signature _____	Date _____

ELS PRESCHOOL SERVICES APPLICATION

Child's Name _____

Birth Date _____

Health History Information

Medications

List all medicines, prescriptive and non-prescriptive, that your child takes regularly

Will your child need to have medication at school Yes No

Your child will not be given medication at school without a physician's note and a Classroom Health Plan written with the parent and program staff.

Allergies and Special Diets

List all allergies (food or Other)

Has your child been prescribed medication for an allergic reaction? Yes No

List special diets to accommodate for cultural preference or for religious or medical reasons (indicate what specific foods are included)

A Classroom Nutrition Plan will be written with the parent and program staff to address all allergies and special diets.

Special Health Needs / Chronic Illness

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pediatric First Aid Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Special Health Needs – Please explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Ears and Eyes

Do you have any concerns about your child's hearing? Yes No Do you have any concerns about your child's vision? Yes No

Social-Emotional Development

Does the child have	Does the child have
Problems getting along with other children the same age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aggressive behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No
Problems getting along with other family members? <input type="checkbox"/> Yes <input type="checkbox"/> No	Extreme shyness? <input type="checkbox"/> Yes <input type="checkbox"/> No
Problems sleeping? <input type="checkbox"/> Yes <input type="checkbox"/> No	Problems separating from parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Temper tantrums? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other concerns you may have about your child's behavior <input type="checkbox"/> Yes <input type="checkbox"/> No
Severe fears? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently receiving mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, agency name

Disabilities

Does your child have an Individualized Education Plan (IEP) with your local school district of residence or County Office of Education program? If yes, please attach copy of the most recent IEP. Yes No

Does your child have an Individual Family Service Plan (IFSP) with an early intervention program, regional center, County Office of Education, or school district? If yes, please attach a copy of the most recent IFSP. Yes No

Additional information about your child's disability or other developmental concerns. Please explain if checked "yes" above.

Parent Authorization for Early Learning Services

I understand that the Early Learning Services Preschool programs are comprehensive programs that will provide many services to support my child and family. Classroom observations and screenings are part of the program, which enable staff and SCCOE's DataZone (Internal Department) to share data in order to plan for my child's individual development and for ongoing program improvement. I understand that the Early Learning Services Program will keep me informed as each service is completed and will provide me the results of all procedures and services my child receives. As part of my child's enrollment in Early Learning Services Preschool programs, my child will be assigned a Statewide Student Identifier (SSID).

While children with special needs are already assigned a Statewide Student Identifier (SSID) in most early learner programs, this is the first time that we are entering a large number of preschool children into California Longitudinal Pupil Achievement Data System (CALPADS) before their entry to kindergarten. This ground-breaking effort will provide participating school districts and lead agencies the ability to share data to better improve services to your child.

I give permission for Early Learning Services Program to complete the following with my child:

Yes No

- Dental Screening
- Nutrition Assessment
- Vision & Hearing Screenings
- Blood Pressure
- Height & Weight
- Social Emotional Screening / Behavioral Health Consultation
- Developmental Screenings / Other Services

Parent/Guardian's Signature

Date

Early Learning Services Staff's Signature

Date

Agreement to Release Information

All release of information about my child will follow the procedural safeguards outlined in the provisions of Federal and State Administrative Codes: Health Insurance Portability and Private Act, (HIPAA), 2003; Family Educational Rights and Privacy Act, (FERPA), 2009; Individuals with Disabilities Education Improvement Act, (IDEA), 2004; and Head Start Performance Standards 1302.41(b)(1), 1302.45(a)(3), 1303.21 (a)(b), 1305.2.

I understand this information is strictly confidential and will be used to better provide support services and to permit data understanding to improve program quality. This authorization shall be valid for one year from the date it is signed.

I certify that the information in this application is true and complete to the best of my knowledge. I understand that failure to report correct information may be grounds for rejection of this application or termination of childcare services. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing childcare services.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature (Required for Annual Review)

Date (Required for Annual Review)

REVIEW ANNUALLY WITH PARENTS/GUARDIAN'S