

BEAR RIVER HEAD START
Preschool Head Start (PHS) Early Head Start (EHS)
95 West 100 South Suite 200 LOGAN, UTAH 84321
 (435) 755-0081 FAX: (435) 755-0125

COVER LETTER FOR 2019-2020 APPLICATION

Dear Parents/Guardians:

Thank you for your interest in Bear River Head Start/Early Head Start Program. Bear River Head Start is a federally funded program that serves pregnant women and families with children from birth to age five. These services are provided at no cost to families. Federal income guidelines and child/family circumstances are considered to determine eligibility. Please complete a separate application for each child applying. Children with disabilities or special needs are welcome. Please attach a copy of your child's IEP or IFSP to the application.

Please submit the following documents with the completed application:

Proof of Age-need 1 of the following documents

- Birth Certificate
- Christening-Blessing Certificate
- Passport
- Other Legal Documents

Income Verification-need any of the below if applicable

- W-2 Form
- Current year Taxes (1040)
- Check Stubs=12 months
- Letter from employer on letter head
- Scholarships-Grants
- Child Support
- Social Security Income

Head Start Family Income Guidelines	
Effective 1/11/2019	
For families/households with more than 8 persons, add \$4,420 for each additional person. For Early Head Start Families add 1 for expectant mom	
Persons in Family/Household	Poverty Guideline
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

Children in public assistance (TANF), Foster Care or SSI programs are income eligible

Please attach a current copy of your child's/family's Public Assistance (TANF), Foster Care, or SSI document. This will be retained and kept with your child's application.

I understand the above and would like to apply for Bear River Head Start. I understand that by submitting this application I am not guaranteed enrollment. An in person interview needs to be completed with the application. Incomplete applications will not be processed.

****Please allow up to 30 days for processing application****
****Keep this sheet for your reference****

Frequently Asked Questions

Once I complete and turn in my child's application what will happen next?

Upon receiving your application, the Recruitment & Enrollment team will process and input your information into our database. Your child will then be placed on the Income Eligible or Over-Income waitlist for the site requested. **Head Start has limited slots for age-eligible **over-income** children, and the majority of those slots go to children with identified disabilities.

When will I hear if my child is in the program?

If you turn in an application between February and August (for the next program year – beginning September 2019), and if your child is selected to attend Bear River Head Start, you will receive a letter informing you that your child has been accepted into the program. This letter will be mailed to you during the summer of 2019. If your child is not accepted, after August 21, 2019, he/she will remain on the waitlist until there is an opening. **You will be called** by a member of the ERSEA team if your child has been selected to fill a vacancy.

Will my child get into the program?

If your child is a foster or a homeless child, your chances are excellent; **but we cannot guarantee your child will get in.** The federal government determines who gets first priority in receiving services in Head Start and foster and/or homeless children are priority children. If your child is **age and income eligible**, your chances are very good; **but we cannot guarantee your child will get in. We maintain a waiting list every year!** The program **IS NOT** first-come first-served, but the sooner you turn in your application the better, as first selections are made early in the summer. Government regulations require services to **those in the community who need the services the most.** Therefore, each application is rated based on the information provided.

What if I move after I submit my application?

It is important to notify Bear River Head Start as soon as possible when there is a change in address and/or phone number. Please call our ERSEA office at 435-755-0081 Ext. 321 or 322 to update your new information.

What if I am a parent with Sole, Joint Legal, or Joint Physical Custody?

Bear River Head Start requires all legal documentation regarding custody. Documents must be provided at the time of application.

If you are selected to be in the program, the following medical & dental requirements will need to be met:

- ***Physical:*** Your child will need an up-to-date physical exam with a medical doctor. Please obtain a copy of the most recent physical exam that was done.
- ***Hematocrit/Hemoglobin:*** Your child will need a hematocrit or hemoglobin to be done with their physical if they are 12 months or older. If your child is on WIC, Head Start can request HGB from the WIC office.
- ***Lead Test:*** If your child is 12 months or older and has never had a lead test, obtain a lead test at the time of their physical, or call your child's doctor for a lab order.
- ***Dental Exam:*** Your child will need a dental exam with a dentist if he/she is 12 months or older. If your child is on a regular six-month schedule with his or her dental care, please obtain a copy of your child's latest six-month exam.
- ***Immunization record:*** (please copy front & back) Immunizations need to be up to date.
- **If your child has a medical or nutrition concern (i.e. food allergy or asthma) that needs to be addressed during participation in the program, please contact our office immediately 435-755-0081**



BEAR RIVER HEAD START
 EARLY HEAD START 2019-2020
 Enrollment Application
 95 West 100 South Suite 200 Logan, UT 84321
 (435) 755-0081

Childplus ID# _____

 Staff Recruiter _____
 _____/_____/_____
 MM DD YY
 Date Received

CHILD'S NAME				
_____			Date of Birth _____/_____/_____	
First	Last	MI	MM	DD YY
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> Asian <input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____ <input type="checkbox"/> American Indian or Alaskan Native		
Language Primary Language spoken at Home _____		English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Home Address				

Street	City	State	Zip	County
Home Phone _____		Cell Phone _____		Work Phone _____
Mailing Address (If different from home address)				

Street	City	State	Zip	County
Do any of the following apply to your household at this time? <input type="checkbox"/> Sharing a residence <input type="checkbox"/> Living in a shelter <input type="checkbox"/> Living in a hotel/motel <input type="checkbox"/> Living in a car, park, campground or public space <input type="checkbox"/> Living in a space without adequate facilities			Is your living arrangement Temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this due to loss of housing or inability to afford housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive any of the following: <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> WIC <input type="checkbox"/> SNAP <input type="checkbox"/> Medicaid				
TANF and SSI Documents will be required and retained with the application				
Referral (present documentation) <input type="checkbox"/> CAPSA <input type="checkbox"/> School District <input type="checkbox"/> Up to 3 <input type="checkbox"/> Doctor/Health Care Provider				
<input type="checkbox"/> Health Department or WIC <input type="checkbox"/> Division of Child & Family Services <input type="checkbox"/> Other _____				
Is the parent of the child applying expecting? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Due date _____/_____/_____				
(For Early Head Start families applying add 1 to number in family.)				
# in Household	# in Family	# of Children in Family	# of Children ages 0-3	# of Children ages 4-5
Parental status in home: <input type="checkbox"/> One parent <input type="checkbox"/> Two parents <input type="checkbox"/> Relative <input type="checkbox"/> Foster care				

NEED FOR SERVICES (For child applying if applicable)

Please list any specific concerns why you believe your child should be enrolled in Head Start. (Example: child/family concerns/needs/circumstances, disabilities, development concerns, divorce, parent difficulty reading/speaking, death in immediate family within the last year) _____

Is your child on an IEP/IFSP? YES NO

Name of school district or program (Example: Up to three or Idaho Infant & Toddler) _____

As legal guardian of _____, I give permission to the school district or program listed above to exchange information regarding my child for the purposes of enrollment priority in the Head Start Program.

Parent/Guardian Signature _____ Date _____

PRIMARY ADULT (Person filling out form)

_____ Date of Birth _____/_____/_____
 First Last MM DD YY

Primary Phone/Cell () _____	Email: _____
** Contact through text (See attached form)**	**Contact through email (See attached form)**

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Black/ African American <input type="checkbox"/> Other _____
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Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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Relationship to Child <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative	Do you have Custody of the child applying? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you provide financial support? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you live in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Highest Grade Completed <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED If less than grade 9 specify _____	<input type="checkbox"/> Some College/Tech School <input type="checkbox"/> Training/ Tech Cert. <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree	Employment Status <input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Part time <input type="checkbox"/> Training or school <input type="checkbox"/> Seasonally employed <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
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****Contact Information for Non-Custodial Parent of Child Applying****

Bear River Head Start honors educational rights for all parents. If you have court documents that prohibit educational parental rights for Non-Custodial Parent those documents must be provided at the time of application.

NAME		Date of Birth _____/_____/_____	
_____	_____	MM	DD YY
First	Last		
Home Address		Primary Phone/Cell	
_____		() _____	
Street	City	State	Zip

SECONDARY ADULT

_____		Date of Birth _____/_____/_____	
_____	_____	MM	DD YY
First	Last		
Primary Phone/Cell		Email:	
() _____		_____	
** Contact through text (See attached form)**		**Contact through email (See attached form)**	
Gender	Ethnicity	Race	
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	
<input type="checkbox"/> Female	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Multi/Biracial	
		<input type="checkbox"/> Pacific Islander	
		<input type="checkbox"/> Black/ African American	
		<input type="checkbox"/> Caucasian	
		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> American Indian or Alaskan Native	
Language		English Proficiency	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Relationship to Child	Do you have Custody of the child applying?	Do you provide financial support?	
<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Foster Parent		Do you live in the home?	
<input type="checkbox"/> Relative		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Highest Grade Completed		Employment Status	
<input type="checkbox"/> Grade 9	<input type="checkbox"/> Some College/Tech School	<input type="checkbox"/> Full time 35+ hours	
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Training/ Tech Cert.	<input type="checkbox"/> Part time	
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Training or school	
<input type="checkbox"/> Grade 12	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Seasonally employed	
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Retired or disabled	
<input type="checkbox"/> GED		<input type="checkbox"/> Unemployed	
If less than grade 9 specify _____		<input type="checkbox"/> Homemaker	

OTHER CHILDREN IN THE HOME UNDER THE AGE OF 18 (related by blood, marriage, or adoption to the child applying)

Full Name of Child	Gender	Birth Date	Race	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Black/ African American <input type="checkbox"/> Other _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Black/ African American <input type="checkbox"/> Other _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Black/ African American <input type="checkbox"/> Other _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Black/ African American <input type="checkbox"/> Other _____

OTHER ADULTS OR CHILDREN IN THE HOME

Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
_____		Date of Birth ____/____/____	
First Last		MM DD YY	
Related by blood, marriage or adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Race	Highest Grade Completed	Employment Status	
<input type="checkbox"/> Asian <input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____ <input type="checkbox"/> American Indian or Alaskan Native	Specify _____	<input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or school <input type="checkbox"/> Homemaker <input type="checkbox"/> Seasonally employed	

Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
_____		Date of Birth ____/____/____	
First Last		MM DD YY	
Related by blood, marriage or adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Race	Highest Grade Completed	Employment Status	
<input type="checkbox"/> Asian <input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____ <input type="checkbox"/> American Indian or Alaskan Native	Specify _____	<input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or school <input type="checkbox"/> Homemaker <input type="checkbox"/> Seasonally employed	

Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
_____		Date of Birth ____/____/____	
First Last		MM DD YY	
Related by blood, marriage or adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Race	Highest Grade Completed	Employment Status	
<input type="checkbox"/> Asian <input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____ <input type="checkbox"/> American Indian or Alaskan Native	Specify _____	<input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or school <input type="checkbox"/> Homemaker <input type="checkbox"/> Seasonally employed	

PROGRAM OPTIONS/PREFERENCE (please mark your selections(s) below)

<p>Preschool Head Start (PHS) Serving children 3 (by Sept 1) – 5 years old</p> <p>[] Center Based [] Home Based</p>	<p>Early Head Start (EHS) Serving children 0-3 & Expectant mothers</p> <p>[] Center Based [] Home Based</p>
<p>If requesting Center Based services:</p> <p>1st Choice _____</p> <p>2nd Choice _____</p> <p>If requesting Home Based services</p> <p>County _____</p>	<p>If requesting Center Based Services:</p> <p>1st Choice _____</p> <p>2nd Choice _____</p> <p>If requesting Home Based services</p> <p>County _____</p>

PRESCHOOL HEAD START LOCATIONS

EARLY HEAD START LOCATION

UTAH Part Day Monday thru Thursday
Morning: 8:00 AM-12:00 PM
Afternoon: 12:00 PM – 4:00 PM

Logan PHS Center 852 South 100 West

Brigham City 810 North Main

Hyde Park TBA

IDAHO Part Day Monday thru Thursday

Preston-Pioneer Elementary 525 S 400 E
 Preston AM 8:30 -12:30
 Preston PM 11:00 - 3:00

Malad - Malad Elementary 450 N 300 W. 8:00 AM-12:00 PM

Paris - Paris Elementary 39 Fielding Street 11:30 AM - 3:30 PM

UTAH Extended Day Monday thru Thurs

Richmond-Park Community Center 90 S 100 W 8:30 AM -3:00 PM

Smithfield- Sunrise Elementary 225 S 455 E 8:30 AM – 3:00 PM

Hyrum-Lincoln Elementary 90 S. Center 8:00 AM – 2:30 PM

Tremonton- 451 E 600 N. 8:00 AM – 2:30 PM

Brigham City-810 North Main 8:00 AM – 2:30 PM OR 8:15 AM – 2:45 PM

Hyde Park TBA 8:00 AM – 2:30 PM

UTAH Extended Day Monday thru Friday
8:00 AM - 2:00 PM

Cache South Nest/Koop 670 West 400 South

Cache North-Fish Pond 1300 North 200 East

Preschool Head Start and Early Head Start
Homebased Options

Box Elder, Cache, Caribou/Bear Lake, Franklin, & Rich

PARENTS PLEASE MARK THOSE THAT APPLY:

- Past Head Start Family
- Currently enrolled in ANY Head Start Program
- Do you plan to apply to **ANY** other Head start Program

How did you hear about Bear River Head Start? _____

Have you been convicted of a crime in the last seven (7) years? [] YES [] NO

If yes, please explain _____

CONVICTION WILL NOT BAR ENROLLEMENT FOR YOUR CHILD

1. I have carefully reviewed the documents and information I have provided to Bear River Head Start and, by signing below, certify to the best of my knowledge that all information is true and correct.
2. I further understand that this an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in serious legal consequences for me.
3. I understand that this application is not complete until **all documentation** required is submitted, reviewed, and signed. Incomplete applications will be returned and will further delay the enrollment process.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____

Comments/Notes:

Communication Agreement

As part of improving our communication with families we serve, we are in the process of having our system upgraded so that we can contact parents (guardians) through text and/or email message. By communicating in this manner we are able to reach all of our families quickly and more effectively. Your phone number and email will only be used by Bear River Head Start and kept confidential. By agreeing, you are giving your permission for Bear River Head Start to contact you through text/email message. Once set up, you may receive text or email messages regarding attendance, school cancellations due to weather, parent meetings, activities and general reminders. This should aid both home and Head Start in serving your child. Thank you.

Child's Name: _____

Signature: _____ Date: _____

Preferred method of contact: [] Text [] Email

Acuerdo de comunicación

Como parte de mejorar nuestra comunicación con las familias a las que servimos, estamos en el proceso de actualizar nuestro sistema para que podamos contactar a los padres (tutores) a través de mensajes de texto y/o correos electrónicos. Al comunicarnos de esta manera, podemos llegar a todas nuestras familias de manera rápida y más eficaz. Su número de teléfono y correo electrónico solo serán utilizados por Bear River Head Start y se mantendrán confidenciales. Al aceptar, usted está dando su permiso para que Bear River Head Start lo contacte a través de un mensaje de texto o correo electrónico. Una vez configurado, puede recibir mensajes de texto o correo electrónico con respecto a la asistencia de clases, cancelaciones de la escuela debido al clima, reuniones de padres, actividades y recordatorios generales. Esto debería ayudar tanto al hogar como a Head Start a servir a su hijo. Gracias

Nombre del niño(a): _____

Firma: _____ Fecha: _____

Forma de contactar preferido: [] Texto [] Correo Electrónico

EMERGENCY CONTACTS (NOT PRIMARY OR SECONDARY ADULTS, but others who can make decisions for your child, if you are not available)

<p>Name _____ Relationship to child _____ Contact: Yes [] No []</p> <p>City _____ State _____ Zip _____ Release: Yes [] No []</p> <p>Home phone _____ Cell phone _____ Work phone _____</p>
<p>Name _____ Relationship to child _____ Contact: Yes [] No []</p> <p>City _____ State _____ Zip _____ Release: Yes [] No []</p> <p>Home phone _____ Cell phone _____ Work phone _____</p>
<p>Name _____ Relationship to child _____ Contact: Yes [] No []</p> <p>City _____ State _____ Zip _____ Release: Yes [] No []</p> <p>Home phone _____ Cell phone _____ Work phone _____</p>

Why does Bear River Head Start Need Emergency Contacts?

Emergency contacts are needed in the event that Bear River Head start is unable to contact the Primary or Secondary adult.

What does Release mean?

Bear River Head Start is able to release the child to the care of the Emergency Contact, in the event that the Primary or Secondary adult is unable to pick up the child.

BEAR RIVER HEAD START
***** Health and Education Permission/Release Form *****

Child's name _____ Date of birth _____ Telephone #: _____

PERMISSION TO OBTAIN/RELEASE HEALTH DATA INFORMATION

(Please initial. Parent initials need to be up-dated yearly.)

____ Upon enrollment, I give permission for Head Start Health Staff to obtain required health data from my child's health providers (doctor, dentist, WIC, Medicaid, insurance companies, mental health professionals) to meet medical, mental health, and dental follow-up services and Performance Standard requirements. This information may be obtained by mail, telephone and/or fax.

____ I also give permission for my health care providers to release the required health data information to Head Start Health Staff. My health care provider can release this information by telephone, mail, and/or fax.

____ It is understood that the above information is to be used for professional purposes only and is to be held confidential.

OTHER PERMISSIONS – (Please initial. Parent initials need to be up-dated yearly.)

____ I give permission for Head Start to provide emergency first aid and seek emergency medical help for my child.

____ I give permission for Head Start Staff to provide screenings on my child (vision, hearing, height and weight).

____ I give permission for my child's name to be posted in the classroom if there is a medical condition or food allergy that all staff should be aware of.

____ I give permission for Head Start to record video and take photographs and use these to promote our program in the community (newspaper, etc.)

____ I give permission for Head Start to record videos and take photographs for use in evaluating university students and promote their program.

____ I give permission for Head Start to record video for use in classroom observations.

____ I give permission for Head Start to allow classroom photos and videos to be taken by parents.

____ I give permission for Head Start to take my child on Head Start field trips.

____ Every child is required to be screened to determine where the developmental level of the child is at the beginning of their time in Head Start. This information gives the teacher a starting point to plan goals and activities for the children. I give Bear River Head Start permission to screen my child and I understand that all results will be kept confidential and reviewed with me. I understand I have the right to refuse permission for this screening.

____ I give permission for Head Start to perform mental health observations in the classroom and at socializations.

I understand that this permission form remains in effect for one year or for the duration my child remains in Head Start. I understand I may cancel/revoke this authorization at any time by submitting a written request.

Parent/Guardian Signature Date

Staff Signature Date

*****This page is optional at this time, however if your child is selected for enrollment it will need to be completed before participation in the program*****

BEAR RIVER HEAD START
Child Medical Information Form

Child's name _____ Birthdate _____ Parent's name _____ Phone _____

HAS YOUR CHILD BEEN SERVED BY WIC FROM DECEMBER 2018 TO PRESENT TIME? [] YES [] NO
City of the specific WIC department that services your child: _____

CHILD'S INSURANCE PROVIDER NAME: _____

CHILD'S PHYSICIAN NAME: _____ **PHONE NUMBER:** _____
Date of last or upcoming physical exam: _____

CHILD'S DENTIST NAME: _____ **PHONE NUMBER:** _____
Date of last or upcoming dental exam: _____

Health Problems

Has child ever had **OR** currently have any of the following illnesses or conditions? *(Please mark any applicable illness or condition)*

- | | | |
|--|---|---|
| <input type="checkbox"/> boils | <input type="checkbox"/> heart/blood vessel disease | <input type="checkbox"/> child abuse and neglect |
| <input type="checkbox"/> hives | <input type="checkbox"/> liver disease | <input type="checkbox"/> sickle cell disease |
| <input type="checkbox"/> eczema | <input type="checkbox"/> polio | <input type="checkbox"/> high lead levels |
| <input type="checkbox"/> asthma | <input type="checkbox"/> overweight | <input type="checkbox"/> problems with teeth, gums, or mouth |
| <input type="checkbox"/> bleeding tendencies | <input type="checkbox"/> underweight | <input type="checkbox"/> frequent sore throat |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> anemia | <input type="checkbox"/> frequent cough |
| <input type="checkbox"/> frequent vomiting | <input type="checkbox"/> frequent stomach pain | <input type="checkbox"/> frequent urinary infections or trouble urinating |
| <input type="checkbox"/> frequent diarrhea | <input type="checkbox"/> difficulty seeing (squints, crosses eyes, wears glasses, etc.) | |
| <input type="checkbox"/> difficulty with ears/hearing (tubes, frequent earaches, etc.) | | |

Please further explain any medical condition marked above and/or any other medical condition that your child has. Also, please list what medications your child is taking and for what medical condition

Yes	No	Has child ever had a convulsion or seizure? If yes, when did it last happen? _____
_____	_____	Is child taking medicine for seizures? If yes, what medicine? _____

ALLERGIES: Please list all allergies and the **CHILD'S REACTION** to the allergens when he or she is exposed to them.

FOOD Allergies/Reaction: _____

MEDICATION Allergies/Reaction: _____

OTHER Allergies when near animals, furs, insects, dust, etc. /Reaction: _____

SCREENING PERMISSION FORM			
Bear River Head Start has my permission to do necessary, non-invasive screenings throughout the year. These screenings will include: <i>(Please initial each blank)</i>			
_____Hearing and Vision	_____Developmental screening	_____Height/Weight	_____Social/Emotional screening
These screenings are required for all children enrolled in Head Start. Be assured that the test information will be kept confidential and will only be used to plan special activities for your child.			
Parent(s)/Guardian(s): _____		Date: _____	

*****This page is optional at this time, however if your child is selected for enrollment it will need to be completed before participation in the program*****

STAFF USE ONLY
USO DE PERSONAL SOLAMENTE

This section is to be completed by the staff recruiter. Please complete interview with parent, STAFF INITIAL next to those that apply and N/A if it does not. Esta sección debe ser completada por el personal. Por favor complete la entrevista con los padres, ponga sus INICIALES a los que aplique y una N/A a los que no aplique.

- _____ Current income (check stubs, W2, tax form 1040, or employer letter)
Verificación de ingresos (Formulario de impuestos (1040), forma W-2, talones de cheques, carta de portón)
- _____ Proof of age (birth certificate, christening/blessing certificate, Medicaid card or passport)
Prueba de edad (acta de nacimiento O acta de bautismo)
- _____ Scholarship/grants
Becas
- _____ Child support
Menutenicon de hijos
- _____ If living arrangement “temporary” was marked, document why
Si marco SI, donde vive un arreglo temporal, explique su situación
- _____ Verify all members have a full date of birth
Verifique que todos los miembros de la familia tengan una fecha de nacimiento completa.
- _____ SSI, TANF, or Foster Placement form
Forma de SSI, TANF, o colocación de hogar (Foster care)
- _____ Complete emergency contact information
Complete la forma de Información de Contactos de Emergencia
- _____ Program Options/Preferences clearly marked
Los lugares preferidos estan claramente marcados
- _____ Both parents education/employment status filled in with working parents’ income
Educación/estatus laboral de ambos padres, igual que el ingreso de ambos o de un solo padre.
- _____ IEP or IFSP documentation if applicable
- _____ Court Documentation for Non-Custodial Parent if applicable
- _____ Communication agreement completely filled out
Acuerdo de comunicacion

I, the parent, have completed this interview with a Bear River Head Start staff member. He/She has reviewed all information that has been submitted with my application. By signing this form, I certify to the best of my knowledge and belief that all information regarding eligibility provided by me is true and accurate.

Yo el padre he completado esta entrevista con un representante de Bear River Head Start. El/Ella revisado que toda la información se ha presentado con mi solicitud. Al firmar este formulario, certifico a lo mejor de mi conocimiento y creencia que se proporciona toda la información relativa a elegibilidad por mí es verdadera y exacta.

Parent/Guardian Signature _____ **Date** _____
Firma del Padre/Guardián *Fecha*

I, staff member of Bear River Head Start, have reviewed and conducted this interview with the parent/guardian.
Yo, representante de Bear River Head Start, he revisado y completado esta entrevista con el padre/guardián.

Staff Signature _____ **Date** _____