

# BEAR RIVER HEAD START APPLICATION 2018-2019

## Preschool Head Start (PHS) Early Head Start (EHS)

95 West 100 South Suite 200 LOGAN, UTAH 84321

CACHE COUNTY (435) 755-0081 FAX: (435) 755-0125

Box Elder (435) 723-7755 Fax 435-734-4932/ Fielding (435) 458-2700 / Preston (208) 852-3012

Oneida (208) 766-2200

### Dear Parents/Guardians:

Bear River Head Start is a free (no cost to the parents/guardians), federally funded, comprehensive preschool program. Federal income guidelines and child/family circumstances are considered to determine eligibility. Please complete a separate application for each child applying. **Please keep our office informed of any changes in your contact information (address, phone number).**

### Please turn in these documents with the application:

☐ **Proof of age**-birth certificate, christening/blessing certificate **OR** other legal document.

☐ **Income verification**-need 1 of the following documents, listed in order of preference.

- |                                     |                             |
|-------------------------------------|-----------------------------|
| - W-2 form                          | - verification from TANF    |
| - Tax form (1040)                   | - SSI documentation         |
| - check stubs = 12 months preferred | - Foster Care documentation |
| - letter from employer              | - Child support             |
| - Scholarship/grants                |                             |

**\*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.

**IF THE ITEMS LISTED ABOVE ARE NOT PRESENTED WITH YOUR APPLICATION,  
WE WILL BE UNABLE TO KEEP AND PROCESS YOUR APPLICATION.**

Children with disabilities or special needs are welcome. Please attach a copy of your child's IEP or IFSP to the application.

Head Start involves families as well as the Head Start child. Parent support is vital to the success of the program. Parents (families) are encouraged to volunteer time to the program. Volunteering can include helping in the classroom, preparing activities at home, serving on Parent Committees, etc.

Upon acceptance into the program, your child will be assigned a home-based option or center-based class.

In addition, your family will receive Family Advocate services. Family Advocate services focus on strengthening the family, literacy/education and employability.

Center-based children may ride the Head Start bus for class field trips.

Transportation is **not** provided to or from school.

Transportation Alternatives: parents can create car pools, ride public transportation, or request the home-based option.

**I have read and understand the above and would like to apply to have my child in Bear River Head Start.**

**I understand that by submitting this application I am not guaranteed enrollment.**

**PARENTS PLEASE KEEP THIS PAGE. IT IS FOR YOUR INFORMATION**

## All Earnings Must be Reported

\*Gross Earnings from Employment & Unemployment\*   \*Retirement or Disability\*   \*Financial Assistance\*  
\*Foster Care Stipend\*   \*Child Support or Alimony\*   \*Self-employment Income\*  
\*Farm Self-employment Income\*   \*Scholarships/Grants

**We follow the school district schedule for all holidays and breaks.**

### **What will happen after my application is completed and turned in?**

Upon receiving your application, the Recruitment & Enrollment team will process your information and input it 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 January and August (for the next program year – beginning September 2018), 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 summer of 2018.

If your child is not accepted, after August 21, 2018, he/she will remain on the waitlist until there is an opening. **You will be called** by a member of the Recruitment & Enrollment team if your child has been selected to fill the 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 in the application.

**If you are selected to be in the program, the following health requirements will need to be met:**

**MEDICAL & DENTAL REQUIREMENTS**-If you have questions please call our office at 435-755-0081.

- **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 will 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)

## Bear River Head Start Application 2018-19

### Family Member Information

<b>Staff Only</b> Child Plus # _____ Date application received _____ Staff recruiter _____					
<b>Child's legal name:</b>		<b>Preferred name:</b>		<b>Date of birth:</b>	
<b>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></b>					
<b>English Proficiency</b> <input type="checkbox"/> None (doesn't speak or understand) <input type="checkbox"/> Poor (doesn't speak but understands) <input type="checkbox"/> Moderate (speaks & understands a little) <input type="checkbox"/> Proficient (speaks & understands)		<b>Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____  <b>Ethnicity:</b>		<b>Race (check all that apply)</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> African/Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	
<b>Living Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
<b>Mailing Address</b> (If different from living address)		<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
<b>Is your living address a temporary arrangement?</b> <small>(Excluding renters)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If yes, is this due to loss of housing or because of inability to afford housing?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Do any of the following apply to your household at this time?</b> <input type="checkbox"/> Sharing a residence <input type="checkbox"/> Living in a hotel <input type="checkbox"/> Living in a shelter <input type="checkbox"/> Living in a car, park, campground, or public space <input type="checkbox"/> Living in a space without adequate facilities		
Home phone ( )	Cell phone ( )		Work phone ( )	Message phone ( )	
<b># in Household</b>	<b># in Family</b>	<b># of Children in Family</b>	<b># of Children ages 0-3</b>	<b># of Children ages 4-5</b>	
<b>Parental status in home:</b> <input type="checkbox"/> One parent <input type="checkbox"/> Two parents <input type="checkbox"/> Relative <input type="checkbox"/> Foster care					
<b>Primary language spoken at home:</b>			<b>Language you prefer the visits/mail in (circle one)</b> English or Spanish		
<b>Please mark all that you receive:</b> <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> WIC <input type="checkbox"/> SNAP <small>(The following documents will be required and retained with the application: SSI/TANF)</small>					
<b>Referral</b> (please present documentation) <input type="checkbox"/> School District <input type="checkbox"/> Health Department or WIC <input type="checkbox"/> CAPSA <input type="checkbox"/> Up to 3 program <input type="checkbox"/> Doctor/Health Care Provider <input type="checkbox"/> Division of Child & Family Services or CPS <input type="checkbox"/> Other _____					

#### Child Care Needs

- Does this child need full-day, full-year childcare because you are working or in training? ☐ YES ☐ NO
  
- Please select the type of child care the child receives during that part of the day when they are not in Preschool Head Start or Early Head Start?
 

☐ Family child care home  
☐ Child care center or home

☐ Through a public school pre-kindergarten program  
☐ At home or with relative or unrelated adult

☐ Other

#### Early Head Start Parents: Please complete by mother of child if pregnant

Are you Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Due Date) Expected Delivery Date ____/____/____
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**Need for Services (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 family within the last year) \_\_\_\_\_

\_\_\_\_\_

**Is your child on an IEP/IFSP?** [ ] NO [ ] YES [ ] POSSIBLE CONCERN

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 \_\_\_\_\_

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

Name _____	Relationship to child _____	Contact: Yes [ ] No [ ]
Address _____	City _____ State _____ Zip _____	Release: Yes [ ] No [ ]
Home phone _____	Cell phone _____	Work phone _____

  

Name _____	Relationship to child _____	Contact: Yes [ ] No [ ]
Address _____	City _____ State _____ Zip _____	Release: Yes [ ] No [ ]
Home phone _____	Cell phone _____	Work phone _____

  

Name _____	Relationship to child _____	Contact: Yes [ ] No [ ]
Address _____	City _____ State _____ Zip _____	Release: Yes [ ] No [ ]
Home phone _____	Cell phone _____	Work phone _____

**Family Member Information****Primary Adult** (person filling out form)

First name _____	Last name _____	Date of birth: _____
Lives with family? [ ] YES [ ] NO	Provides financial support? [ ] YES [ ] NO	Gender: Male [ ] Female [ ]
<b>Education level</b> [ ] High school graduate [ ] Master's degree [ ] GED [ ] Bachelor's degree [ ] Grade 12 [ ] Associate's degree [ ] Grade 11 [ ] Training/Tech Cert. [ ] Grade 10 [ ] Some college/Tech school [ ] Grade 9 *If less than grade 9 specify here _____	<b>Employment status</b> [ ] Full time 35+ hours [ ] Seasonally employed [ ] Full time & training [ ] Retired or disabled [ ] Part time [ ] Unemployed [ ] Part time & training [ ] Homemaker [ ] Training or school	
<b>English Proficiency</b> [ ] None (doesn't speak or understand) [ ] Poor (doesn't speak but understands) [ ] Moderate (speaks & understands a little) [ ] Proficient (speaks & understands)	<b>Primary Language:</b> [ ] English [ ] Spanish [ ] Other _____ <b>Ethnicity:</b>	<b>Race (check all that apply)</b> [ ] American Indian or Alaska Native [ ] African American [ ] Pacific Islander [ ] Caucasian [ ] Asian [ ] Other _____
<b>What is your relationship to the child applying to Bear River Head Start?</b> _____		
<b>Do you have custody of the child applying?</b> [ ] YES [ ] NO		
<b>Email:</b> _____		

Secondary Adult			
First name		Last name	
Date of birth:			
Lives with family? [ ] YES [ ] NO		Provides financial support? [ ] YES [ ] NO	
Gender: Male [ ] Female [ ]			
Home Phone ( )	Cell Phone ( )	Employers Phone ( )	Message Phone ( )
Living address		State	Zip
			County
Mailing address(if different from living address)		State	Zip
			County
Education level		Employment status	
[ ] High school graduate		[ ] Full time 35+ hours	
[ ] Master's degree		[ ] Seasonally employed	
[ ] GED		[ ] Full time & training	
[ ] Bachelor's degree		[ ] Retired or disabled	
[ ] Grade 12		[ ] Unemployed	
[ ] Associate's degree		[ ] Part time	
[ ] Grade 11		[ ] Part time & training	
[ ] Training/Tech Cert.		[ ] Homemaker	
[ ] Grade 10			
[ ] Some college/Tech school		[ ] Training or school	
[ ] Grade 9			
* If less than grade 9 specify here			
English proficiency		Primary language:	
[ ] None (doesn't speak or understand)		[ ] English	
[ ] Poor (doesn't speak but understands)		[ ] Spanish	
[ ] Moderate (speaks & understands a little)		[ ] Other _____	
[ ] Proficient (speaks & understands)		Ethnicity:	
		Race (check all that apply)	
		[ ] American Indian or Alaska Native	
		[ ] African American [ ] Pacific Islander	
		[ ] Caucasian [ ] Asian	
		[ ] Other _____	
What is your relationship to the child applying to Bear River Head Start?			
Do you have custody of the child applying? [ ] YES [ ] NO			
Email:			

Contact Information for Non-Custodial Parent of Child Applying		
Do you give permission for Bear River Head Start to contact Non-Custodial parent for Head Start purposes?		
[ ] YES [ ] NO [ ] N/A (not applicable)		
Name	Address	Home ( )
	City	Cell ( )
Date of Birth	State/Zip	Work ( )

Other Children in Family (not child who is applying for Head Start)		
First name:	Last name:	Gender: Male [ ] Female [ ]
Related by blood, marriage or adoption: [ ] YES [ ] NO		Date of birth:
Relationship to child applying:		Lives with family? [ ] YES [ ] NO
Race (check all that apply)		
[ ] Asian [ ] American Indian or Alaska Native [ ] Black [ ] Pacific Islander [ ] White [ ] Other _____		
First name:	Last name:	Gender: Male [ ] Female [ ]
Related by blood, marriage or adoption: [ ] YES [ ] NO		Date of birth:
Relationship to child applying:		Lives with family? [ ] YES [ ] NO
Race (check all that apply)		
[ ] Asian [ ] American Indian or Alaska Native [ ] Black [ ] Pacific Islander [ ] White [ ] Other _____		

<b>First name:</b>	<b>Last name:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Related by blood, marriage or adoption:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date of birth:</b>	
<b>Relationship to child applying:</b>	<b>Lives with family?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Race</b> (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other_____		
<b>First name:</b>	<b>Last name:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Related by blood, marriage or adoption:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date of birth:</b>	
<b>Relationship to child applying:</b>	<b>Lives with family?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Race</b> (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other_____		
<b>First name:</b>	<b>Last name:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Related by blood, marriage or adoption:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date of birth:</b>	
<b>Relationship to child applying:</b>	<b>Lives with family?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Race</b> (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other_____		

#### Other Children or Adults in Household

<b>First name:</b>	<b>Last name:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Related by blood, marriage or adoption:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date of birth:</b>	
<b>Relationship to child applying:</b>	<b>Lives with family?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Employment status</b> <input type="checkbox"/> This person is a child <input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Full time & training	<input type="checkbox"/> Part time <input type="checkbox"/> Part time & training <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
<b>First name:</b>	<b>Last name:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Related by blood, marriage or adoption:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date of birth:</b>	
<b>Relationship to child applying:</b>	<b>Lives with family?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Employment status</b> <input type="checkbox"/> This person is a child <input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Full time & training	<input type="checkbox"/> Part time <input type="checkbox"/> Part time & training <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
<b>First name:</b>	<b>Last name:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Related by blood, marriage or adoption:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date of birth:</b>	
<b>Relationship to child applying:</b>	<b>Lives with family?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Employment status</b> <input type="checkbox"/> This person is a child <input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Full time & training	<input type="checkbox"/> Part time <input type="checkbox"/> Part time & training <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

**Please indicate a first choice with a "1" and a second choice with a "2"**

<b>Preschool Head Start (PHS)</b> Serving children 3(by Sept 1) -5 years old	<b>Early Head Start (EHS)</b> Serving children 0-3 & Pregnant mothers
<b>PHS Home Based options:</b> ___ Box Elder ___ Cache/Rich ___ Idaho ___ Soda Springs  <b>PHS Center Based options UTAH:</b> ___ Logan AM      ___ Hyrum AM      ___ *Brigham 1 ___ Logan PM      ___ Hyrum PM      ___ *Brigham 2 ___ *Smithfield      ___ *Richmond      ___ *Fielding **The classes with the asterisk are extended day classrooms (Mon-Fri, 6 hours)  <b>PHS Center Based options IDAHO:</b> ___ Paris ___ Preston AM ___ Preston PM ___ Malad	<b>Center Based UTAH:</b> ___ Cache South-Nest/Koop (Mon-Friday 8am-2pm)  ___ Cache South-Loft (Mon-Thurs 7:30am-1:30pm)  ___ Cache North-Fish Pond (Mon-Thurs 8am-2pm)  <b>Home Based UTAH:</b> ___ Box Elder ___ Cache  <b>Home Based IDAHO:</b> ___ Caribou/Bear Lake ___ Franklin

**PARENTS PLEASE MARK THOSE THAT APPLY:** ☐ Past Head Start Family  
☐ Currently enrolled in **ANY** Head Start program  
☐ Do you plan on applying for **ANY** other Head Start Program

**Have you been convicted of a crime in the last seven (7) years?** \_\_\_ No \_\_\_ Yes

If yes, please explain \_\_\_\_\_  
 CONVICTION WILL NOT BE A BAR FOR ENROLLMENT OF YOUR CHILD.

Certification: "I have carefully reviewed the documents and information I have provided to Bear River Head Start staff and, by signing this form, certify to the best of my knowledge and belief that all information regarding eligibility provided by me is true and accurate. I further understand that this is 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."

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness/Staff signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Comments/Notes:

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**BELOW THIS LINE STAFF USE ONLY**  
**USO DE PERSONAL SOLAMENTE**

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**This section is to be completed by the staff recruiter. Please complete interview with parent, STAFF INITIAL next to those that apply and an NA 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 NA 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*
- \_\_\_\_\_ 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.*
- \_\_\_\_\_ Head Start choice option is marked with a “1” and second choice is marked with a “2”
- \_\_\_\_\_ IEP or IFSP documentation if applicable

I, the parent, have completed this interview with a Bear River Head Start staff member. He/she has reviewed that all information 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.*

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.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Firma del Padre/Guardián* *Fecha*

**Witness/Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Firma del Testigo/Personal* *Fecha*



# BEAR RIVER HEAD START

## Child Medical Information Form

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Parent's name \_\_\_\_\_ Phone \_\_\_\_\_

HAS YOUR CHILD BEEN SERVED ON WIC FROM DECEMBER 2017 TO PRESENT TIME? [ ] YES [ ] NO

City of the specific WIC department that service 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: (Please initial each blank)

\_\_\_\_\_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 filled out at that time.

**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 the 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 the 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 it 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 filled out at that time.