



*CHAMPLAIN VALLEY HEAD START*

431 Pine St. Burlington, VT 05401

802-651-4180

800-854-9648

fax: 802-658-0983

Dear Parent/Guardian,

Thank you for your interest in enrolling your child in the Head Start program. I have enclosed the Head Start application for you to complete and mail back.

Head Start is a federal program which requires that families meet certain income guidelines. Please send verification of your income when you return this application. **You may send us one of the following:**

- **Reach Up/RUFA documentation**
- **Child Care Subsidy documentation**
- **Supplemental Security Income (SSI) documentation**
- **Foster Care Custody Order/Agreement**
- **A copy of a pay stub, tax return, W-2, or VRRP documentation**
- **A letter stating that you are homeless** (If this applies, you will receive an additional form to fill out.)

Once you have gathered the needed materials and completed the forms, please return them to: CVHS, 431 Pine Street, Burlington, VT 05401.

If you have any questions, please don't hesitate to contact me at 651-4180, ext. 204.

Sincerely,

Jessica Benoit  
Enrollment Manager  
Champlain Valley Head Start

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Addison County Field Office  
700 Exchange Street  
Middlebury, VT 05753  
phone: 802-388-9881  
fax: 802-388-1391

Chittenden County Field Office  
4 Kellogg Road  
Essex Junction, VT 05452  
phone: 802-872-2819  
fax: 802-872-0792

Franklin / Grand Isle Field Office  
20 Houghton Street, Box 108  
St. Albans, VT 05478  
phone: 802-524-5876  
fax: 802-524-8574

## Champlain Valley Head Start Application

### 1. Child Information / Age Eligibility

Child's Legal Name: \_\_\_\_\_  
(First) (MI) (Last)

Child's Nickname: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Projected public school: \_\_\_\_\_ School cutoff date: \_\_\_\_\_

Head Start child's health insurance (circle primary): Medicaid/Dr. Dynasaur, Private, None, Other (please specify): \_\_\_\_\_

Insurance Carrier Group Number for child's health insurance: \_\_\_\_\_

Ethnicity of Head Start child (circle one): Hispanic/Latino Origin or non-Hispanic/non-Latino Origin

Race of Head Start child (circle one): Asian, Black/African American, American Indian/Alaska native, White, Biracial/Multi-racial, Native Hawaiian/Pacific Islander, Other (please specify): \_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_ Is an interpreter needed? Yes No

### 2. Parent / Guardian Information

#### Primary Parent/Guardian

Name: \_\_\_\_\_

Living Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Directions to home: \_\_\_\_\_

#### Parent/Guardian living outside the home

Name: \_\_\_\_\_ Male/Female

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Are there any court orders? Y or N (circle one)

Custody/Visitation: \_\_\_\_\_

If there are custody orders, you must obtain a copy of the order.  
 Copy of court order has been obtained: Yes or No

### 3. Household Members: List all persons living in the same household.

Name	Relationship	M / F	DOB	Social Security Number	Employment status	Job training / school status	Education level	Codes
<b>Head Start child</b>	HS child		Shown Above					<b>Relationship</b> A. Parent/Guardian B. Primary Parent/Guardian's significant other C. Grandparent D. Aunt/Uncle E. Sibling F. Other  <b>Employment Status</b> A. Employed B. Not working (unemployed, retired, disabled)  <b>Job Training / School Status</b> A. In job training or school B. Not in job training or school  <b>Education Level</b> A. Less than high school grad B. High school grad or GED C. Some college, vocational school, or associates degree D. Bachelor's or advanced degree
<b>Parent / guardian</b>	Parent / guardian							
(secondary adult, if applicable)								

Does your family receive services through the WIC program? Y N

Does your family need full day and/or full year child care for your child (because parents are working or in job training)? Y N

If yes, is your child currently receiving care, or likely to receive care, in (circle one): family child care home, child care center/classroom, at home or at another home with a relative or unrelated adult, public school pre-K program, none, other (please specify): \_\_\_\_\_

Are you currently living in a shelter, sharing the housing of others, or living in a motel, car or campground? Y N

Does your family have a current housing crisis? Y N



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800-854-9648
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4. Child's Health Information (For those questions that do not apply, please write "None.")

Child's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Child's Current Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_
Child's Former Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_
Child's Current Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_
Child's Former Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_
Chronic Health Condition(s): \_\_\_\_\_ Symptoms: \_\_\_\_\_
Current Medication(s): \_\_\_\_\_ Medication needed on site (circle): Yes No
Allergies (medications, food, bee stings, etc.): \_\_\_\_\_ Symptoms: \_\_\_\_\_

5. Releases and Authorizations

Head Start is a national preschool program, and Federal regulations require that Head Start preschool programs obtain documentation from health care providers regarding children's physical exams and dental exams. Head Start must also obtain documentation pertaining to children with special needs. The following release sets forth the information required of Head Start by Federal regulations in order to provide Head Start preschool services. Except as allowed in this authorization and release, CVHS will not communicate or disseminate any confidential child or family information to organizations or entities outside of CVHS.

A. Required Releases

I authorize the health care providers (medical and/or dental practices) listed above to release medical and/or dental records or information, including immunization records, regarding the above-named child to Champlain Valley Head Start. I authorize Champlain Valley Head Start to obtain my child's immunization records from the Vermont Immunization Registry and my child's lead and hemoglobin test results from the Vermont Department of Health.
I authorize the local school district and/or Part C agencies which currently maintain my child's comprehensive evaluation and/or IFSP or IEP to release these documents to Champlain Valley Head Start.
I authorize any state or Federal agencies administering public assistance benefits including but not limited to RUFA/Reach Up, SSI, Childcare Subsidy, or foster care to provide Champlain Valley Head Start with documentation verifying my family's receipt of public assistance.
I authorize CVHS to acquire or release information regarding my child or family with organizations or entities that, in the opinion of CVHS, may be able to provide or support services to my child or family directly or in conjunction with CVHS.
In the event of an emergency, I authorize the staff or collaborative partners of Champlain Valley Head Start to seek any necessary treatment or emergency medical care for my child.
I consent to have my child participate in all health and developmental screenings or exams conducted by Champlain Valley Head Start or its collaborative partners in order for Champlain Valley Head Start to comply with Federal Head Start regulations.

B. Photographs: I give my permission to Champlain Valley Head Start to use photographs of my child in Head Start recruitment materials or newsletters.
Circle one: Yes No

C. Child Pick-Up and Release / Permission to Transport Plan

I give my permission for my child to be released to the following people for the purposes of pick-up and/or transportation to/from CVHS activity sites. (Include the child's other parent and other family members who may be likely to transport the child.) The parent/guardian understands that his/her child will only be released to persons identified on the following list. Anyone who is unknown to CVHS staff must show identification. I give my permission for my child to be transported to and from CVHS activities by any transportation service with whom CVHS may contract for transportation of children in the CVHS program, and to release the name and address of my child to transportation services contracted by CVHS for the purpose of CVHS activities.

Emergency Contact People: Emergency Contact People must be able to transport the child in the event of an emergency if the CVHS parent or legal guardian cannot be reached. Emergency contacts must be aware they are designated as such. Emergency contacts unknown to CVHS staff must produce identification before a child is released. (Please indicate which of the people listed below is an emergency contact in the far right column.)

Table with 5 columns: Name, Relationship to Child, Home Phone, Work/Cell Phone, Emergency Contact (Y/N). It contains five empty rows for data entry.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_
Parent/guardian's phone number(s): \_\_\_\_\_

**6. Family Income / Eligibility Verification** Family income must be verified by the Head Start program before determining that a child is eligible to participate in the program. Verification must include examination of any of the following: individual income tax form 1040, W-2 forms, pay stubs, pay envelopes, written statements from employers, or documentation showing status as recipients of public assistance. By circling the document(s) indicated below, the CVHS staff person is indicating that he/she has seen the document(s) circled.

**A. Is the child currently in Foster Care?** *If yes, circle documentation seen and skip section D; if no, go to section B.*

Foster Care Documentation seen by staff (circle one):      Foster Care Custody Order/Agreement      DCF Documentation

**B. Is the family homeless?**    Yes    No    *If yes, please have family review and sign Self-Declaration of Homelessness; if no, go to section C.*

**C. Does the family currently receive any of the following Public Assistance Benefits?** *If yes, circle documentation seen for any and all types of public assistance benefits the family currently receives and skip section D; if no, go to section D.*

Public Assistance Documentation seen by staff (circle all seen):    RUFA    Reach Up    SSI    Child Care Subsidy (employment/education/training)

**D. Family income** (complete this section only if section A and section B and Section C do not apply)

	Type of income	Documentation seen by staff	Income calculation			Total
			Frequency of income period (Weekly, bi-weekly, monthly, semi-monthly, annual; if "other" please specify)	Amount	# of income periods (in past 12 months or last complete calendar yr)	
Parent/guardian 1						
Parent/guardian 2						
Total gross annual income (past 12 months or last complete calendar yr)						

Number of people supported by family income: \_\_\_\_\_

Type of income - codes	Income documentation seen - codes
A. Work wages	A. Income tax form
B. Unemployment compensation	B. W-2 form
C. Workers compensation	C. Pay stubs
D. Social Security benefits (not to be confused with SSI)	D. Pay envelopes
E. Veterans benefits	E. Written statement from employer
F. Child support	
<u>If "Other income", specify what type of income</u>	<u>If "Other documentation", specify what document</u>

**E. Child and Family Income / Eligibility Summary** (check one)

\_\_\_\_\_ The child is eligible to participate in the Head Start program (income-eligible based on foster care, homelessness, public assistance or Head Start income guidelines)

\_\_\_\_\_ The child is from an over-income family

**7. Special Needs**

Circle any of the following which apply to your child:    Speech & Language Impairment,    Emotional/Behavioral Disability,  
Impairment of Motor Function,    Learning Impairment,    Hearing Impairment/Deafness,    Developmentally Delayed,  
Visual Impairment/Blindness,    Other Health Impairment (specify): \_\_\_\_\_

My child is on/has had (please circle, if applicable):    IFSP    IEP    Comprehensive Evaluation

*if applicable* :    Date completed: \_\_\_\_\_    Where completed: \_\_\_\_\_

Please specify any concerns you may have about your child’s behavior or development: \_\_\_\_\_

**8. Outreach**

Where did you hear about Champlain Valley Head Start? (please check one):

- Poster/Brochure
- Friend/Family Member
- CVHS Teacher/Home Visitor
- Newspaper/Magazine Ad (please specify): \_\_\_\_\_
- CVHS Booth at an event (please specify): \_\_\_\_\_
- Service Provider [such as VNA, WIC] (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**9. Staff and Parent Signatures**

This application signifies the family’s desire to enroll the child in the Head Start program. Following completion of this application, the application will be processed and Champlain Valley Head Start will notify the family as to whether the child has been enrolled in the program, and the starting date for preschool and family services.

By signing below, the **parent/guardian** indicates that he/she intends to enroll his/her child in Head Start if the child is accepted into the program. Furthermore, he/she agrees to comply with the rules and regulations of the program. The parent/guardian further certifies via his/her signature on this form that the information he/she has provided is accurate and truthful to the best of his/her knowledge.

**Parent / Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

The **Head Start staff** signature below confirms that the staff person determined the child and family’s eligibility to participate in the Head Start program based upon examining the documents listed above, and certifies that the information provided in this application is accurate and truthful to the best of his/her knowledge.

**Head Start Staff Member Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Head Start Supervisor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Champlain Valley Headstart Program Options List 2009 - 2010

(Updated 6-29-09)

	Town	Days	Times	Session Year	Town Resident	Site Approval	Site Application	Site Visit	Child Care Subsidy
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<b>Addison County (802) 388-9881 700 Exchange Street, Middlebury, VT 05753</b>									
<b>Home-Based:</b> Throughout Addison County	All Towns	1 Visit/Wk	N/A	Sept - May	N/A	N/A	N/A	N/A	N/A
<b>Bristol Family Center:</b> 18 Orchard Terrace Park (HS Svc Sept-May)	Bristol	Mon-Fri	7:15am-5:30pm	Full Year	NO	YES	YES	YES	YES
<b>Mary Hogan School:</b> 201 Mary Hogan Drive	Middlebury	Tu-Wed-Th	8am-11:30am	Sept - May	NO	NO	NO	NO	NO
<b>Mary Johnson Children's Center:</b> 81 Water Street	Middlebury	Mon-Fri	7am-5:30pm	Full Year	NO	YES	YES	YES	YES
<b>Vermont Adult Learning:</b> 282 Boardman St (HS Svc Sept-May)	Middlebury	Mon-Fri	7:30am-5:00pm	Full Year	NO	YES	YES	YES	YES

<b>Chittenden County (802) 872-2819 4 Kellogg Road, Essex Jct., VT 05452</b>									
<b>Home-Based:</b> Throughout Chittenden County	All Towns	1 Visit/Wk	N/A	Sept - May	N/A	N/A	N/A	N/A	N/A
<b>H.O. Wheeler Burlington School:</b> 6 Archibald Street	Burlington	Tu-Wed-Th	8am-12pm	Sept - June	YES	NO	NO	NO	NO
<b>Burlington Children's Space:</b> 241 N. Winooski Ave.	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
<b>Ira Allen Burlington School Morning:</b> 150 Colchester Ave.	Burlington	Tu-Wed-Th	9:00am-12:30pm	Sept - June	YES	YES	NO	NO	NO
<b>Ira Allen Burlington School Afternoon:</b> 150 Colchester Ave.	Burlington	Tu-Wed-Th	12:00pm-3:30pm	Sept - June	YES	YES	NO	NO	NO
<b>King Street Center:</b> 87 King Street	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	YES	YES	NO	YES	YES
<b>Robin's Nest Children's Center:</b> 20 Allen Street	Burlington	Mon-Fri	7:30am-6pm	Full Year	NO	YES	YES	YES	YES
<b>Trinity Children's Center:</b> 34 Fletcher Place	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
<b>Sara Holbrook Community Center:</b> 66 North Ave.	Burlington	Mon-Fri	8:30am-12:30pm	Sept - June	NO	YES	YES	YES	YES
<b>Hinesburg Elementary School:</b> 10888 Route 116	Hinesburg	Mon-Th	7:45am-11:15am	Sept - June	YES	YES	NO	NO	NO
<b>Hinesburg Elementary School:</b> 10888 Route 116	Hinesburg	Mon-Th	11:15am-2:45pm	Sept - June	YES	YES	NO	NO	NO
<b>Milton Family Center:</b> 23 Villemaire Lane	Milton	Mon-Th	8:30am-12pm	Sept - May	NO	YES	YES	YES	YES
<b>Milton Family Center:</b> 23 Villemaire Lane	Milton	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
<b>Winooski Family Center:</b> 87 Elm Street	Winooski	Mon-Wed	7:45am-11:15am	Sept - June	YES	YES	NO	NO	NO
<b>JFK Elementary School Morning:</b> 70 Normand Street	Winooski	Mon-Th	8am-11:30am	Sept - June	YES	YES	NO	NO	NO
<b>JFK Elementary School Afternoon:</b> 70 Normand Street	Winooski	Mon-Th	11:30am-3pm	Sept - June	YES	YES	NO	NO	NO

<b>Franklin &amp; Grand Isle Counties (802) 524-5876 20 Houghton Street Box 108, St. Albans, VT 05478</b>									
<b>Home-Based:</b> Throughout Franklin & Grand Isle Counties	All Towns	1 Visit/Wk	N/A	Sept - May	N/A	N/A	N/A	N/A	N/A
<b>Enosburg Classroom:</b> Location to be determined	Enosburg	Mon-Wed-Th	8am-11:30am	Sept - June	NO	NO	NO	NO	NO
<b>Richford Elementary School:</b> 1 Elementary School Road	Richford	Tu-Wed-Th	11:30am-3pm	Sept - June	NO	NO	NO	NO	NO
<b>St. Albans Town School Morning:</b> 169 S. Main Street	St. Albans	Tu-Wed-Th	8am-11:30am	Sept - June	YES	NO	NO	NO	NO
<b>St. Albans Town School Afternoon:</b> 169 S. Main Street	St. Albans	Tu-Wed-Th	11:45am-3:15pm	Sept - June	YES	NO	NO	NO	NO
<b>Swanton Elementary School Morning:</b> 113 Grand Ave.	Swanton	Tu-Wed-Th	8am-11:30am	Sept - June	YES	NO	NO	NO	NO
<b>Swanton Elementary School Afternoon:</b> 113 Grand Ave.	Swanton	Tu-Wed-Th	12pm-3:30pm	Sept - June	YES	NO	NO	NO	NO

Please use the Choice # column to select your 1st, 2nd, and 3rd choice options by indicating 1, 2, and 3 in the appropriate selection box.

We will make every attempt to place your child within your preferred option based on program availability, eligibility, child care subsidy, and selection criteria.

**Parent Signature:**
**Date:**

By signing above, I certify that a Head Start employee has explained all of the Head Start Program Options available to me in my surrounding area.