

Dear Family Member,

Enclosed please find the Head Start and Colorado Preschool Program application you requested. **We are currently accepting applications for the 2020/2021 school year.**

Head Start is a federally-funded program to support young children and their families through education, health and family services. **Colorado Preschool Program** is state funded and has similar goals. Eligibility for these programs will depend on family's income and other risk factors.

Space is limited, so if you do not qualify for one of the programs above you may also choose to have your child placed on the tuition waitlist at any of our preschools; this requires that you will pay the monthly fee directly to the school/program you choose. Please ask anyone on our team to assist if you need additional information. Our program is designed to help your child succeed in school and life.

In order for your application to be processed you must submit a copy of:

- **Child's BIRTH CERTIFICATE;**
- **Child's IMMUNIZATION RECORDS; and**
- **INCOME VERIFICATION for the gross income in your household for the last 12 months.** Please include all income earned by both parents and/or guardians **in** the household. You can present the following documents: W-2 income records and most recent paycheck stub, a written statement from your employer describing your pay history, records of any public assistance received, and records of unemployment benefits, among others. Please contact us if you are unable to provide documentation of income or if both parents/guardians are not receiving any type of income at this time.

Please send your completed applications to:	If you would prefer to deliver your application or you would like assistance in completing it, please visit us in Eagle or Avon:
ECS Early Childhood Programs PO Box 4212 Eagle, CO 81631	960 Chambers Ave. Suite A203 <i>(above Copy Plus)</i> Eagle, CO 81631 0850 W. Beaver Creek Blvd. <i>(Inside Avon Elementary School, Rm 204)</i> Avon, CO 81620

Also included with your application is an Ages and Stages questionnaire. The information you provide in this questionnaire will help us determine if your child may qualify for additional services.

Decisions regarding enrollment for the 2020/2021 school year will be made in the spring and summer of 2020. All applicants will receive notification regarding the status of their application by August 2020. If you have any questions, please don't hesitate to contact us at 328-3942.

Sincerely,

Your Family Services Team:

Rocío García, Brenda Chávez, Elsa Carrillo, Lupita Guerra, Brenda Saucedo

Note:

- The ECS Early Childhood Program serves children receiving Special Education Services and encourages you to apply if you feel your child will benefit from special education services.
- The Head Start and Colorado Preschool Programs do not provide transportation to or from preschool.
- Families with children enrolled in the Head Start or CPP can be assisted with the purchase of public transportation bus vouchers and Family Service Coordinators will help organize carpool options whenever possible.



**ECS HEAD START & COLORADO PRESCHOOL PROGRAM
APPLICATION**

Today's date: _____

Child's legal name: _____

Child's date of birth: _____ **Place of birth:** _____

Ethnicity: **Hispanic or Latino** **Not Hispanic or Not Latino**

Primary language the child speaks at home: English Spanish Other: _____

Mailing Address: _____

Physical Address: _____

Primary Phone numbers:(home)_____ (cell)_____

E-mail Address: _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

How did you hear about us?

- | | | |
|--|--|---|
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Former Parent/Family Friend | <input type="checkbox"/> Community Agency |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Social Media | |

Which preschools do you prefer?

- | | |
|---|--|
| <input type="checkbox"/> Red Sandstone Elementary School (Vail) | <input type="checkbox"/> The Family Learning Center (Edwards) |
| <input type="checkbox"/> Homestake Peak School (Eagle-Vail) | <input type="checkbox"/> Brush Creek Elementary School (Eagle) |
| <input type="checkbox"/> Avon Elementary School (Avon) | <input type="checkbox"/> Eagle Valley Elementary (Eagle) |
| <input type="checkbox"/> June Creek Elementary (Edwards) | <input type="checkbox"/> Gypsum Elementary School (Gypsum) |
| <input type="checkbox"/> Edwards Elementary (Edwards) | <input type="checkbox"/> Red Hill Elementary School (Gypsum) |

Please indicate which schedule option(s) you are interested in for your child:

- School day schedule is 4 or 5 days, and follows the same hours as the school you attend.
- Extended Preschool Day 4 days a week from the start of school to 5:00 pm
- Extended Year-Summer (Preschool Plus)
- Would you be interested in extra days if available?

FAMILY INFORMATION:

PARENT/GUARDIAN #1

1. Name: _____ Date of Birth: _____

Mother Father Step-parent Grandparent Foster Parent

Adoptive Mother/Father Other: _____

• Employment: Full time Part Time Seasonal Unemployed

• Employer: _____ Work Phone: _____

• Typical work schedule: _____

• Level of Education: Less than high school/No GED High School diploma or GED

Some College University degree

• Are you currently serving in the U.S. Military or Armed Forces? Yes No

• Do you live with the child? Yes No

• Do you provide economic support for the child? Yes No

PARENT/GUARDIAN #2 (IF APPLICABLE)

2. Name: _____ Date of Birth: _____

Mother Father Step-parent Grandparent Foster Parent

Adoptive Mother/Father Other: _____

• Employment: Full time Part Time Seasonal Unemployed

• Employer: _____ Work Phone: _____

• Typical work schedule: _____

• Level of Education: Less than high school/No GED High School diploma or GED

Some College University degree

• Are you currently serving in the U.S. Military or Armed Forces? Yes No

• Do you live with the child? Yes No

• Do you provide economic support for the child? Yes No

3. BROTHERS & SISTERS (UNDER AGE 18 OR DEPENDENTS):

1. Name: _____ DOB: _____ Gender: Male Female

2. Name: _____ DOB: _____ Gender: Male Female

3. Name: _____ DOB: _____ Gender: Male Female

4. Name: _____ DOB: _____ Gender: Male Female

5. Name: _____ DOB: _____ Gender: Male Female

6. Name: _____ DOB: _____ Gender: Male Female

How many family members make up your household? _____

ADDITIONAL COMMUNITY RESOURCES:

- Can Eagle County Schools share your contact information with:
Magic Bus Yes No
- Has your family moved to the current school district in the last 3 years?
 Yes No
- Has either parent/guardian worked in agriculture or meatpacking or participated in any programs for migrant workers or families in the last 3 years?
 Yes No

MEDICAL & DISABILITY INFORMATION:

- Does your child have a diagnosed allergy?
 Yes No If yes, what type? _____
- Has your child been diagnosed with a health condition? (Such as asthma, epilepsy, diabetes, etc.)
 Yes No If yes, what type? _____
- Does your child have a diagnosed disability or special need?
 Yes No
- Does your child have an “IEP” or “IFSP” for special education or services?
 Yes No

PUBLIC ASSISTANCE:

Are you or your child receiving:

- Temporary Assistance to Needy Families (TANF)? Yes No
- Social Security Income (SSI)? Yes No
- Women Infants and Children (WIC)? Yes No
- Supplemental Nutrition Assistance Program (SNAP)? (Food stamps) Yes No
- Medicaid? Yes No
- Child Health Plan (CHP+) Plus? Yes No

INCOME:

- Does s/he receive hourly wages or a salary?
- Does s/he receive any other income (tips, cash income, and contract work)?
- Does s/he receive unemployment benefits?
- Does s/he receive workers disability compensation?
- Does s/he receive child support?
- Does s/he receive alimony or spousal support?
- Does s/he receive a pension or retirement income?
- Does s/he receive social Security benefits?
- Does s/he receive Veteran’s benefits?

- | Parent/Guardian #1: (If Applicable) | Parent/Guardian #2: (If Applicable) |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Eagle County Schools RE 50J is an equal opportunity education institution and does not unlawfully discriminate on the basis of race, color, national origin, sex, or disability in admission or access to, or treatment or employment in, its educational programs or activities. Inquiries concerning Title VI, Title IX, Section 504 and ADA may be referred to the Superintendent, Eagle County Schools, P.O. Box 740, Eagle, CO; (970) 328-6321

INCOME VERIFICATION:

- **Please fill out the table for all income which you answered yes to receiving in the questions found in the previous page.**
- **Please provide documentation of all income received in the last 12 months, including your most recent pay stub.** (Examples: W-2 form and pay stubs for all jobs held in the last 12 months, unemployment benefits notice, child support receipt, letter from employer, etc.)

Source of Income	Monthly income from wages, salary, tips, part-time jobs, seasonal jobs, unemployment benefits, child support, etc. included:	Number of months receiving income:	Totals annually:
Parent or Guardian 1:	Primary income:\$ _____ Secondary income:\$ _____ Other income:\$ _____ Child support received:\$ _____	Primary income: ____ Months Secondary income: ____ Months	\$ _____
Parent or Guardian 2:	Primary income:\$ _____ Secondary income:\$ _____ Other income:\$ _____ Child support received:\$ _____	Primary income: ____ Months Secondary income: ____ Months	\$ _____

Anything you want to share about your income:

- **UNFORTUNATELY, YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION & DOCUMENTATION TO VERIFY.**

I certify that all of the above income estimates are true to the best of my knowledge. I understand that this information is to be used to determine eligibility. I understand that making a false statement is considered fraud.

Signature of Applicant: _____ Date: _____

FAMILY SITUATION:

Head Start and Colorado Preschool Program give priority to children who face challenges at home or in their development. Some of the questions asked in this section are personal in nature but they are also important in helping us to identify your child's needs. The information you share with us is confidential except when we fear for the immediate safety of your child.

- 1. Yes No Do you own and/or have a mortgage on your home?
- 2. Yes No Is there a lease under your name or spouse's name?
- 3. Yes No Do you share housing with friends, families, or others **due to loss of housing, economic hardship or a similar reason?**
- 4. Yes No Do you live in a motel, hotel, or campground because you do not have permanent housing?
- 5. Yes No Do you live in an emergency or transitional shelter or safe house?
- 6. Yes No Do you live on the street, in a park, in an abandoned building or any other place not meant for housing?
- 7. Yes No Has your child had to move to a new residence 2 or more times in the last 2 years?
- 8. Yes No Are you currently a single parent?
- 9. Yes No Were you a single parent at the time of your child's birth?
- 10. Yes No Has your child ever experienced neglect or abuse (emotional, physical, or sexual)?
- 11. Yes No Has your child ever been exposed to domestic violence?
- 12. Yes No Is there a history of drug or alcohol abuse in the child's household?
- 13. Yes No Does your child have difficulty forming relationships with adults or child peers?
- 14. Yes No Does your child have difficulty understanding and expressing emotions in socially acceptable ways?
- 15. Yes No Does your child have difficulty resolving conflict and coping with challenges?
- 16. Yes No Has your child ever been expelled from a preschool or childcare program?
- 17. Yes No Is your child's primary language English?
- 18. Yes No Is your child's speech mostly understandable?
- 19. Yes No Does your child understand you when you speak to him or her?
- 20. Yes No Has there been a death of an immediate family member within the last year? If so, whom?

- 21. Yes No Is someone in the immediate family undergoing medical treatment for a significant health care condition? If so, please explain:

- 22. Yes No Is there any other difficulty or crisis your family is experiencing that you think we should be aware of that is not associated with any of the above areas? If so, please explain:

- 23. Yes No Does the child have a sister or brother that has participated in the Head Start or Colorado Preschool Program?

- 24. Yes No Has the child been enrolled previously in an Early Head Start Program and/or enrolled in a Head Start Program outside of Eagle County?

I certify that the information provided in this application is true and accurate. I understand that the information in this application will remain confidential and is for the purpose of determining eligibility for Head Start and Colorado Preschool Programs.

Signature of Parent/Guardian: _____ **Date:** _____