



*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 Head Start / Early Head Start. I have enclosed our application for you to complete and mail back.

Head Start and Early Head Start are federal programs which require 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, unemployment check stub, 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  
5 Lemnah Drive  
St. Albans, VT 05478  
phone: 802-524-5876  
fax: 802-524-8574





## Family's Information

Is your family currently receiving any of the following? (check all that apply)

Reach Up     SSI     Child Support     Social Security Benefits     Unemployment Compensation

At home, our family speaks (please list primary language):

### Housing

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

Yes     No

Does your family have stable long-term housing?

Yes     No

### Nutritional Programs

Does your family receive services through the 3SquaresVT program (formerly known as food stamps)?

Yes     No

Does your family receive services through the WIC program?

Yes     No

## Primary Parent's / Guardian's Information

First Name

Last Name

Date of Birth

Relationship to Child:

Mother / Father     Foster Mother / Father     Guardian     Other: \_\_\_\_\_

Gender:

Male     Female

Living Address

City

State

Zip Code

Mailing Address (if different)

City

State

Zip Code

Phone #1: \_\_\_\_\_

Type of Phone:  Home     Cell     Work     Message

Phone #2: \_\_\_\_\_

Type of Phone:  Home     Cell     Work     Message

Phone #3: \_\_\_\_\_

Type of Phone:  Home     Cell     Work     Message

Phone #4: \_\_\_\_\_

Type of Phone:  Home     Cell     Work     Message

Email:

Directions to home:

### Employment

U.S. Military Status:

- I am currently a member of the U.S. Military  
 I am a former member of the U.S. Military (Veteran)  
 I am not/have never been a member of the U.S. Military

### Education

Job Training / School Status:

- Not in job training or school  
 In job training (please provide the name of the program):  
 \_\_\_\_\_  
 In school (please provide the name of the school or learning program):  
 \_\_\_\_\_

Employment Status:

- Employed – Full-time  
 Employed – Part-time  
 Employed – Seasonal  
 Unemployed  
 Retired  
 Disabled

Education Level:

- Less than high school graduate  
 High school graduate or GED  
 Some college, vocational school, or Associate's Degree  
 Bachelor's Degree or advanced degree

## Language / Cultural Information

The language(s) that I speak is(are):

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Arabic    | <input type="checkbox"/> Kirundi      |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Mai Mai      |
| <input type="checkbox"/> Bosnian   | <input type="checkbox"/> Nepali       |
| <input type="checkbox"/> Burmese   | <input type="checkbox"/> Somali       |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Spanish      |
| <input type="checkbox"/> English   | <input type="checkbox"/> Swahili      |
| <input type="checkbox"/> French    | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Karen     | <input type="checkbox"/> Other: _____ |

If English is not your primary language, please mark the choice below that best describes your interpretative needs:

- I do not need an interpreter  
 I would like an interpreter to help complete paperwork only  
 I would like an interpreter for most/all communication

Were you born in the U.S?

Yes     No

Are you a current or former refugee?

Yes     No

## Secondary Parent's / Guardian's Information

First Name	Last Name	Date of Birth
Relationship to Child: <input type="checkbox"/> Mother / Father <input type="checkbox"/> Foster Mother / Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Step-parent (legally married to the child's parent/guardian)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Does this person live with family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Living Address (if different from family)		City    State    Zip Code
Phone #1: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	
Phone #2: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	
Email: _____		
Employment		Education
U.S. Military Status:  <input type="checkbox"/> This person is currently a member of the U.S. Military <input type="checkbox"/> This person is a former member of the U.S. Military (Veteran) <input type="checkbox"/> This person is not/has never been a member of the U.S. Military		Job Training / School Status:  <input type="checkbox"/> Not in job training or school <input type="checkbox"/> In job training (please provide the name of the program): _____  <input type="checkbox"/> In school (please provide the name of the school or learning program): _____
Employment Status:  <input type="checkbox"/> Employed – Full-time <input type="checkbox"/> Employed – Part-time <input type="checkbox"/> Employed – Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled		Education Level:  <input type="checkbox"/> Less than high school graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college, vocational school, or Associate's Degree <input type="checkbox"/> Bachelor's Degree or advanced degree
Language / Cultural Information		
The language(s) that this person speaks is(are):  <input type="checkbox"/> Arabic <input type="checkbox"/> Kirundi <input type="checkbox"/> Bhutanese <input type="checkbox"/> Mai Mai <input type="checkbox"/> Bosnian <input type="checkbox"/> Nepali <input type="checkbox"/> Burmese <input type="checkbox"/> Somali <input type="checkbox"/> Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Swahili <input type="checkbox"/> French <input type="checkbox"/> Vietnamese <input type="checkbox"/> Karen <input type="checkbox"/> Other: _____		If English is not this person's primary language, please mark the choice below that best describes his/her interpretative needs:  <input type="checkbox"/> This person does not need an interpreter <input type="checkbox"/> This person would like an interpreter to help complete paperwork only <input type="checkbox"/> This person would like an interpreter for most/all communication
Were you born in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a current or former refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Household Information

<b>Please list all persons living in the home with the family who were not listed above:</b>	
Person #1	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

**Continued on next page**

Person #2	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #3	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #4	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #5	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #6	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #7	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #8	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

## Eligibility

**Please answer the following questions. If you answer "Yes" to any of the questions, your family may be eligible to receive Head Start services.**

Is this child currently in foster care (in the custody of the State of Vermont)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your family currently homeless (Staying in a shelter, hotel, car, campground, transitional housing unit, or sharing the housing of others due to loss of housing or economic hardship)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your family <u>currently</u> receiving Reach Up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your family <u>currently</u> receiving Supplemental Security Income (SSI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Household Income

**If you answered "No" to all of the questions above, please complete the following section. For each type of income that your family received within the last 12 months, you will need to supply documentation.**

Primary Parent/Guardian's Name: \_\_\_\_\_

Yes	No	Type of Income	Have you received this income for all of the last 12 months?		Gross Amount (before taxes)	How often do you receive this income? (annually, monthly, two times a month, every two weeks, weekly)
			Yes	No (# of Months)		
<input type="checkbox"/>	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Reach Up (not currently receiving)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Scholarships/Educational Grants	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefit	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 1)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 2)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 3)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____

Secondary Parent/Guardian's Name (if living in the household): \_\_\_\_\_

Yes	No	Type of Income	Have you received this income for all of the last 12 months?		Gross Amount (before taxes)	How often do you receive this income? (annually, monthly, two times a month, every two weeks, weekly)
			Yes	No (# of Months)		
<input type="checkbox"/>	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Reach Up (not current receiving)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Scholarships/Educational Grants	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefit	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 1)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 2)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 3)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____

## Comments

Please use this space to tell us anything that you would like us to know about your child or family.

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## Outreach

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

- Poster / Brochure
- Friend / Family Member
- CVHS Teacher / Home Visitor
- CVHS Collaborative Partner
- DCF (Family Services Division)
- Newspaper/Magazine Ad (please specify): \_\_\_\_\_
- Service Provider [such as VNA, WIC] (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

## Parent / Guardian Signature

This application signifies the family's desire to enroll the child in the Early Head Start or 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 services.

By signing below, the parent/guardian indicates that he/she intends to enroll his/her child in Early Head Start or 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. Intentionally providing false, inaccurate, or incomplete information may result in a loss of eligibility to participate in the program.

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



### Authorization and Release

#### Release of Information

Champlain Valley Head Start (including Head Start and Early Head Start) is a federally funded program. Federal regulations require that we obtain certain information in order to determine eligibility for the program and to provide services. In order to best serve your child and family, we sometimes need to share information, in verbal, written, or electronic format, with other agencies. Except as allowed in this authorization and release, Champlain Valley Head Start will not communicate or disseminate any confidential child or family information to organizations or entities outside of Champlain Valley Head Start.

By signing this release, I authorize Champlain Valley Head Start to exchange information with, release information to, and/or obtain information from, the following organizations:

- The local school district and/or CIS which currently maintain my child's comprehensive evaluation and/or IFSP or IEP;
- Any state or federal agencies administering public benefits which may qualify me for the Head Start / Early Head Start program including, but not limited to, TANF (Reach Up or Child Care Financial Assistance), Supplemental Security Income (SSI), or foster care; and
- Other organizations or entities that, in the opinion of Champlain Valley Head Start, may be able to provide or support services to my child or family directly or in conjunction with Champlain Valley Head Start.

#### Transition to Kindergarten

By signing this release, I authorize Champlain Valley Head Start to share my child's educational information with the local school that is expected to serve my child in Kindergarten for the purpose of facilitating my child's transition to that school.

#### Health and Developmental Screenings

By signing this release, I consent to have my child participate in all health and developmental screenings or exams conducted by Champlain Valley Head Start staff, consultants, collaborative partners or others working in conjunction with Champlain Valley Head Start, to help assure compliance with all federal and state regulations.

#### Use of Photographs / Video

By signing this release, I give my permission to Champlain Valley Head Start or its funders / partners to use photos and/or video of my child with the understanding that my child will not be identified by name. Photos or video may be used in newsletters, websites, brochures or other recruitment / outreach / promotional materials or reports.

#### Restrictions

Please use this space to describe any restrictions on the releases provided above.

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#### Child's Information

Child's Legal Name:

Child's Date of Birth:

Parent/ Legal Guardian's Name (Printed): \_\_\_\_\_

Parent / Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Health or Screening Information**

Head Start and Early Head Start (HS/EHS) are national programs. Federal regulations require that these programs obtain documentation to facilitate up to date health requirements for children and pregnant women and any follow up care needed.

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.

I hereby authorize Champlain Valley Head Start to:

1. Obtain the following information from health care providers and state registries for the below named child/pregnant woman:
  - medical and dental records (including follow-up care with specialists)
  - lead and hemoglobin test results
  - immunization records
  - developmental screening results
  - prenatal and postpartum documentation for pregnant women enrolled in EHS

The above information may be either electronic, written or verbal and will be released to:  
CVHS Health or Special Needs Coordinator, Nurse Consultant or Tooth Tutor  
431 Pine Street, Suite 212  
Burlington, VT 05401  
(802) 651-4180 X215

2. Share results of my child's Head Start vision, hearing, oral health, and developmental screenings with my child's health care providers and/or state registries.
3. Share my child's oral health status with public school Tooth Tutors if my child is transitioning into kindergarten.

I acknowledge that:

- I may revoke this consent at any time (by contacting CVHS at the address or telephone number above) except to the extent that action has been taken in reliance on it before I revoked it.
- This consent will expire on September 30, 2017.

Authorization is for the following child or pregnant woman:

\_\_\_\_\_ (Child's Legal Name or Pregnant Woman's Legal Name)

\_\_\_\_\_ (Child's or Pregnant Woman's DOB)

I am the:  Parent  Legal Guardian  DCF Authorized Representative: of the above-named child;  
or  
 Pregnant Woman

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Champlain Valley Head Start Emergency Form

Child's Health Information		
Child's Legal Name	Date of Birth	
<b>For the questions that do not apply, please write "None".</b>		
Child's Current Doctor	Phone	Date of last exam
Child's Current Dentist	Phone	Date of last exam
Health Condition(s)	Symptoms	
Current Medication(s)	Medication needed on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies (including medications, food, bee stings, etc)	Symptoms	

## Permission to Pick Up / Permission to Transport Plan

By signing on the Parent/Guardian signature line below, I give my permission for my child to be transported in the event of an emergency. Additionally, 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.

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.

**Emergency Contacts:** *Vermont State Early Childhood Program Licensing Regulations require that at least two (2) emergency contacts, other than the legal parent(s)/guardian(s), be identified.* 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.

Emergency Contact #1		Emergency Contact #2		Emergency Contact #3	
Name		Name		Name	
Relationship to Child		Relationship to Child		Relationship to Child	
Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

**Other people authorized to pick up my child are:**

Name	Name	Name
Relationship to Child	Relationship to Child	Relationship to Child

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

**Parent / Guardian Phone Number:** \_\_\_\_\_

# Champlain Valley Head Start Program Options List 2016 - 2017 (Updated 1-20-16)

**Choice**

**HS or EHS**

**Town**

**Days**

**Times**

**Session Year**

**Town Resident**

**Site Approval**

**Site Application**

**Site Visit**

**Child Care  
Financial  
Assistance**

**Addison County (802) 388-9881 10 Merchants Row Suite 207, Middlebury, VT 05753**

Addison County Parent Child Center: 126 Monroe Street	EHS Middlebury	Mon-Fri	8:00am-4:00pm	Full Year	NO	YES	YES	YES	YES
College Street Center: 228 College Street	EHS Middlebury	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES
Mary Hogan School: 201 Mary Hogan Drive	HS Middlebury	Tues-Fri	8:15am-12:15pm	Sept - May	NO	NO	NO	NO	NO
Mary Johnson Children's Center: 81 Water Street	HS Middlebury	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES

**Chittenden County (802) 872-2819 4 Kellogg Road, Essex Jct., VT 05452**

Home-Based through Lund Family Center	EHS All Towns	1 Visit/Wk	N/A	Full Year	N/A	YES	N/A	N/A	N/A
Burlington Children's Space: 241 N. Winooski Ave.	EHS Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
Burlington Children's Space: 241 N. Winooski Ave.	HS Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
C.P. Smith Elementary School: 332 Ethan Allen Parkway	HS Burlington	Mon-Fri	TBD (6 hours)	Sept-June	YES	NO	NO	NO	NO
Flynn Elementary School: 1645 North Ave.	HS Burlington	Mon-Tu-Th-Fri	11:30am-3:00pm	Sept - June	YES	NO	NO	NO	NO
Franklin Square Classroom: 1554 North Ave.	HS Burlington	Mon-Th	9:00am-12:30pm	Sept - June	YES	NO	NO	NO	NO
Ira Allen Burlington School Morning: 150 Colchester Ave.	HS Burlington	Mon-Th	9:00am-12:30pm	Sept - June	YES	YES	NO	NO	NO
Ira Allen Burlington School Afternoon: 150 Colchester Ave.	HS Burlington	Mon-Th	12:00pm-3:30pm	Sept - June	YES	YES	NO	NO	NO
King Street Center: 87 King Street	EHS Burlington	Mon-Fri	7:30am-5:30pm	Full Year	YES	YES	NO	YES	YES
King Street Center: 87 King Street	HS Burlington	Mon-Fri	7:30am-5:30pm	Full Year	YES	YES	NO	YES	YES
Robin's Nest Children's Center: 20 Allen Street	HS Burlington	Mon-Fri	7:30am-6:00pm	Full Year	NO	YES	YES	YES	YES
Sara Holbrook Community Center: 66 North Ave.	HS Burlington	Mon-Fri	8:30am-12:30pm	Sept - June	YES	YES	NO	YES	YES
Sustainability Academy: 123 North St.	HS Burlington	Mon-Th	11:30am-3:00pm	Sept - June	YES	NO	NO	NO	NO
Trinity Children's Center: 34 Fletcher Place	HS Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
Malletts Bay School Morning: 609 Blakely Road	HS Colchester	Tues-Fri	8:30am-12:00pm	Sept - June	YES	NO	NO	NO	NO
Malletts Bay School Afternoon: 609 Blakely Road	HS Colchester	Tues-Fri	12:30am-4:00pm	Sept - June	YES	NO	NO	NO	NO
Essex Elementary School: 1 Bixby Hill Road	HS Essex Town	Tues-Fri	8:30am-12:00pm	Sept - June	YES	YES	NO	NO	NO
Milton Elementary School: 42 Herrick Avenue	HS Milton	Mon-Fri	TBD (6.5 hours)	Sept-June	YES	NO	NO	NO	NO
JFK Elementary School ELC Morning: 70 Normand Street	HS Winooski	Mon-Fri	7:30am-11:00am	Sept - June	YES	NO	NO	NO	NO
JFK Elementary School ELC Afternoon: 70 Normand Street	HS Winooski	Mon-Fri	11:30am-3:00pm	Sept - June	YES	NO	NO	NO	NO
JFK Elementary School Morning: 70 Normand Street	HS Winooski	Mon-Th	7:30am-11:00am	Sept - June	YES	YES	NO	NO	NO
JFK Elementary School Afternoon: 70 Normand Street	HS Winooski	Mon-Th	11:30am-3:00pm	Sept - June	YES	YES	NO	NO	NO

**Franklin & Grand Isle Counties (802) 524-5876 5 Lemnah Drive, St. Albans, VT 05478**

Home-Based (Early Head Start): Throughout Franklin County	EHS All Towns	1 Visit/Wk	N/A	Full Year	N/A	N/A	N/A	N/A	N/A
Home-Based (Head Start): Throughout Franklin & Grand Isle Counties	HS All Towns	1 Visit/Wk	N/A	Sept - May	N/A	N/A	N/A	N/A	N/A
Richford Elementary School: 1 Elementary School Road	HS Richford	Tu-Wed-Th	11:45am-3:15pm	Sept - June	YES	NO	NO	NO	NO
St. Albans City School Morning: 29 Bellows Street	HS St. Albans City	Mon-Wed	8:00am-11:30am	Sept - June	YES	NO	NO	NO	NO
St. Albans Town School Afternoon: 169 S. Main Street	HS St. Albans Town	Mon-Wed	11:45am-3:15pm	Sept - June	YES	NO	NO	NO	NO
YMCA Early Childhood Program at St. Albans: 75 Lower Weldon St.	EHS St. Albans	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES
Champlain Islands PCC: 114 South Street	EHS South Hero	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES
Champlain Islands PCC: 114 South Street	HS South Hero	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES
Swanton Elementary School: 113 Grand Ave.	HS Swanton	Mon-Fri	8:00am-11:30am	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, and selection criteria.