

Preschool & Child Care for Your Family

Enrollment opportunities and requirements vary by child care/preschool site



**Champlain Valley Head Start provides
high quality early child care and preschool programs
for children ages 0-5 Years.**

Applying Is Easy:

To get started, please fill out the attached application and provide verification of your income using **one** of the following documents.

- **Reach Up/RUFA documentation**
- **Supplemental Security Income (SSI) documentation**
- **Foster Care Custody Order/Agreement**
- **A copy of a pay stub, or a tax return, or 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 filled out the forms, please return them to our office in the enclosed self-addressed, postage paid envelope, or using your envelope/stamp, mail to: *Champlain Valley Head Start, 19 Roosevelt Highway, Suite 305, Colchester, VT 05446.*

Questions?

Contact us at 651-4180, ext. 205

Or apply@cvoeo.org



A Program of Champlain Valley Office of Economic Opportunity

Child's Information

First Name		MI	Last Name		Date of Birth*																		
Nickname / Preferred Name			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																				
Race and Ethnicity			Health Insurance*																				
Race (check all that apply): <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify): _____			Does your child have health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, please check type: <input type="checkbox"/> Medicaid / Dr. Dynasaur <input type="checkbox"/> Private <input type="checkbox"/> Other (please specify): _____																				
Ethnicity (check one): <input type="checkbox"/> Hispanic / Latino Origin <input type="checkbox"/> Non-Hispanic / Non-Latino Origin			Child's Medicaid #, if applicable: _____																				
Child's Language			Prior Participation in CVHS*																				
The language(s) my child speaks is(are): _____			Did <i>this child</i> participate in CVHS's Early Head Start program? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
The best way to describe the amount of English my child speaks or understands is: <input type="checkbox"/> None <input type="checkbox"/> A few words <input type="checkbox"/> Many words <input type="checkbox"/> English is the primary language my child speaks			Have any of your child's siblings ever participated in the CVHS Head Start or Early Head Start program: <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide the sibling's name): _____																				
Need for Child Care*			Custody/Court Orders																				
Does your family need full-day and/or full-year care for this child (because you are working or in job training)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Custody Status of this Child: <input type="checkbox"/> One parent has sole legal custody (Parent's Name): _____ <input type="checkbox"/> Parents are divorced/separated and share legal custody <input type="checkbox"/> Parents are together, both have custody <input type="checkbox"/> Child is in the custody of the State of Vermont DCF Caseworker: _____ <input type="checkbox"/> Child is in the custody of a legal guardian <input type="checkbox"/> Other: _____																				
Is your child currently receiving care, or likely to receive care, in (check one): <table border="0"> <tr> <td style="width: 50px;">F/T</td> <td style="width: 50px;">P/T</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Family child care home</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Child care center/classroom</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Public school pre-K program</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>At home or at another home with a relative or unrelated adult</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>None</td> </tr> </table>			F/T	P/T		<input type="checkbox"/>	<input type="checkbox"/>	Family child care home	<input type="checkbox"/>	<input type="checkbox"/>	Child care center/classroom	<input type="checkbox"/>	<input type="checkbox"/>	Public school pre-K program	<input type="checkbox"/>	<input type="checkbox"/>	At home or at another home with a relative or unrelated adult	<input type="checkbox"/>	<input type="checkbox"/>	None			
F/T	P/T																						
<input type="checkbox"/>	<input type="checkbox"/>	Family child care home																					
<input type="checkbox"/>	<input type="checkbox"/>	Child care center/classroom																					
<input type="checkbox"/>	<input type="checkbox"/>	Public school pre-K program																					
<input type="checkbox"/>	<input type="checkbox"/>	At home or at another home with a relative or unrelated adult																					
<input type="checkbox"/>	<input type="checkbox"/>	None																					
If your child is currently receiving child care, please specify the name of this program: _____			Are there any court orders regarding the custody of this child, including DCF or other guardianship orders/documents? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
My child is currently (check one): <input type="checkbox"/> Receiving Child Care Financial Assistance <input type="checkbox"/> Is eligible for Child Care Financial Assistance but not yet receiving <input type="checkbox"/> Has no financial support for child care			If yes, CVHS must have a copy of this order on file. Please include a copy with this application.																				

Special Needs*

Check any of the following which apply to your child: <input type="checkbox"/> Autism <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Emotional/Behavioral Disability <input type="checkbox"/> Hearing Impairment / Deafness <input type="checkbox"/> Impairment of Motor Function <input type="checkbox"/> Visual Impairment / Blindness <input type="checkbox"/> Other Health Impairment (please specify): _____	My child has or has had (please check, if applicable): <input type="checkbox"/> IEP Date: _____ Completed at/by: _____ <input type="checkbox"/> IFSP Date: _____ Completed at/by: _____ <input type="checkbox"/> Comprehensive Evaluation Date: _____ Completed at/by: _____
Please specify any concerns you may have about your child's behavior or development: _____	

Family's Information

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

Housing*	Nutritional Programs
Can you and your child go the SAME PLACE, EVERY NIGHT to sleep in a SAFE & SUFFICIENT SPACE? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your family receive services through the 3SquaresVT program (formerly known as food stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family have stable long-term housing (please check 'no' if you are currently staying in a shelter or transitional housing)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your family receive services through the WIC program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent / Guardian 1 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: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Living Address		City State Zip Code
Mailing Address (if different)		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	
Phone #3: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	
Phone #4: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	
Email: _____	Directions to home: _____	

Employment	Education*
U.S. Military Status: <input type="checkbox"/> I am currently a member of the U.S. Military <input type="checkbox"/> I am a former member of the U.S. Military (Veteran) <input type="checkbox"/> I am not/have 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 I speak is(are): <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Arabic</td> <td><input type="checkbox"/> Lingala</td> </tr> <tr> <td><input type="checkbox"/> Bhutanese</td> <td><input type="checkbox"/> Mai Mai</td> </tr> <tr> <td><input type="checkbox"/> Bosnian</td> <td><input type="checkbox"/> Mandarin</td> </tr> <tr> <td><input type="checkbox"/> Burmese</td> <td><input type="checkbox"/> Nepali</td> </tr> <tr> <td><input type="checkbox"/> Cantonese</td> <td><input type="checkbox"/> Somali</td> </tr> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Spanish</td> </tr> <tr> <td><input type="checkbox"/> French</td> <td><input type="checkbox"/> Swahili</td> </tr> <tr> <td><input type="checkbox"/> Karen</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Kirundi</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Arabic	<input type="checkbox"/> Lingala	<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Mai Mai	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Burmese	<input type="checkbox"/> Nepali	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Somali	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> Swahili	<input type="checkbox"/> Karen	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Kirundi	<input type="checkbox"/> Other: _____	If English is not your primary language, please mark the choice below that best describes your interpretative needs: <input type="checkbox"/> I do not need an interpreter <input type="checkbox"/> I would like an interpreter to help complete paperwork only <input type="checkbox"/> I would like an interpreter for most/all communication
<input type="checkbox"/> Arabic	<input type="checkbox"/> Lingala																		
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Mai Mai																		
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<input type="checkbox"/> French	<input type="checkbox"/> Swahili																		
<input type="checkbox"/> Karen	<input type="checkbox"/> Vietnamese																		
<input type="checkbox"/> Kirundi	<input type="checkbox"/> Other: _____																		

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
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Parent / Guardian 2 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"/> Lingala <input type="checkbox"/> Bhutanese <input type="checkbox"/> Mai Mai <input type="checkbox"/> Bosnian <input type="checkbox"/> Mandarin <input type="checkbox"/> Burmese <input type="checkbox"/> Nepali <input type="checkbox"/> Cantonese <input type="checkbox"/> Somali <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Swahili <input type="checkbox"/> Karen <input type="checkbox"/> Vietnamese <input type="checkbox"/> Kirundi <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

Please list all persons living in the home with the family who were not listed above:	
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)?

Yes 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)?

Yes No

Is your family currently receiving Reach Up?

Yes No

Is your family currently receiving Supplemental Security Income (SSI)?

Yes 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.

Parent/Guardian 1 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"/> _____	\$ _____	_____

Parent/Guardian 2 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.

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, I, the parent/guardian, indicate that:

- I intend to enroll my child in Early Head Start or Head Start if my child is accepted into the program.
- I agree to comply with the rules and regulations of the program.
- I certify that the information I have provided on and in support of this application is accurate and truthful to the best of my knowledge. I understand that intentionally providing false, inaccurate, or incomplete information may result in a loss of my family's eligibility to participate in the program.
- I consent to have my child participate in all health and developmental screenings or non-invasive exams (including, but not limited to: hearing and vision screenings, heights and weights, visual oral health screening) 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. These may take place outside of the classroom. All screening and exam results and recommendations will be shared with me by the program.
- I consent to have my child receive his/her special education and/or mental health services, as outlined in his/her IEP, IFSP/One Plan, and/or treatment plan, during Head Start classroom time. I understand that these services may be provided by special educators, including speech/language pathologists, occupational therapists, physical therapists, and individual assistants, or early childhood mental health professionals and may take place outside of the classroom.
- I understand that the Head Start program utilizes the services of early childhood mental health consultants in order to better provide quality education services by increasing the social and emotional well-being of children. I consent to have my child participate in the services provided by the early childhood mental health consultants. The program will notify me in advance of any services provided individually to my child.

Parent / Guardian Signature: _____ Date: _____

Release of Information

Head Start and Early Head Start (HS/EHS) are national programs. 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 the organization.

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 (you must check all boxes that apply if you would like us to be able to speak/share information with these organizations):

- The local school district and/or CIS agency responsible for comprehensive evaluation and development of an IFSP or IEP (if needed) for the purpose of:
 - Obtaining documentation of my child's comprehensive evaluation and/or IFSP or IEP in order to provide individualized education services to my child
 - Coordinating educational services for my child
- The local District Office of the Economic Services Division that administers TANF (Reach Up) benefits for the purpose of:
 - Obtaining TANF documentation to determine eligibility for the Head Start program
 - Coordinating the family goal setting process
 - Contacting my family if direct communication methods fail
- The local Community Care Support Agency that administers the Child Care Financial Assistance program for the purpose of:
 - Obtaining Child Care Financial Assistance documentation to determine eligibility for specific Head Start program options.
 - Coordinating the enrollment of my child in Head Start and/or its collaborative partner sites
- The local District Office of the Family Services Division for the purpose of:
 - Obtaining documentation to determine eligibility for the Head Start program
 - Coordinating family safety/support services
- Other (please specify): _____

Authorized Representative

If you would like to give permission to someone to speak with us on your behalf, please fill out this section.

By filling out the Authorized Representative section and signing below you agree to the following:

- I understand that I am not required to have an Authorized Representative
- I give CVHS and the Authorized Representative permission to communicate with each other and share information about my family and myself for the purposes of applying for the Head Start program and coordinating services for my family.
- I may revoke this authorization at any time by calling (802) 651-4180 x204 and informing the Enrollment Manager that I am revoking this authorization.

Name of Authorized Representative:	Representative's Phone Number:
Authorized Representative's Relationship to You:	Authorized Representative's Organization Name (if applicable):

Use of Photographs / Video

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

Child's Information

Child's Legal Name:	Child's Date of Birth:
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Parent/ Legal Guardian's Name (Printed): _____

Parent / Legal Guardian's Signature: _____ Date: _____



A Program of Champlain Valley Office of Economic Opportunity

Release of Health and 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 and our collaborative partner child care and school sites.

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 and/or CVHS collaborative partners.
3. Share my child's enrollment and oral health status with WIC and its Public Health Dental Hygienists. If my child is transitioning to public school: share my child's oral health status with the public school Tooth Tutor.

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 December 31, 2019.

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: _____

Child's Health Information

Child's Legal Name	Date of Birth
Does your child have a doctor? <input type="checkbox"/> No <input type="checkbox"/> Yes, Doctor's Name: _____	Phone
Does your child have a dentist? * <input type="checkbox"/> No <input type="checkbox"/> Yes, Dentist's Name: _____	Phone
Does your child have any health conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____	Symptoms
Does your child take any medications? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____	Medication needed on site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies (including medications, food, bee stings, etc.)? <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Yes, please list: _____	Symptoms

Permission to Pick Up / Permission to Transport

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.

Primary Parent/Guardian Name	First Phone #	Second Phone #
Secondary Parent/Guardian Name	First Phone #	Second Phone #

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

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:** _____

Champlain Valley Head Start Program Options List 2018 - 2019 (Updated 7-25-18)

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 Johnson Children's Center: 81 Water Street	HS	Middlebury	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES
Addison County Early Learning Center: Location to be determined	HS	TBD	Mon-Fri	8:30am-12:30pm	Sept - June	NO	NO	NO	NO	NO
Chittenden County (802) 872-2819 4 Kellogg Road, Essex Jct., VT 05452										
Home-Based (Early Head Start): Throughout Chittenden County										
Burlington Children's Space: 241 N. Winooski Ave.	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
Flynn Elementary School (Full School Day): 1645 North Ave.	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
Franklin Square Early Learning Center: 61 Red Maple Lane	HS	Burlington	Mon-Fri	8:10am-2:50pm	Sept - June	YES	NO	NO	NO	NO
Ira Allen School: 150 Colchester Ave.	HS	Burlington	Mon-Fri	8:30am-12:30pm	Sept - June	NO	NO	NO	NO	NO
Ira Allen School (Full School Day): 150 Colchester Ave.	HS	Burlington	Mon-Th	9:00am-12:30pm	Sept - June	YES	YES	NO	NO	NO
King Street Center: 87 King Street	EHS	Burlington	Mon-Fri	8:10am-2:50pm	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
Sara Holbrook Community Center: 66 North Ave.	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	YES	YES	NO	YES	YES
Trinity Children's Center: 34 Fletcher Place	HS	Burlington	Mon-Fri	8:30am-12:30pm	Sept - June	YES	YES	NO	YES	YES
Malletts Bay School: 609 Blakely Road	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
Essex Elementary School: 1 Bixby Hill Road	HS	Essex Town	Mon, Wed, Th, Fri	8:15am-12:15pm	Sept - June	YES	NO	NO	NO	NO
Milton Elementary School: 42 Herrick Avenue	HS	Milton	Mon-Fri	7:45am-11:45am	Sept - June	YES	YES	NO	NO	NO
JFK Elementary School ELC Morning: 70 Normand Street	HS	Winooski	Mon-Fri	8:45am-3:15pm	Sept - June	YES	NO	NO	NO	NO
JFK Elementary School ELC Afternoon: 70 Normand Street	HS	Winooski	Mon-Fri	7:30am-11:00am	Sept - June	YES	NO	NO	NO	NO
JFK Elementary School Morning: 70 Normand Street	HS	Winooski	Mon-Fri	11:30am-3:00pm	Sept - June	YES	NO	NO	NO	NO
JFK Elementary School Afternoon: 70 Normand Street	HS	Winooski	Mon-Th	7:30am-11:00am	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										
St. Albans Early Learning Center (Full School Day): 27 Church Street	HS	All Towns	1 Visit/Wk	N/A	Full Year	N/A	N/A	N/A	N/A	N/A
YMCA Early Childhood Program at St. Albans: 75 Lower Weldon St.	HS	St. Albans City	Mon-Fri	8:30am-2:30pm	Sept - June	NO	NO	NO	NO	NO
Champlain Islands PCC: 114 South Street	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
Swanton Early Learning Center (Full School Day): 31 Church Street	HS	South Hero	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES
	HS	Swanton	Mon-Fri	8:30am-2:30pm	Sept - June	NO	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.