

# Preschool & Childcare for your Family

## Apply today!

Now accepting applications for 2025-2026 school year

### How to apply:

#### Fill out the attached Application

Or complete the online application at:  
[champlainvalleyheadstart.org/apply-now](http://champlainvalleyheadstart.org/apply-now)

#### Provide documentation of your income from the last 12 months:

- W-2 form, Federal tax return - Form 1040, or Pay stubs
- Reach Up / RUFA
- 3SquaresVT/SNAP benefits
- Supplemental Security Income (SSI)
- Foster Care Custody Order / Agreement

*Income eligibility may apply.* Find more information at:  
[champlainvalleyheadstart.org/apply-now/are-you-eligible](http://champlainvalleyheadstart.org/apply-now/are-you-eligible)

#### Submit the Application

- Email the Application and income documents to [apply-cvhs@cvoeo.org](mailto:apply-cvhs@cvoeo.org)
- Or mail or drop off the Application and copy of the income documents to our Burlington office:  
Champlain Valley Head Start  
255 South Champlain St, Suite 10  
Burlington, VT 05401



### Next steps:

Once the application is submitted, we will call you to confirm we have the required income documents.

#### Questions?

Contact us with questions about eligibility or how to apply!

Or [submit an Interest Form](#) on our website.

**802-752-9397**

**[apply-cvhs@cvoeo.org](mailto:apply-cvhs@cvoeo.org)**

[champlainvalleyheadstart.org](http://champlainvalleyheadstart.org)





# APPLICATION

## HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



A Program of Champlain Valley Office of Economic Opportunity

CHILD'S INFORMATION				
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
NICKNAME / PREFERRED NAME				

NEED FOR CHILD CARE	
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
If full-day and/or full-year care is not available, are you able to accept a part-time program for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child <b>currently</b> receiving full or part time care in (check one)?	
Family child care home	<input type="checkbox"/> Full <input type="checkbox"/> Part
Child care center/classroom	<input type="checkbox"/> Full <input type="checkbox"/> Part
Public school pre-K program	<input type="checkbox"/> Full <input type="checkbox"/> Part
Home/another home with relative or other adult	<input type="checkbox"/> Full <input type="checkbox"/> Part
None	<input type="checkbox"/> Full <input type="checkbox"/> Part
If your child is <b>currently</b> receiving child care, please specify the name of this program:	
<b>My child is currently</b> (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	

CHILD'S LANGUAGE	
The language(s) my child speaks is (are):	
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	

FOOD OR DIETARY RESTRICTIONS FOR CHILD	
<input type="checkbox"/> No pork	
<input type="checkbox"/> Vegetarian	
<input type="checkbox"/> Vegan	
<input type="checkbox"/> Other: _____	

CHILD'S RACE & ETHNICITY	
<b>Race</b> (check all that apply)	<b>Ethnicity</b> (check one)
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino Origin
<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic/ Non-Latino Origin
<input type="checkbox"/> Black / African American	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> White	
<input type="checkbox"/> Other (please specify):	

DEVELOPMENT & LEARNING	
<b>Check any of the following which apply to your child</b>	
<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: _____ _____ _____ _____	

SSI	
Does this child receive SSI (Supplemental Security Income?)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

CUSTODY/COURT ORDERS	
<b>Custody status of this child:</b>	
<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:	
<b>Are there any court orders regarding the custody of this child, including DCF or other guardianship orders/documents?</b>	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes. CVHS must have a copy of this order on file. <i>Please include a copy with this application.</i>	

# APPLICATION Family Information

HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



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## FAMILY HOUSING & LANGUAGE

**HOUSING**  Yes  No Can you and your child go the SAME PLACE, EVERY NIGHT to sleep in a SAFE & SUFFICIENT SPACE?  
 Yes  No Does your family have stable long-term housing? (check no if you are currently staying in a shelter/transitional housing)

**LANGUAGE** The primary language our family speaks at home is:

## PARENT/GUARDIAN INFORMATION: 1

FIRST NAME	LAST NAME	DATE OF BIRTH
PREFERRED NAME		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
RELATIONSHIP TO CHILD: <input type="checkbox"/> MOTHER/FATHER <input type="checkbox"/> FOSTER MOTHER/FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:		
LIVING ADDRESS	CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE ZIP CODE
PHONE #1:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:
PHONE #2:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:
EMAIL:		
<b>Do you have reliable transportation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Which type?</b> <input type="checkbox"/> Public (bus) <input type="checkbox"/> Car <input type="checkbox"/> Walking <input type="checkbox"/> Other:	
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

**Employment Status**  
 Employed Full-time  Unemployed  
 Employed Part-time  Retired  
 Employed Seasonally  Disabled

**Days & hours you work:**  
 \_\_\_\_\_

## 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 program):  
 \_\_\_\_\_

**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

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

<input type="checkbox"/> Arabic	<input type="checkbox"/> English	<input type="checkbox"/> Maay Maay	<input type="checkbox"/> Somali
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> French	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Spanish
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Karen	<input type="checkbox"/> Nepali	<input type="checkbox"/> Swahili
<input type="checkbox"/> Burmese	<input type="checkbox"/> Kirundi	<input type="checkbox"/> Pashto	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Dari	<input type="checkbox"/> Lingala		

Other: \_\_\_\_\_

**Preferred language for interpreter:**  
 \_\_\_\_\_

**Preferred interpreter:**  
 \_\_\_\_\_

**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

## SSI

Does this adult receive SSI (Supplemental Security Income)?  
 Yes  No

# APPLICATION Family Information

## HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



A Program of Champlain Valley Office of Economic Opportunity

PARENT/GUARDIAN INFORMATION: 2			
FIRST NAME	LAST NAME	DATE OF BIRTH	
PREFERRED NAME		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
RELATIONSHIP TO CHILD: <input type="checkbox"/> MOTHER/FATHER <input type="checkbox"/> FOSTER MOTHER/FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:			
LIVING ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
PHONE #1:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:	
PHONE #2:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:	
EMAIL:			
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which type? <input type="checkbox"/> Public (bus) <input type="checkbox"/> Car <input type="checkbox"/> Walking <input type="checkbox"/> Other:	
DIRECTIONS TO HOME:			

EMPLOYMENT
<b>U.S. Military Status</b> <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
<b>Employment Status</b> <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Employed Seasonally <input type="checkbox"/> Disabled
<b>Days &amp; hours you work:</b> _____

EDUCATION
<b>Job Training/School Status</b> <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 program): _____
<b>Education Level</b> <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
<b>The language(s) that I speak is (are):</b> <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> Maay Maay <input type="checkbox"/> Somali <input type="checkbox"/> Bhutanese <input type="checkbox"/> French <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Bosnian <input type="checkbox"/> Karen <input type="checkbox"/> Nepali <input type="checkbox"/> Swahili <input type="checkbox"/> Burmese <input type="checkbox"/> Kirundi <input type="checkbox"/> Pashto <input type="checkbox"/> Vietnamese <input type="checkbox"/> Dari <input type="checkbox"/> Lingala <input type="checkbox"/> Other: _____
<b>Preferred language for interpreter:</b> _____
<b>Preferred interpreter:</b> _____
<b>If English is not your primary language, please mark the choice below that best describes your interpretative needs:</b> <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

SSI
Does this adult receive SSI (Supplemental Security Income?) <input type="checkbox"/> Yes <input type="checkbox"/> No

# APPLICATION Household Information

HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



A Program of Champlain Valley Office of Economic Opportunity

HOUSEHOLD INFORMATION	
<b>Please list all people living in the home with the family who were not listed previously:</b>	
<b>NAME OF PERSON 1:</b>	
DATE OF BIRTH	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 <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NAME OF PERSON 2:</b>	
DATE OF BIRTH	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 <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NAME OF PERSON 3:</b>	
DATE OF BIRTH	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 <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NAME OF PERSON 4:</b>	
DATE OF BIRTH	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 <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NAME OF PERSON 5:</b>	
DATE OF BIRTH	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 <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NAME OF PERSON 6:</b>	
DATE OF BIRTH	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 <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# APPLICATION Eligibility/Income

HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



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## 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 experiencing homelessness (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 the following benefits:

Reach Up:  Yes  No      3SquaresVT/SNAP benefits:  Yes  No      Supplemental Security Income (SSI):  Yes  No

## CASE MANAGERS

Please list **NAME, PHONE, and EMAIL** for case managers.

Reach Up: \_\_\_\_\_  
 DCF: \_\_\_\_\_  
 USCRI: \_\_\_\_\_  
 Other: \_\_\_\_\_

## 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 OF PARENT/GUARDIAN

Type of Income (check all that apply)	Have you received this income for all of the last 12 months?	How often do you receive this income?	Gross Amount (before taxes)
<input type="checkbox"/> Military Income	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 1	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 2	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 3	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____

### PARENT/GUARDIAN: 2

NAME OF PARENT/GUARDIAN (IF LIVING IN THE HOUSEHOLD)

Type of Income (check all that apply)	Have you received this income for all of the last 12 months?	How often do you receive this income?	Gross Amount (before taxes)
<input type="checkbox"/> Military Income	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 1	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 2	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 3	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____

# APPLICATION Additional Information

## HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



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### IMMEDIATE FAMILY NEEDS

Please use this space to tell us about any current circumstances affecting your family that may impact your need for immediate school and/or child care for your child.

\_\_\_\_\_

\_\_\_\_\_

### PRIOR PARTICIPATION IN CVHS

Did this child participate in CVHS's Early Head Start?  Yes  No

Have any of this child's siblings ever participated in the CVHS Head Start or Early Head Start?  Yes  No

If yes, please provide the sibling's name: \_\_\_\_\_

### OUTREACH

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Brochure Poster  | <input type="checkbox"/> CVHS Social Media              | <input type="checkbox"/> Friend/Family Member  |
| <input type="checkbox"/> CVHS Teacher/Home Visitor  | <input type="checkbox"/> CVHS Website                   | <input type="checkbox"/> Newspaper/Magazine Ad |
| <input type="checkbox"/> CVHS Collaborative Partner   | <input type="checkbox"/> DCF (Family Services Division) |  |
| <input type="checkbox"/> Service Provider (such as Reach Up, VNA, WIC, please specify): _____ |   |  |
| <input type="checkbox"/> 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 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.

I understand that Champlain Valley Head Start sometimes records video and/or takes photographs of programs in operation and the participants present for the following purposes: (1) to support the professional development of teachers and staff; (2) to assist the Behavioral Support Specialist in supporting teaching teams who are working with children with challenging behaviors; and 3) as documentation for child outcomes observation and assessment. Additional permissions may be requested for individual children. All videos will be deleted at the conclusion of the process. Video recordings will not be shared outside of CVHS and its collaborative teaching and child care partners. I consent to have my child participate in a classroom where video recording may occur for the purposes outlined above.

Was this application completed with the help of another person other than the parent/guardian indicated below?

No  Yes: please provide name: \_\_\_\_\_ Organization (if applicable): \_\_\_\_\_

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



# AUTHORIZATION & RELEASE

HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



A Program of Champlain Valley Office of Economic Opportunity

## RELEASE OF INFORMATION

Head Start & Early Head Start 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:

Yes  No **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

Yes  No **The local District Office of the Economic Services Division that administers TANF (Reach Up) and SNAP (3SquaresVT) benefits for the purpose of:**

- Obtaining TANF and/or SNAP documentation to determine eligibility for the Head Start program
- Coordinating the family goal setting process
- Contacting my family if direct communication methods fail

Yes  No **The local school district in which the participant resides for the purpose of:**

- Completing Act 166 / Pre-K registration, including providing documentation for the purposes of proving residency and date of birth of the child
- Determining the status of the child's Act 166 / Pre-K registration

Yes  No **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

Yes  No **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

Yes  No **Other (please specify):** \_\_\_\_\_

## USE OF PHOTOGRAPHS/VIDEO

Yes  No 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, social media, brochures or other recruitment/outreach/fundraising/promotional materials or reports.

## CHILD'S INFORMATION

CHILD'S LEGAL NAME	CHILD'S DATE OF BIRTH
PARENT/LEGAL GUARDIAN'S NAME (PRINTED)	
Parent/Guardian Signature: _____ Date: _____	

# HEALTH RELEASE

## HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



A Program of Champlain Valley Office of Economic Opportunity

### RELEASE OF HEALTH & SCREENING INFORMATION

Head Start & Early Head Start 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, Champlain Valley Head Start (CHVS) 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:**

**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:

**Champlain Valley Head Start Health or Special Needs Coordinator, Nurse Consultant or Tooth Tutor**  
**255 South Champlain Street, Suite 10**  
**Burlington, VT 05401**  
**(802) 651-4180 X215**

**Share and discuss results of my child's Head Start screenings** (vision, hearing, growth, oral health, and developmental) and health records with my child's health care providers and/or state registries or CVHS collaborative partners in order to provide/support services for my child/family.

**Share my child's growth assessment, 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, 2026.

### THE FOLLOWING AUTHORIZATION IS FOR:

CHILD'S LEGAL NAME OR PREGNANT WOMAN'S LEGAL NAME	DATE OF BIRTH
I am the: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> DCF Authorized Representative of the above-named child	
PRINTED NAME	
Parent/Guardian Signature: _____ Date: _____	

# EMERGENCY

HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



A Program of Champlain Valley Office of Economic Opportunity

CHILD'S HEALTH INFORMATION			
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH
Does your child have a doctor? <input type="checkbox"/> No <input type="checkbox"/> Yes, <b>Doctor's Name:</b>			PHONE
Does your child have a dentist? <input type="checkbox"/> No <input type="checkbox"/> Yes, <b>Dentist's Name:</b>			PHONE
Does your child have any health conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Please list conditions:			SYMPTOMS
Does your child take any medications? <input type="checkbox"/> No <input type="checkbox"/> Yes Is medication needed on site? <input type="checkbox"/> No <input type="checkbox"/> Yes		Please list medications:	
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

HEALTH INSURANCE
<b>Does your child have health insurance?</b> <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: _____

PERMISSION TO PICK UP/PERMISSION TO TRANSPORT	
<p>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/guardian/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.</p>	<p>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.</p> <p><b>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.</b></p> <p>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.</p>

EMERGENCY CONTACT & OTHER PEOPLE AUTHORIZED TO PICK UP CHILD			
<b>FIRST CONTACT NAME</b>		RELATIONSHIP TO CHILD	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick Up
PHONE NUMBER	ALTERNATE PHONE NUMBER	ADDRESS	
<b>SECOND CONTACT NAME</b>		RELATIONSHIP TO CHILD	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick Up
PHONE NUMBER	ALTERNATE PHONE NUMBER	ADDRESS	
<b>THIRD CONTACT NAME</b>		RELATIONSHIP TO CHILD	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick Up
PHONE NUMBER	ALTERNATE PHONE NUMBER	ADDRESS	
<b>FOURTH CONTACT NAME</b>		RELATIONSHIP TO CHILD	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick Up
PHONE NUMBER	ALTERNATE PHONE NUMBER	ADDRESS	

<b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____
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# ANTICIPATED PROGRAM OPTIONS LIST

## HEAD START & EARLY HEAD START PROGRAMS

UPDATED JANUARY 2025



A Program of Champlain Valley Office of Economic Opportunity

**Attention: Please look for updates for programs.**

**Instructions:** Please use the **CHOICE** column to select your first, second, and third choice options by indicating **1**, **2**, and **3** before the name of the site. Please also indicate below whether you have transportation to this site.

CHOICE	Do you have transportation to the preferred sites selected below? <input type="checkbox"/> Yes <input type="checkbox"/> No	AGES SERVED					TOWN	DAY	TIME	SESSION	TOWN RESIDENT	ACT 166 APPROVED	CHILD CARE SUBSIDY
		PREGNANT WOMEN	BIRTH-1 YEAR	1-2 YEARS	2-3 YEARS	3 & 4 YEARS							
<b>ADDISON COUNTY</b>													
	Home Visiting Program (throughout the county) *	●	●	●	●	●	All	1 visit/week		Full Year			
	Otter Creek Child Center		●	●	●		Middlebury	Mon-Fri	7:30am-5:30pm	Full Year			●
	Addison County Early Learning Center: Early Head Start			●	●		New Haven	Mon-Fri	8:30am-2:30pm	Full Year			
	Addison County Early Learning Center: Head Start					●	New Haven	Mon-Fri	8:30am-2:30pm	Sep-Jun		●	
<b>CHITTENDEN COUNTY</b>													
	Home Visiting Program (throughout the county) *	●	●	●	●	●	All	1 visit/week		Full Year			
	Family Connections Program	●	●	●	●		Burlington	2 days/week	9am-12pm	Full Year			
	Burlington Children's Space: Early Head Start		●	●	●		Burlington	Mon-Fri	8am-4pm	Full Year			●
	Burlington Children's Space: Head Start					●	Burlington	Mon-Fri	8am-4pm	Full Year		●	●
	Franklin Square Early Learning Center					●	Burlington	Mon-Fri	8:30am-2:30pm	Sep-Jun		●	
	King Street Center: Early Head Start			●	●		Burlington	Mon-Fri	8am-2pm	Full Year			●
	King Street Center: Head Start					●	Burlington	Mon-Fri	8am-2pm	Full Year		●	●
	Riverside Early Learning Center: Early Head Start			●	●		Burlington	Mon-Fri	8:30am-2:30pm	Full Year			
	Riverside Early Learning Center: Head Start					●	Burlington	Mon-Fri	8:30am-2:30pm	Sep-Jun		●	
	Winooski Early Learning Center					●	Winooski	Mon-Fri	8:30am-2:30pm	Sep-Jun		●	
<b>FRANKLIN &amp; GRAND ISLE COUNTIES</b>													
	Home Visiting Program (throughout the counties) *	●	●	●	●	●	All	1 visit/week		Full Year			
	St. Albans Early Learning Center: Early Head Start		●	●	●		St. Albans City	Mon-Fri	8:30am-2:30pm	Full Year			
	St. Albans Early Learning Center: Head Start					●	St. Albans City	Mon-Fri	8:30am-2:30pm	Sep-Jun		●	

\* Home-Visiting for all counties: birth to age 3 is year around, ages 3-5 is school year only.

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

### ADDISON COUNTY

#### Middlebury

Otter Creek Child Center  
150 Weybridge Street

#### New Haven

Addison County Early Learning Center  
87 Rivers Bend Road

#### Home Visiting Program

90 Minute visit, once a week  
At the family's home

### CHITTENDEN COUNTY

#### Burlington

Burlington Children's Space  
241 North Winooski Avenue

Franklin Square Early Learning Center  
55 Franklin Square

King Street Center  
87 King Street

Riverside Early Learning Center  
669 Riverside Avenue

#### Family Connections Program

265 College Street

#### Winooski

Winooski Early Learning Center  
87 Elm Street

#### Home Visiting Program

90 minute home visit once a week

### FRANKLIN & GRAND ISLE COUNTIES

#### St. Albans City

St. Albans Early Learning Center  
39 Barlow Street

#### Home Visiting Program

90 Minute visit, once a week  
At the family's home