



Application For Early Head Start Enrollment Prenatal to age Three



82 21st Avenue, Suite B
Longmont, CO 80501
303-776-8523

Early Head Start is a family-centered program that offers support in the areas of child development, parenting, health and social services to pregnant woman, infants, toddlers, and their families. Early Head Start provides services two different ways:

- 1-provides services with a Family Educator for you and your child for 90 minutes a week for a duration of 48 weeks. You must meet income eligibility requirements.
- 2- provides services in a partnering child care facility as well as visits with a Family Educator. In order to qualify you must meet income eligibility requirements and parent(s) must be working or in school full time. (pick up a schedule verification form)

Both Program options offer an opportunity for families to participate in playgroup activities twice a month. If you have questions about the Early Head Start program options please contact 303-776-8523.

All applications will be processed and ranked according to our ranking (point) system to identify children of greatest need. Applications will not be considered for processing unless it is turned in with the required documentation listed below.

Please include copies of the following information with the completed application:

1. **Child's Birth Certificate (for verification of age)**
2. **Proof of all sources of income (for income eligibility verification)**
(Examples: pay stubs, tax form 1040, proof of public assistance TANF, Social Security, W-2's, SSI, child support, etc.)

You may drop off or mail your completed application with the required documents to :

Wild Plum Center for Young Children and Families
82 21st Avenue, Suite B
Longmont, CO 80501
303-776-8523

Office Use Only

_____ Program Year

_____ Age in Months

_____ Option 1

_____ Family Educator

_____ Enrollment Date

_____ Option 2

_____ Room Assignment

_____ Enrollment Date

Date Received: _____ By: _____

Wild Plum Center for Young Children & Families
82 21st Ave., Suite B Longmont, CO 80501
Phone (303) 776-8523 Fax (303) 485-9682

Enrollment Application for Prenatal to age 3

Child's Full Name: _____ Child goes by: _____

Male _____ Female _____ Date of Birth _____ Telephone Number _____

Child's primary language: _____ secondary _____

Race Ethnicity:

- American Indian/Alaskan Native
- Asian
- Biracial/Multi-Cultural
- African American
- Hispanic/Latino
- Caucasian
- Other _____

Are you applying for _____ Option 1 services with Family Educator or _____ Option 2 services with child care

Who has legal custody of the child? _____
(please provide copies of legal documents if someone other than parents have custody)

Home Address: _____

Mailing Address: _____

Parent/Guardian 1
Name: _____
Date of Birth: _____
Relationship to the Child: <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent
Phone Number: _____ <input type="checkbox"/> cell <input type="checkbox"/> home
Lives with child: <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Working? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full Time (34.5 or more hours per week) <input type="checkbox"/> Part Time (Less than 34.5 hours each week) Name of Employer: _____
Currently in School? <input type="checkbox"/> No <input type="checkbox"/> Yes, Where? _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Last grade of school completed _____

Parent/Guardian 2
Name: _____
Date of Birth: _____
Relationship to the Child: <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent
Phone Number: _____ <input type="checkbox"/> cell <input type="checkbox"/> home
Lives with child: <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Working? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full Time (34.5 or more hours per week) <input type="checkbox"/> Part Time (Less than 34.5 hours each week) Name of Employer: _____
Currently in School? <input type="checkbox"/> No <input type="checkbox"/> Yes, Where? _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Last grade of school completed _____

Is mom currently pregnant? No Yes if yes, what is the due date _____

Marital Status: _____ Married _____ Divorced _____ Separated _____ Single _____ Living Together

Is there Parent's history of (check all that apply):

_____ Drug or alcohol abuse _____ Domestic violence _____ Depression or emotional issues _____ Incarceration

Number of people in your family living in the home and are being supported by the parent/guardian's income:
Number of children _____ number of adults _____ total number living in the house _____

Is child living under any of the following circumstances (check all that apply) ?:

- Homeless, if yes how long _____.
- Living in a motel, campground or shelter due to lack of other housing
- Sharing housing of other people due to loss of your own housing or economic hardship.
- Living in Emergency or transitional shelters or
- Lack of adequate nighttime residence.

Do you have any concerns about your child's health, development or behavior? Yes No

Please list concerns _____

Have you been denied services from other agencies such as: CIP, GENESIS, Nurse Family Partnership, etc? Yes No.

How did you hear about the Wild Plum Center: _____

I, the applicant, hereby certify that the information provided (including source of income) is true and correct to the best of my knowledge. I understand that if my child is accepted into the program based on false or incomplete income information, my child may be disenrolled from the program.

Parent/Guardian Signature

Date