

ILIFF HEAD START PRESCHOOL

APPLICATION PACKET

We are excited that you are interested in enrolling your child in our preschool program. Iliff Head Start is committed to providing a safe, nurturing, and engaging learning environment that supports the growth, development, and school readiness of young children while partnering with families in our community.

Application Instructions

Please complete all sections of this application packet as thoroughly as possible and provide income verification (paycheck stub, W-2, TANF, SNAP documentation, etc.)

When the packet is finished, please return it to:

Physical Address:
Iliff Head Start
405 West 2nd Avenue
Iliff, CO 80736

Mailing Address:
Iliff Head Start
P.O. Box 216
Iliff, CO 80736

If returning the packet in person is not convenient, please give us a call and we will gladly make arrangements to collect the completed application from you.

Confidentiality Statement

All information provided in this application is strictly confidential and will be used only for enrollment eligibility and program services in accordance with Head Start program guidelines.

Office Use Only

Date Application Received: _____

Eligibility Category:

- Income Eligible
 Categorical
 Over Income

Age: 3 4 5

PT: Yes No

Enrollment Status:

- Accepted
 Waitlist Turns 3 on: _____
 Not Accepted

Classroom: 1 2 3

Section 1: Child Application Form

Child's Full Name: _____

Age: _____ Date of Birth: ____ / ____ / ____

Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Ethnicity: Hispanic or Latino Origin Non-Hispanic/Non-Latino Origin

Race: White American Indian or Alaskan Native

Asian Native Hawaiian/other Pacific Islander

Black or African American Biracial/Multi Racial

Primary Language Spoken at Home: _____

Section 2 : About your Child

Has your child attended preschool or childcare before? Yes No

If yes, where? _____

Is your child potty trained? Yes No Working on it 😊

Does your child have any special needs or disabilities? Yes No

If yes, please explain: _____

Check all that apply to your child:

related to another child in our program

Shyness/withdrawn

Aggressive

struggles to separate from parents

Discipline problems

Other: _____

Premature at birth

Section 3: Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Phone Number: _____

Employed: _____

Unemployed

Does person reside in the same household as the child?

Yes

No

Second Parent/Guardian (if applicable):

Name: _____

Relationship to Child: _____

Phone Number: _____

Employed: _____

Unemployed

Does person reside in the same household as the child?

Yes

No

Section 4: Household Information

Total number of people living in the home: _____

Family Type:

2 parent

Single parent mother

Single parent father

Foster Family

Other: _____

Check all that apply to your family:

SNAP

TANF

SSI

Homeless

Foster

Please list all **other** children living in the home:

Name

Date of Birth

Relationship to child

Section 5: Child Health Information

Doctor's Name: _____

Clinic/Office: _____

Date of Last Well Child Checkup: _____

Dentist's Name: _____

Date of last dental exam: _____

Does your child have health insurance?

Yes No

If yes, type: Medicaid# _____ CHP+ Private

Does your child have any allergies or medical conditions?

Yes No

If yes, explain: _____

Section 6: Family Needs & Risk Factors Checklist

Purpose:

This form helps Iliff Head Start understand your family's needs so we can provide the best services and support for your child. Please check any items that apply to your family. All information is confidential.

Please check all that apply:

Housing

- We are currently homeless or staying in a shelter, car, motel, or temporary place.
 - We are staying with friends or relatives because we do not have our own housing.
 - Our housing has safety problems or needs repairs.
 - We are worried about losing our housing or being evicted.
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Income & Financial Needs

- Our family receives public assistance (TANF, SSI, SNAP, etc.).
 - A parent recently lost a job.
 - We sometimes have difficulty paying for basic needs such as food, rent, or utilities.
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Family Situation

- Our household has only one parent or guardian.
 - The parent or guardian is a teenager.
 - A parent or family member is currently incarcerated.
 - Our family recently experienced a major change (divorce, death, separation, etc.).
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Child Development & Learning

- My child has a diagnosed disability.
- I have concerns about my child's development.
- My child has behavioral or emotional challenges.

Health

- My child has a medical condition that requires regular care.
- My child does not currently have a regular doctor.
- My child has not seen a dentist recently.

Family Stress & Support

- Our family is experiencing high stress.
- Someone in the household struggles with mental health concerns.
- Someone in the household struggles with substance use.
- Our family has experienced domestic violence or safety concerns.

Transportation & Employment

- Our family does not have reliable transportation.
- A parent or guardian is currently unemployed.
- A parent or guardian is working toward education or job training.

Section 7: Certification

I certify that the information provided is true and complete to the best of my knowledge. I understand this information will be used to determine eligibility for Head Start services.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent Information Page

Once we receive your application, our family service manager will reach out to you to obtain more information and let you know if your child is accepted into our preschool program. If you do not hear from us, please call our office during business hours.

If your child is accepted into the program these additional forms will be required:

- Proof of child's age (birth certificate, medical record, passport)
- Up to date Well Child Check-up (within the last year)
- Up to date dental exam (within the last year)
- Up to date Immunization record
- Health insurance information
- Any custody or legal documents (if applicable)

If you are struggling to get any of the above documents, please reach out so we can help get you access to the required documents.

Iliff Head Start Contact Information

Director: Jamie Unrein

Family Service Manager: Donna Manuello

Education Manager: Tammy Nab

Health Manager: Tammy Burtartd, R.N.

Nutrition/Transition Manager: Joan Marin

Physical Address:

Iliff Head Start Preschool
405 West 2nd Avenue
Iliff, CO 80736

Business Hours: Tuesday – Friday
8:00 a.m. to 4:00 p.m.
Summer hours: Wednesday
8:00 a.m. to 12:00 p.m.

Mailing Address:

Iliff Head Start Preschool
P.O. Box 216
Iliff, CO 80736

Phone Number: (970) 521-0538
Fax Number: (970) 522-7846

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