



HEAD START APPLICATION 2020-2021

Dear parent or caregiver,
Thank you for submitting a Head Start application for your child. Our programs are funded by the Public Health Agency of Canada. Head Start is for children 3½ - 5 yrs. of age, and children must be potty trained. Please complete this form and answer all questions, then bring it to Head Start. The application process is NOT on a first-come, first serve basis. After your application is assessed by Head Start staff, you will be contacted. Should your child be declined for the program and you think s/he should be in the program, please connect with Head Start staff. If you are still not satisfied, you may follow the Grievance procedure as attached to this form.

GENERAL INFORMATION

Date: _____ Town: _____

CHILD'S NAME (first, middle and last): _____

Age: _____ Gender: _____ Child's Nationality: _____

Physical Address of Child: _____

Birth Date: _____ Birthplace + country _____

Birth Weight: _____ lbs _____ oz. Alberta Health Care #: _____

Ethnic background (for example: First Nation, Metis, Inuit, Hispanic etc.) _____

CAREGIVER #1 NAME: _____ (Relationship to child) _____

Physical Address: _____

Mailing Address: _____

Email address: _____

Phone:
(home) _____ (cell): _____ (work): _____

Birthplace: _____ Place of employment: _____

Age: 13-17 yrs 18-25 yrs 26-35 yrs 36-45 yrs 46-55 yrs 56-65 yrs 66+ yrs

Is English your first language?(check) yes no. If no, what is your first language _____

Which language is spoken at home (with the child): _____

Highest school grade completed: _____ Where: _____

Please check all that apply:

- I am currently going to school or taking a course _____ part-time _____ full time.
- I am currently volunteering _____ where _____ # of hrs per week
- I am currently working _____ part-time _____ full time _____ shift work.
- I am currently looking for work.
- I am recovering from an illness.
- I am currently on maternity/paternity leave.
- I am a stay at home parent

Please check only one answer:

- SINGLE PARENT: There is only one adult in the home.
- LONE PARENT: There are two adults in the home, one works away for extended periods of time.
- TWO PARENTS: Two adults in the home who share the responsibility of childcare.
- SEPARATED
- DIVORCED

CAREGIVER #2 NAME: _____ (Relationship to child) _____

Physical Address: _____

Mailing Address: _____

Phone
(home): _____ (work): _____ (cell): _____

Birthplace: _____ Place of employment: _____

Age: 13-17 yrs 18-25 yrs 26-35 yrs 36-45 yrs 46-55 yrs 56-65 yrs 66+ yrs

Is English your first language?(check) yes no. If no, what is your first language _____

Which language is spoken at home (with the child): _____

Highest school grade completed: _____ Where: _____

Please check all that apply:

- I am currently going to school or taking a course _____ part-time _____ full time.
- I am currently volunteering _____ where _____ # of hrs per week
- I am currently working _____ part-time _____ full time _____ shift work.
- I am currently looking for work.
- I am recovering from an illness.
- I am currently on maternity/paternity leave.
- I am a stay at home parent

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GENERAL INFORMATION:

Was your child referred to Head Start? yes no if "yes", by whom _____
(i.e. Friend, counselor, agency, teacher)

How many times has your family moved in the last two yrs? _____ In the last year? _____

How long have you lived in this community? _____ years _____ months.

Who provides you with the most support (check only one)?
 family partner friend pastor/clergyman other

How many children do you have? _____ How many live at home? _____
Their ages are _____.

Source of Family Income:
 Employment supports for independence Employment Insurance AISH

Total Income of household over last 12 months?
 \$0 – 19,999 \$20,000 – 29,999 \$30,000 – 39,999 over \$40,000

Are you or any member of you family involved with any of the following service providers?

Self	Partner	Child	Siblings	
_____	_____	_____	_____	Speech Therapy
_____	_____	_____	_____	Glenrose/Crystal Park/Other
_____	_____	_____	_____	Social Services
_____	_____	_____	_____	Addictions and Mental Health
_____	_____	_____	_____	Public Health

CHILD PROFILE:

Do you have any concerns in any area of your child's development?

YES NO

If YES, please describe

Have you sought outside help for your child in any of the above areas that you have identified any concerns in? If so, what? _____

Babysitter's name and physical address:

Babysitter's phone number: _____

Bus pick up point (if different than above): _____

Can we publish your name in our newsletter? YES NO

Can we give your phone number to other parents YES NO

Emergency contact name: _____ phone number _____

This can not be you and/or your spouse's name and number.

Emergency contact **physical address:** _____

Last medical checkup: _____ Doctor's Name: _____

Last dental check up: _____ Dentist Name: _____

Are immunizations up to date? _____yes _____no

Is your child toilet trained? _____yes _____no

Can your child wipe himself/herself? _____yes _____no

Are there any food allergies? _____yes _____no If so: which?

Are there any medical allergies? _____yes _____no If so, which?

Has your child been diagnosed with any medical conditions? _____yes _____no

Is your child currently on any medications? _____yes _____no

If so, what? _____

Does your child attend any of the following?

_____ Playschool _____ Daycare/Home _____ Kindergarten

Has your child attended a Head Start before? _____yes _____no If yes, where? _____

How would you rate how your child interacts with other children?

_____ poorly _____ good _____ excellent

How would you describe your child? (happy, easy-going, active)

What are some of your child's likes and dislikes?

What concerns you the most about your child?

How do you feel the Head Start will benefit your child?

General Observations

Please Circle:

- | | | | |
|-----------------------------|-------------|-----|----|
| 1. Can your child say their | First name? | YES | NO |
| | Full name | YES | NO |
| | Age | YES | NO |
| | Address | YES | NO |
| | Birth Date | YES | NO |
| | Phone # | YES | NO |

2. Can your child recognize the following colors:

- | | | |
|--------|-----|----|
| Red | YES | NO |
| Blue | YES | NO |
| Green | YES | NO |
| Purple | YES | NO |
| Yellow | YES | NO |
| Orange | YES | NO |
| Pink | YES | NO |
| Black | YES | NO |
| Brown | YES | NO |
| Grey | YES | NO |

3. How far can your child count to:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

4. Can your child listen to, remember and follow:

- | | | |
|--|-----|----|
| a. One verbal direction (e.g. Bring me a book, please) | YES | NO |
| b. Two verbal directions (e.g. Put the book back and bring me the puzzle, please) | YES | NO |

5. Can your child print their first name so that you can read it? YES NO

6. Does your child:

- | | | |
|--|-----|----|
| a. Speak so that people understand him/her clearly | YES | NO |
| b. Speak in complete sentences? | YES | NO |

The information provided is complete and correct. I understand that submitting this application does not guarantee that my child will be admitted to the Head Start program.

Name

Signature

Thank you!

PARENTS KEEP THIS PAGE FOR YOUR RECORDS!!!

GRIEVANCE AND APPEAL PROCEDURE FOR PARENTS WHOSE CHILD HAS NOT BEEN ACCEPTED IN THE HEAD START PROGRAM

POLICY

All programs offered by Brighter Futures Society will have a fair, accessible and structured grievance and appeal process.

PROCEDURE

Applicants for service who are placed on a wait list may make appeals when decisions or services affecting them are considered unsatisfactory.

1. Grievance Process:

- 1.1 Program staff will inform the parent/guardian of their right to lodge a grievance.
- 1.2 The parent/guardian will first attempt to resolve the issue with the relevant program staff.
- 1.3 If the issue cannot be resolved to the parent/guardian's satisfaction, the parent/guardian will present the grievance to the Executive Director. The written grievance will be submitted within ten (10) days of the event or the decision leading to the grievance. Both parties will discuss the grievance and the Executive Director will provide a written copy of the decision within ten (10) days of the date the grievance was received. If the parent/guardian is not satisfied with the outcome, s/he can appeal it.

2. Appeal Process:

- 2.1 The parent/guardian will notify the Executive Director of the decision to appeal.
- 2.2 The Executive Director will inform the Board of Directors of the parent/guardian's decision to appeal.
- 2.3 If the parent/guardian is not satisfied with the Executive Director's decision s/he have the option of presenting the grievance in person or in writing to the Board of Directors. Both parties will discuss the grievance and the Board of Directors will communicate in writing their decision within ten (10) working days of the date the grievance was received.
- 2.4 The program and parent/guardian will abide by the decision reached through the established appeal process.
- 2.5 Documentation
The Executive Director will maintain a record of appeals, personal interviews and outcome of all parent/guardian grievances on the Grievance/Appeal Form.

The Executive Director can be reached at 780-927-3327, or on her cell via 780-247-1707, or through email: admin@northwestalbertabrighterfutures.com