



### 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. 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:

Is English your first language? \_\_\_\_\_ 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.
- \_\_\_\_\_ I am currently volunteering \_\_\_\_\_ where \_\_\_\_\_ # of hrs per week
- \_\_\_\_\_ I am currently working \_\_\_\_\_.
- \_\_\_\_\_ 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 OR DIVORCED

**CAREGIVER #2 NAME:** \_\_\_\_\_ (Relationship to child)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone  
(home): \_\_\_\_\_  
(work): \_\_\_\_\_ (cell): \_\_\_\_\_

Birthplace: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Age: \_\_\_\_\_

Is English your first language? \_\_\_\_\_ 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.
- \_\_\_\_\_ I am currently volunteering \_\_\_\_\_ where \_\_\_\_\_ # of hrs per week
- \_\_\_\_\_ I am currently working
- \_\_\_\_\_ I am recovering from an illness.
- \_\_\_\_\_ I am currently on maternity/paternity leave.

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**GENERAL INFORMATION:**

Was your child referred to Head Start?  
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)?

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

Source of Family Income:

Total Income of household over last 12 months?

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
_____	_____	_____	_____	Additions and Mental Health
_____	_____	_____	_____	Public Health



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

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

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What concerns you the most about your child?

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

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## General Observations

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**Please Circle:**

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

2. Can your child recognize the following colours (please keep <ctrl> button pressed to select multiple colours):

3. How far can your child count to:

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

- a. One verbal direction (e.g. Bring me a book, please)
- b. Two verbal directions ( e.g. Put the book back and bring me the puzzle, please)

5. Can your child print their first name so that you can read it?

6. Does your child:
- a. Speak so that people understand him/her clearly
  - b. Speak in complete sentences?

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](mailto:admin@northwestalbertabrighterfutures.com)