



SOUTHERN UTE MONTESSORI EARLY HEAD START

APPLICATION / ENROLLMENT INFORMATION

1. The child must be between the ages of six weeks old and three years old.
2. To begin the application process, please provide the following documentation:
 - A. Completed Application Form
 - B. Child's Birth Certificate
 - C. Proof of income (for both parents if you are two-parent family), which may include ONE of the following:
 - ✓ Prior year's income tax form (1040 for the year 2010);
 - ✓ W-2 Forms (2010);
 - ✓ Pay stubs or pay envelopes for prior year (2010);
 - ✓ Written statements from employers for year (2010);
 - ✓ Documentation to show current status as receiving public assistance.
3. After the application packet is received, the Selection Committee will review and determine eligibility status. If your child is selected for our program, please provide the following documentation before enrollment:
 - Proof of child's physical examination
 - Proof of child's immunizations
 - Proof of child's dental examination
 - Medical Insurance Card (Medicaid, CHP+, Private)

Staff will be available to assist you with the completion of this application, if needed. If you have any questions, please call one of our Family Advocates at (970) 563-4566.

Southern Ute Montessori Early Head Start Family Demographics Form

Total Number of Children in Household: _____
 Total Number of Parents/Legal Guardians in Household: _____

Family Type:

- Two parent family
- Single parent family (mother figure only)
- Single parent family (father figure only)
- Single parent family (mother figure only) living with partner
- Single parent family (father figure only) living with partner
- Other relative(s)
- Foster family
- Other family type: Specify _____

Please List Who Lives in the Home with You and Their Relationship To You

Family Member Name	Relationship to You

Are You Living with Other Family Members and/or Friends Due to Economic Hardship? Yes No

Types of Services or Financial Assistance Received (Mark all that apply): No services received

- Medical financial assistance (i.e. Medicaid/Medicare)
- Unemployment insurance Amount _____
- Food Stamps Amount _____
- Public housing assistance
- Public Assistance/Welfare (i.e. TANF) Amount _____
- WIC
- Supplemental Security Income (SSI) Amount _____
- Child Support/Alimony Amount _____
- Foster Care/Adoption Subsidy Amount _____
- Energy program assistance (e.g. LEAP)
- Other: Specify _____

Name of Mother: _____

Name of Father: _____

Does mother work? No Yes
 Place of Employment: _____
 Full-time? _____ Part-time? _____

Does father work? No Yes
 Place of Employment: _____
 Full-time? _____ Part-time? _____

Is mother in school? No Yes
 Full-time? _____ Part-time? _____

Is father in school? No Yes
 Full-time? _____ Part-time? _____

Mother's Date of Birth: _____

Father's Date of Birth: _____

Mother's Highest Level of Education: _____

Father's Highest Level of Education: _____

I certify that the information provided on this form is accurate and truthful to the best of my knowledge.

Parent or Guardian Signature _____ Date _____

Print Parent or Guardian Name: _____

Parent or Guardian E-Mail Address: _____

* Only used to inform of activities, school closings, deadline reminders etc.

AGENCY USE ONLY

Application Date: ____/____/____
 Income Eligibility: \$ _____ # of Adults _____ # of Children _____
 Verifications: ___ Income ___ Birth Certificate ___ Immunizations ___ Physical ___ Dental ___ Insurance Card
 ___ Other
 Staff Signature _____ Date: ____/____/____