



The Center
Early Childhood Programs
Lake County School District R-1
 315 West 6th Street
 Leadville, CO 80461
 719-486-6928
 719-486-9992 Fax

Dear Parents,

Thank You for your interest in The Center Early Childhood Programs. Our program offers a school readiness preschool program and extended day high quality child care.

The Following Items must be included with your application in order for it to be processed.

- Child's Birth Certificate
- Health Insurance Card – Private Insurance, Medicaid, or CHP+
- If you wish to be considered for a HEAD START preschool spot, you must include one of the following as evidence of eligibility. These documents need to be included for any adult that has income.
 - 1040 Tax Form from 2020 or W-2 forms from 2020
 - Check Stubs representing one year of income
 - Statement from Employer for one year of income or
 - Documentation of Foster Care status

You must have one of these income forms to be considered for Head Start. The Center will make copies of the original documents. Please do not leave original documents

Once you have completed this application, please bring it and the required documents to The Center. We can also receive completed applications through fax, email, and mail. We will evaluate your requests and let you know which programs you qualify for, which programs have openings, and work to create a schedule that will fit your family's needs.

COMPLETION OF THE APPLICATION DOES NOT GUARANTEE YOUR CHILD A PLACE IN THE PROGRAM.

If you have any questions at all, or if you would like assistance completing this application, please call Lisa at 719-486-6928 or Jenny at 719-486-6920 for Spanish.

Date Application was received by Office:	Person receiving application:

Child's Name: _____ Date of Application: _____

Program Descriptions

All children receive the same quality preschool experience in all programs at The Center.

Based on your needs, we will evaluate your child for some or all of the programs below:

Early Head Start – This federally funded program provides home visiting services at no cost to pregnant woman, and infants and toddlers ages birth to 3. Families will engage in weekly home visits, and join monthly group activities. The home visitor focuses on prenatal care, developmental milestones, language and growth.

Head Start - This federally funded program provides a regular daily tuition free preschool, according to the program's calendar. Head Start is a program for low income families, and your **child must be 3 or 4 by October 1, 2021**. Selection is based on age, income, and family size, as well as child and family needs. **TRANSPORTATION MAY BE PROVIDED TO THOSE WITHIN BUSSING AREA.**

Full Day Head Start - For families who qualify for Head Start. 40 hours a week tuition free of preschool for families who are in school or job training, or work full time. To be enrolled in Full Day Head Start, there must be no parent at home available to care for the child. **TRANSPORTATION MAY BE PROVIDED TO THOSE WITHIN BUSSING AREA.**

Colorado Preschool Program - This program is state funded and provides 10 hours of a regular tuition free preschool. Special tuition rates may be available to extend your child's preschool day. CPP can be combined with Head Start, special education funding or tuition-based preschool for a longer day. **Children must be 3 or 4 by October 1, 2021**. There are no income requirements for this program. Selection is based on age and educational risk factors. **NO TRANSPORTATION PROVIDED.**

Tuition-Based Preschool - For a pre-paid monthly tuition fee, **children who are at least 3 years old by October 1, 2021**, can attend a regular daily preschool schedule and/or extend their hours to meet their family's needs for child care. A scale is available with reduced rates for families who qualify for the Free or Reduced Lunch Program. Tuition-Based Preschool can be combined with Head Start, special education services, or the Colorado Preschool Program. **NO TRANSPORTATION PROVIDED.**

Services for Children with Special Needs – Lake County School District is the local service provider for children with diagnosed disabilities. Hours and services are determined by the Special Education staff and the child's family. If you have concerns about your child's development, please ask for information about Child Find.

The Center respects and protects your family's privacy. The information provided in this enrollment application will be used to determine your child's eligibility for programs and services and will not be shared without your permission.

I understand this is an application for services that may be paid for with government funds and that intentionally providing misleading, inaccurate, or untruthful information may result in my child being terminated from the program.

Please Provide the most accurate scheduling information possible to help us provide you with appropriate services.

Which daily schedule are you interested in (if available)?

Circle One - Preschool Only Extended Day Care Early Head Start (0-3)

If you need an extended day, please list the days and times you would like your child to attend.

THANK YOU. We will evaluate your request and your completed application. We will then let you know which programs you are eligible for that will also meet your needs.

The Center Early Childhood Programs Lake County Schools 2021-2022 Application Form

Applicant Child / Expectant Mother						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home
				<input type="checkbox"/> Not Eligible		
				<input type="checkbox"/> On Medicaid		
				<input type="checkbox"/> Potentially		
Dental Coverage		Dental Coverage #		Dentist/Dental Home		

Expectant Mother	
Prenatal care is very important during your pregnancy, please answer the following questions.	
Are you receiving prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No	What trimester are you in, and when did you seek care?
Are you Currently Taking Prenatal Vitamins? <input type="checkbox"/> Yes <input type="checkbox"/> No	High Risk Pregnancy?
Can the staff at The Center help you with your prenatal needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Please provide additional information: _____	
Mother's Initials: _____	

Primary Adult						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		If teen parent, subsidized?
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Master's					
Email Address: _____						

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Secondary or Other Adult						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship		Custody
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		
	<input type="checkbox"/> Master's					

Email Address: _____

Additional Child (Non-Applicant) *						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

Additional Child (Non-Applicant) *						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

Additional Child (Non-Applicant) *						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Applicant Name: _____ Birthday _____

Family Information, Income & Contacts

Family Information

Family Living Address

Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County

Family Mailing Address

Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Phone Number(s)	Type (check one)	Note (extension or best time to call)	Opt in for Text Messages			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income

Income Verified by (Completed by The Center staff)	Verification Date (Completed by The Center Staff)	TANF Status	SSI
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Notes (Completed by staff)

Emergency Contacts

Contact 1	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
Contact 2	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
Contact 3	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Applicant Name: _____ Birthday _____

Child / Family Questionnaire

Disability Information

Special Considerations

Does your child have a diagnosed disability? Yes No If yes, what is the disability? _____

Is your child on an Individual Education Plan (IEP)? Yes No If yes, what is the IEP for? _____

Do you have Developmental Concerns? Yes No Speech / Language Concerns? Yes No

The Center requires developmental screeners on all children. I understand that these screeners help teachers and staff understand my child's development. I give staff at The Center my permission to do developmental screeners on my child.

Parent's Initials _____

Family

How many times has your family / child moved in the last 3 years? _____

Substance Abuse? Yes No

Family Member Incarcerated? Yes No

Family Violence / Abuse? Yes No

Family in Crisis? Yes No

Child in out of Home Placement?

Yes No

Referral from another agency?

Yes No _____

Other – (Please Describe) _____

Parents Initials _____

Toileting

The Center Early Childhood Program requires that children must be potty trained to attend.

Does your child consistently use the bathroom on their own? Yes No

Does your child need help using the bathroom? Yes No

Does your child ever have potty accidents? Yes No

Please Explain _____

Parent's Initials _____

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Child / Family Questionnaire

Health Screening Consent

I understand the following health screenings and examinations are required for my child's enrollment and participation in early childhood programs at The Center. I give my consent for my child named above to receive some or all of the following screenings and / or evaluations, and follow-up. This consent is valid for the program year immediately following the date it is signed. The results of these screenings and evaluations will be made available to me. I authorize release of information pertinent to any of these screenings, observations, and evaluations to service providers deemed necessary by the Head Start, CPP, Special Education, and Tuition based programs.

Health screenings to be completed at school by staff:

- *DECA & ASQ-E3 screening tools
- *Hearing Screening
- *Vision Screening
- *Heights and Weights

Parent's Initials _____

Medical Treatment Authorization

I authorize staff members of The Center Early Childhood Programs to arrange for medical or surgical care for my child named above, and give consent for care and / or treatment in the event of an emergency. Staff members may use their judgement in deciding what an emergency is, and may request the services of our doctor named on the health information form or another if he / she is unavailable, and call the hospital, and / or an ambulance. I understand that an attempt will be made to reach me and / or the emergency contacts provided to The Center, but contact is not necessary for the above consent to be in effect. A copy of this form will be presented as medical treatment authorization, and will be considered valid as the original. This consent will be in effect until withdrawn in writing by the parent(s) signing. I accept responsibility for related expenses incurred, which are not the responsibility of The Center Early Childhood Programs or its employees.

Parent's Initials _____

Please note: In case of an emergency, children will be taken to St. Vincent General Hospital

822 West 4th Street

Leadville, Co 80461

719-486-0230

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

