

WHO MAY ATTEND?

California Children who will be 3 years old by December 2nd and Oregon Children who will be 3 years old by September 1st of the current school year are eligible.

PRIORITY IS GIVEN TO.....

- Children with Special Needs
- Native American Families
- Low income families
- Children 3-5 year Olds

SCHEDULES:

September – June
Monday thru Thursday
Class-8:30 – 12:00
STAFF-7:30 am – 3:00 pm

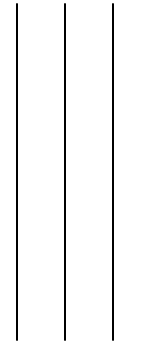
HOW TO APPLY

Complete Form
Must Attach Copy of:
Current Income
Tribal Documentation

CALL: (707) 487-1113

If interested in enrollment of your child, please fill in the PRE-ENROLLMENT APPLICATION on the following page and return to: Smith River Rancheria Howonquet Head Start, P.O. Box 917, Smith River, CA 95567 or Drop off applications at Howonquet Head Start.

This institute is an equal opportunity provider.



Howonquet Head Start
P.O. Box 917
Smith River, CA 95567

For Office Use Only

Received By: _____

Smith River Rancheria Howonquet Head Start

P.O. Box 917

Smith River, CA 95567

PH: 707-487-1113

FAX: 707-487-0267

Located at:

12840 Mouth of Smith River Road



PRE-ENROLLMENT APPLICATION

Child's Last Name: _____ Child's First Name: _____

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

Smith River Rancheria Tribal Member () Tribal # _____

Indian Non-Tribal Member () Tribe: _____

Parent Status: () One Parent () Two Parents () Foster Parents () Non-Parent

Parent (s) / Guardian (s): _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

No. of Persons in Home: _____ No. of Persons in Family: _____

No. of Children in Family: _____ No. of Children under Age 6: _____

Adult: _____ DOB: ____ / ____ / ____ Employed () Yes () No

Adult: _____ DOB: ____ / ____ / ____ Employed () Yes () No

Does your child have any disabilities or special needs that you are aware of? () Yes () No
If so please provide documentation with you application.

Please provide the Child's Medi-Cal No. and/or Health Insurance No.: _____

Income: Please Attach income verification with your application.

SOURCE	MONTHLY AMOUNT	ANNUAL AMOUNT	TOTAL
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

I certify that this information is true. I also understand that the information on this application will be held in strict confidence within SRR and is accessible to me during regular business.

Parent/Guardian Signature

Date:

Smith River Rancheria Howonquet Head Start Program Offers:

Children

A 3 ½ hour, 4 day a week preschool program with a well balanced range of learning and social activities woven together under a monthly theme.

A culturally-rich environment which fosters a positive image and helps children experience the pride and confidence needed to become inquisitive and enthusiastic learners.

Special emphasis on learning good health, safety and tooth brushing skills.

2 – Nutritious Meals Daily

Families

Support Services for the Family with Referrals and Follow-up

A Sense of Belonging and Activities for the Family

A Voice in the Head Start Program by Attending Parent Meetings and Being on Various Committees.

An Opportunity to Learn More About Child Development Through Training, Meetings and Volunteering in Head Start Classroom.