NCO Head Start
Child Development Program

550 North State St.
Ukiah CA 95482
t: (707) 462-2582
f: (707) 462-4792
www.ncoheadstart.org

Dear Family,

Thank you for your interest in the Head Start Child Development Program. Please complete all sections of the attached six-page application and return them along with the following documents:

Required Documents

1. Proof of Family Income: Please provide recent documentation, such as:

- Cash Grant Action Notice or Verification of Services (Social Services)
- Pay stubs for one full month
- Social Security award letter
- A written statement from your employer or the person currently supporting you
- Your most recent W-2 or tax return

2. Proof of Your Child's Age-Accepted forms include:

- Birth certificate
- DSS Passport to Services
- Baptismal certificate
- Medi-Cal card

3. Up-to-Date Immunization Record: A copy of your child's current immunization record is required. **California law** requires that children have up-to-date immunizations to attend school.

Please note: We cannot process your child's application without all required documents or if immunizations are not current.

Submitting Your Application

We use a point-based system that prioritizes certain circumstances. For accurate evaluation, please ensure all questions are answered, and that the application is signed and dated.

You may submit your completed application and documents:

- **By email**: enrollheadstart@ncoinc.org
- **By fax**: (707) 462-4792
- **In person:** At any of our program locations (see attached list)
- **By mail:**
  NCO Head Start Central Office
  550 North State Street
  Ukiah, CA 95482

What Happens Next

After your application has been processed, you will receive a letter notifying you of your child's application status. Please note that your application will be considered only for the program year you are applying for.

Thank you for choosing the NCO Head Start Child Development Program to be part of your child's early learning journey. We look forward to meeting you and your family.

Sincerely,
Head Start Enrollment Team

Please call us with any questions at (707) 462-2582 or from outside Ukiah at 1-800-326-3122

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NCO **HEAD START**
CHILD DEVELOPMENT PROGRAM
Site Locations

Head Start centers serve children ages 3-5.
Early Head Start centers serve infants and toddlers.

LAKE COUNTY

Upper Lake Head Start & State Preschool
675 Clover Valley Road
Upper Lake Ca. 95485
707-275-2721

Lakeport Head Start
Located in Vista Point Shopping Center
864 Lakeport Blvd.
Lakeport Ca. 95453
707-263-8213

Meadowbrook Head Start & State Preschool
6958 Meadowbrook Dr.
Clearlake Ca. 95422
707-994-0854

Pearl Head Start
Clearlake Methodist Church-United
14521 Pearl Ave.
Clearlake Ca. 95422
707-994-6045

For Early Head Start services in Lake County, contact Lake County Resource Center at (888)775-8336.

MENDOCINO COUNTY

North Ukiah Head Start & State Preschool
Next to Frank Zeek Elementary School
1100 N. Bush St.
Ukiah Ca. 95482
707-463-1354

South Ukiah Head Start
Across from Crossroads Christian Church
2161 S. State St.
Ukiah Ca. 95482
707-462-0253

Peach Tree Head Start, State Preschool & EHS Center
Across from DMV
425A S. Orchard Ave.
Ukiah Ca. 95482
707-463-8600

Nokomis Head Start, State Preschool & Early Head Start
On the west corner of Nokomis Elementary School
499 Washington Ave.
Ukiah Ca. 95482
707-462-2671

Willits Head Start & State Preschool
Brookside Elementary School
Spruce and Lincoln Way
Willits Ca. 95490
707-459-5141

Willits Early Head Start
Brookside Elementary School
Spruce and Lincoln Way
Willits Ca. 95490
707 459-1457

NCO HSCDP Central Office
707-462-2582 (from Ukiah area)
or (800) 326-3122

ENR 100-D *ENG SITE LOCATIONS (06/26)*

NCO Head Start
Child Development Program

Central Office
550 N. State Street, Ukiah, CA 95482
(707) 462 – 2582 or 1 (800) 326-3122
Fax: (707) 462 – 4792
Apply online at www.ncoheadstart.org

Head Start / Early Head Start Application

Please complete a separate application for each child.

About Your Child

Child's Full Legal Name (applicant): _____

Birth Date: ____/____/_____ Sex: ☐ Male ☐ Female Child's Primary Language: _____

Child's Race: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐ White ☐ Other: _____

Does your child have an open case with Child Protective Services? ☐ No ☐ Yes, enter contact information:

Name and phone number of caseworker: _____ (____)_____

Is your child enrolled in the Young Parent Program? ☐ Yes ☐ No

Child's disability status: ☐ None ☐ Diagnosed (attach proof) ☐ Suspected by Professional (attach proof)
☐ Parent Concern Please explain: _____

About Your Child's Parent/Guardians

1. ☐ One parent living in home (if single, answer #2) ☐ Two parents living in home ☐ Foster parent (attach proof)
   ☐ Temporary guardianship (attach proof)
2. If you are a single parent, do you have shared custody? ☐ Yes (attach proof) ☐ No

Parent/Guardian

Parent/Guardian Name: _____ Lives in home? ☐ Yes ☐ No

Current employment status: _____ Highest grade completed: _____

Address: _____ City/State: _____ Zip Code:_____

Email address (required): _____

Phone numbers: Home (___)_____ Cell (___)_____ Work (___)_____ Message (___)_____

Race: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐ White ☐ Other: _____

Preferred oral language: ☐ English ☐ Spanish ☐ ASL ☐ Other: _____

We are happy to help you with this application at the Central Office or your local site.

Preferred written language: ☐ English ☐ Spanish ☐ ASL ☐ Other: _____

What is the best way to contact you? ☐ Home phone ☐ Cell phone ☐ Text message OK ☐ Email ☐ Mail

Parent/Guardian

Parent/Guardian Name: _____ Lives in home? ☐ Yes ☐ No

Current employment status: _____ Highest grade completed: _____

Address: _____ City/State: _____ Zip Code:_____

Email address (required): _____

Phone numbers: Home (___)_____ Cell (___)_____ Work (___)_____ Message (___)_____

Race: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐ White ☐ Other: _____

Preferred oral language: ☐ English ☐ Spanish ☐ ASL ☐ Other: _____

Preferred written language: ☐ English ☐ Spanish ☐ ASL ☐ Other: _____

What is the best way to contact you? ☐ Home phone ☐ Cell phone ☐ Text message OK ☐ Email ☐ Mail

About Your Child's Home

List other children living in the home that are related to parent by blood, marriage, or adoption:

Child's Name	Date of Birth	Sex	Relation to Child (applicant)
		☐ M ☐ F	
		☐ M ☐ F	
		☐ M ☐ F	
		☐ M ☐ F	

Are any of the above children currently enrolled in Head Start or Early Head Start? ☐ Yes ☐ No

Are you or your child related to anyone employed by NCO Head Start Child Development Program? ☐ Yes ☐ No

(If yes) Name: _____ Relationship: _____

Is your child receiving services from other agencies? ☐ Yes ☐ No

Agency name(s): _____

Do you currently receive any of these benefits? *If yes, attach proof.* ☐ Cash-Aid ☐ SSI ☐ SNAP (Cal-Fresh) ☐ WIC

Put a check mark in the box of any and all situations that currently apply to your family *(continue on next page):*

Housing

- ☐ Living with friends or relatives **temporarily.**
- ☐ Living in a shelter.

- ☐ Living in a hotel or motel.
- ☐ Living in cars, parks, campgrounds, public spaces, abandoned buildings, or substandard housing.
- ☐ Other (explain): _____

Parents and Family

- ☐ Parent/guardian(s) currently attending ESL, literacy program, school, or job training
- ☐ Teen parent
- ☐ Under 17 at birth of first child
- ☐ Parent(s) incarcerated
- ☐ Parent(s) in a recovery program for substance abuse
- ☐ Parent/guardian(s) has a severe disability, is seriously ill, or has a high-risk pregnancy
- ☐ Loss in family due to recent:
  - ☐ Separation
  - ☐ Divorce
  - ☐ Death
- ☐ Change in family structure due to:
  - ☐ Blended family
  - ☐ Birth of baby
  - ☐ Deployment
  - ☐ Adoption

Child

- ☐ Child has been served in another Head Start/Early Head Start program
- ☐ Child is transitioning from Lake Family Resource Center (EHS)
- ☐ Formal written referral from another agency or professional (please attach)
  Name of agency or professional: _____
- ☐ Custody of grandparent or relative (attach proof)

About Our Program

How did you hear about our program?

☐ NCO Website ☐ Social Media ☐ Flyer / Brochure ☐ Word of Mouth ☐ Banner ☐ Event ☐ Other agency

Put a check mark on any of the classes you are interested in: *(Continue on next page)*

Early Head Start (Infant and toddler program)

Ukiah

- ☐ Nokomis Center (24 months – 3 years)
- ☐ Peach Center (18 months – 3 years)

Willits

- ☐ Willits Center (0 – 3 years)

Head Start (Preschool program for ages 3 – 5)

Mendocino County

Ukiah

- ☐ Nokomis (8am – 3pm)
- ☐ North Ukiah (8am – 3pm)
- ☐ South Ukiah (8am – 3pm)
- ☐ Peach Tree – Full Day (8am – 4pm)
- ☐ Peach Tree – School Day (8am – 3pm)

Willits

- ☐ Willits Center (8am – 3pm)

Lake County

Clearlake

- ☐ Meadowbrook (8am – 3pm)
- ☐ Pearl (8am – 12pm)

Lakeport

- ☐ Lakeport Center (8am – 3pm)

Upper Lake

- ☐ Upper Lake Center (8am – 3pm)

The HSCDP does not discriminate on the basis of gender, sexual orientation, ethnic group identification, race, ancestry, national origin, religion, color, mental or physical disability, or immigration status in determining which children are served.

I certify 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 the information in this application will be held in strict confidence within the agency and is accessible to me during business hours. This information will not be released without my written consent.

Parent/Guardian Signature: _____ Date: _____

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HEALTH HISTORY AND PARENT MEDICAL AUTHORIZATION

CHILD'S NAME:			**DATE OF BIRTH:**	
PARENT NAME:				
ADDRESS:			City	Zip Code
PHONE:	HOME	WORK	CELL	MESSAGE
SITE:		**CLASSROOM:**		

HEALTH AND DENTAL CARE	
Name of Child's Doctor (or clinic):	**Name of Child's Dentist (or clinic):**
Medical Insurance:	**Dental Insurance:**

Permission to Use Fluoride Toothpaste

The Head Start program brushes children's gums and/or teeth daily. For children over 1 year old, fluoride toothpaste is used.

❒ **Yes** ❒ **No** I authorize NCO Head Start to use fluoride toothpaste with my child.

❒ **Yes** ❒ **No** I authorize the fluoride varnish during site dental exams.

❒ **Yes** ❒ **No** Is your child currently taking fluoride supplements?

RELEASE OF MEDICAL INFORMATION:

I agree with the release of medical information between Head Start Child Development Program and my child's Medical Providers, Dental Providers, the local Health Department and the WIC program for the purposes of coordination to provide the best possible health services to my child, and to meet the requirements for documentation of such services of the Head Start Child Development Program. This permission for release of information is in effect from the date of signing this form and during the period of time my child is enrolled in NCOHSCDP and is pursuant to HIPAA and California law and includes, but is not limited to, any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or any other covered health care provider. I understand this written consent is voluntary and subject to revocation at any time.

_____ _____

(Signature of Parent/Guardian) Date

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Child's Name: _____ **Date of Birth:** _____

Instructions: Please answer the questions by circling "yes" or "no" or by writing in the requested information. To expediate the enrollment process if you answer yes to any of the questions, follow-up will be required by the Health Specialist and/or the Nutrition Coordinator. In some cases, **paperwork from the doctor will be required before the child can attend school.** All information is confidential. If you have any questions, please call (707) 462-2582 or (800) 326-3122.

NUTRITION CONDITIONS		
Are there any foods your child cannot eat for medical reasons? If yes, please explain	YES	NO
Does your child have any FOOD allergies? If yes, please explain	YES	NO
Is there any food(s) your child should not eat for religious or personal reasons? If yes, please explain	YES	NO

HEALTH CONDITIONS

Does your child have any allergic reactions to any of the following? YES NO

☐ Medications or shots ☐ Animals/Insects ☐ Other

If "yes", to any of the above, please explain:

In the past 6 months has your child been hospitalized or operated on? YES NO

If "yes" when, and please explain:

In the past 6 months has your child had any serious accidents or illnesses? YES NO

If "yes" please explain:

Does your child need any special devices, adaptive equipment, or require any changes to the environment for health, safety or comfort?

If "yes" please describe: YES NO

Has your child been diagnosed with any medical conditions? YES NO

If "yes" please answer the following questions:

Is your child currently taking medications for the condition? YES NO

Will your child need his/her medication at school? YES NO

What condition(s) has your child been diagnosed with? _____

What medications is your child taking and how often? _____

Is your child taking any over the counter medication regularly? YES NO

If "yes" what is the medication and why is it being taken?

_____ _____

Name and Signature of Parent/Guardian **Date**

NOTE: If Health/Nutrition questionnaire was completed 6 months before child was selected for enrollment, parents must review and update the information before child can be enrolled. The questionnaire can also be updated and/or reviewed over the phone with parent(s) by staff.

_____ _____

Name and Signature of Parent/Guardian reviewing/updating questionnaire Date reviewed/updated

_____ _____

Name and Signature of staff reviewing/updating questionnaire Date reviewed/updated

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YOUR FAMILY & HEAD START
FREQUENTLY ASKED QUESTIONS

What is Head Start?

Head Start is a federally funded program that began serving preschoolers from low-income families in 1965. What sets Head Start apart from other programs is that, in addition to offering high quality early educational experiences, Head Start also provides children and families with a wide range of medical, dental, nutritional, mental health, special needs, and parent education services and referrals, free of charge to the family.

Head Start and Early Head Start now serve children ages 0-5 years old. Head Start welcomes and actively recruits children with special needs and does not discriminate against anyone based on gender, sexual orientation, ethnic group identification, race, ancestry, national origin, religion, color, immigration status, mental or physical ability.

Head Start participates in CACFP and provides healthy meals prepared at the center at no cost to families. All children with food allergies and/or disabilities have a right to free accommodations. We provide these services upon request, and work with families to obtain the required documentation. Our program follows USDA guidelines. This institution is an equal opportunity provider.

What does HSCDP believe?

The Head Start Child Development Program's (HSCDP) goal is to empower children to reach their highest potential. To do this, we work closely with you, the parent, because you are the most important teacher for your child. Parents are seen as partners in their child's education, and you will have the opportunity to become involved in the classroom, parent meetings, or through the Program Policy Council, which, as a group, makes policy decisions for the program.

Making learning fun is important, and we will provide your child with activities that help them grow intellectually, socially, emotionally, and physically.

How does HSCDP work?

North Coast Opportunities HSCDP serves 238 children in Lake and Mendocino Counties. Preschoolers in the Head Start (HS) centers can attend 5 days a week, 6 hours daily or 5 days a week, 4 hours daily at our Pearl Center only. Our Peach center has one class that provides extended hours, 5 days a week, for working families.

Children under 3 years old may attend Early Head Start (EHS) centers, which combine state childcare funding to offer services for families with a need for full day care.

At both HS and EHS, the teacher visits the home at least twice a year, and family services staff are always available to assist the family with community resources and referrals.

Why do we ask so many questions on the application & why is there so much paperwork?

Head Start services are provided free of charge to families, and our program is held accountable for the federal and state funding we receive. There are many regulations and requirements that we must meet. Also, because we provide referrals and services for the whole family as well as the child, the more information you can provide us, the better we will be able to serve you. All information given to us is kept completely confidential and will not be shared without your written permission.

More questions? Give us a call. In Ukiah: (707) 462-2582. Outside Ukiah: 1-800-326-3122

HEAD START WILL BENEFIT YOU AND YOUR CHILD, SO PLEASE APPLY TODAY!

Important Information

NCO Head Start Child Development Program will not discriminate against anyone. This means HSCDP will help all who qualify, and will not deny anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs, disability, or **immigration status**.

NCO Head Start Child Development Program no discriminará a ninguna persona. Esto significa que HSCDP ayudará a todos los que califiquen, y no negará a nadie basado en edad, raza, color, origen nacional, sexo, orientación sexual, religión, creencia política, incapacidad, o ***estatus migratorío****.*

NCO Head Start Child Development Program will not share any information about you with the Immigration and Naturalization Service (INS).

NCO Head Start Child Development Program no compartirá ninguna información sobre usted con el Servicio de Inmigración y Naturalización (INS).

All information you give us is used only to determine eligibility and need for your family.

Toda la información que usted nos da se utiliza para determinar solamente la elegibilidad y necesidad de su familia.