OUR MISSION:
Listening Responsively
Encouraging Compassionately
Acknowledging Strengths
Demonstrating Excellence

WHO MAY ATTEND?
Head Start:
Children who are 3 or 4 years old by September 1 of the current school year.

Early Learning Center:
Children who are 2 years, nine months upon birthdate to 5 years old, not in Kindergarten.

HEAD START’S PRIORITY IS GIVEN TO
Low income Families
Native American Families
Children with Special Needs

SCHEDULES
Head Start
September – May
Monday-Friday
8:30 am-3:00pm

Early Learning Center (ELC)
Available Year Round
Monday-Friday
7:30 am-5:30 pm

Please complete the PRE-ENROLLMENT APPLICATION if you are interested in enrolling your child. Then return to:
Xaa-wan’-k’wvt (Howonquet)
Early Learning Program
12840 Mouth of Smith River Road
Smith River, CA 95567

Xaa-wan'-k'wvt
(Howonquet)
Early Learning Program
12840 Mouth of Smith River Rd.
Smith River, CA 95567
PH: 707-487-1113
FAX: 707-487-0267
PRE-ENROLLMENT APPLICATION

Head Start ( )  Child Care ( )

Child’s Last Name: __________________________  Child’s First Name: __________________________

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

Tolowa Dee-ni’ Nation Tribal Member ( ) Tribal # ______________________

Indian (Non-Tribal) Member ( ) Tribe: ______________________

Parent Status: ( ) One Parent ( ) Two Parents ( ) Foster Parents ( ) Other Family Type____________

Parent(s) / Guardian(s): ______________________

Mailing Address: ______________________

City: ______________________  State: ______________________  Zip Code: ______________________

Home Phone: ______________________  Work Phone: ______________________

Email: ______________________

No. of Adults (18 or older) ______  No. of Children (under 18) ______  Total in household:______

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 yes, does he/she have an IEP/IFSP? ( ) Yes ( ) No

Are You Homeless or Living in Temporary Housing? ( ) Yes ( ) No

Please list desired Child Care schedule.

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*Please attach copy of Current Income and Tribal Documentation.

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

Parent/Guardian Signature __________________________  Date: ______________________

Date received:____________________  Initials:_________

Office Form 236