

**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<sup>st</sup> 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 Rd.

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.

	Arrival	Departure	Arrival	Departure	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

**\*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: \_\_\_\_\_



Email: \_\_\_\_\_

## Xaa-wan'-k'wvt (Howonquet) Early Learning Program Offers:

### Children

A 6 ½ hour, 5 days a week Head Start program with a well-balanced range of learning and social activities woven together under a monthly theme.

A culturally rich environment that 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.

Two Nutritious Meals Daily and a Healthy Snack

### 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.