

Thank you for your interest in Head Start/Early Head Start. Head Start is a federally funded school readiness program for children, prenatal to age 5. Head Start provides services to eligible children and families in the areas of early learning, health, and family well-being, while engaging parents and guardians as partners, every step of the way. Head Start includes preschool programs that serve children 3-5 years old, and Early Head Start programs for infants, toddlers, and pregnant women. Call your local center to find out what options are offered!

GIVE YOUR CHILD A HEAD START FOR FUTURE SUCCESS

Don't delay! Space is limited!



Step
1

Complete an Application



Use this QR Code to complete this application online. It's quick and easy!

OR

Fill out the attached application. Make sure it's filled out completely and there is a signature and date!



WHILE YOU'RE WAITING, MAKE APPOINTMENTS WITH YOUR HEALTH AND DENTAL PROVIDERS NOW!

Due to COVID-19, it might take longer to get your child's yearly physical and dental exams. Make those appointments now, so you can get in soon. Don't forget to get copies for us!

Step
2

Provide Documents

Provide proof of income:

- 2020 Tax Form 1040 or
- 2020 W-2 Forms

We will need income for both parents/guardians, if applicable.

- If you receive TANF or Supplemental Security Income, we will need a copy of the award letter.

- Child's Current Immunization Record
- Proof of Age: Birth Certificate or Hospital Record if Available

Step
3

After Application is Submitted

A Family Support Specialist will be in touch with you to begin the process and schedule an eligibility interview. The application process cannot be completed without this interview.

Step
4

Complete Eligibility Interview

A short interview is needed to review documents to determine eligibility. The next steps will be discussed at this time. Be prepared with any documents that have been requested!

Please return the application to your local site or to:

NACOG Head Start • 121 East Aspen Ave. • Flagstaff • AZ • 86001 • nacoghs@nacog.org • (928) 774-9504

Apache County

Round Valley
Head Start & Early Head Start
roundvalley@nacog.org
928-551-6696

St. Johns
Head Start & Early Head Start
stjohns@nacog.org
928-337-4211

Navajo County

Blue Ridge
Head Start
blueridge@nacog.org
928-358-5274

Blue Ridge
Early Head Start
pinetop@nacog.org

Holbrook
Head Start & Early Head Start
holbrook@nacog.org
928-524-6831

Show Low
Head Start & Early Head Start
showlow@nacog.org
928-537-7716

Snowflake
Head Start & Early Head Start
snowflake@nacog.org
928-536-7330

Winslow

Clear Creek
Head Start
clearcreek@nacog.org

Winslow
Head Start
winslow@nacog.org
928-289-2651

Winslow Early Head Start
winslowehs@nacog.org
928-289-2122

Flagstaff

Clark Homes
Head Start
clarkhomes@nacog.org
928-774-4021

Cromer Elementary Head Start
Head Start
cromer@nacog.org
928-714-7667

Flagstaff Early Head Start
flagstaffehs@nacog.org
928-214-8461

Ponderosa
Head Start & Early Head Start
ponderosa@nacog.org
928-779-3244

Puente De Hozho
Head Start
puente@nacog.org

Siler
Head Start
siler@nacog.org
928-526-1069

Sunnyside Early Head Start
sunnyside@nacog.org
928-773-7970

Coconino County

Page
Head Start
page@nacog.org
928-645-8080

Williams Early Head Start
williams@nacog.org
928-635-4273

Yavapai County

Ash Fork
Head Start
ash@nacog.org
928-637-1027

Beaver Creek (Rim Rock)
Head Start
beavercreek@nacog.org
928-567-4631 x 1002

Camp Verde
Head Start & Early Head Start
campverde@nacog.org
928-567-3182

Chino Valley
Head Start & Early Head Start
chinovalley@nacog.org
928-636-1076

Cottonwood
Head Start
cottonwood@nacog.org
928-634-8236

Yavapai (Clarkdale)
Early Head Start
yavapai@nacog.org
928-634-8308

Prescott Valley

Humboldt
Head Start
humboldt@nacog.org
928-759-5112

Liberty
Head Start
liberty@nacog.org
928-777-9778

Nye
Early Head Start
nye@nacog.org
928-237-5119

Prescott Valley
Head Start
prescottvalley@nacog.org
928-772-7726

Prescott Valley Early Head Start
pccvalleyehs@nacog.org
928-772-7274

Find Your Local Center!
If you would like to drop off or mail your
application and documents, please call
or email for the address.



NACOG Head Start and Early Head Start

ENROLLMENT APPLICATION • Email: nacoghs@nacog.org

121 East Aspen Avenue, Flagstaff, AZ 86001 • Phone: (928) 774-9504 x. 1112; Fax: (928) 213-5212

FOR OFFICE USE ONLY

Type of Application:

- New Applicant
- 3rd Year Re-Enrollment
- EHS Transition

Program Year:

CENTER:

CHILD INFORMATION		
NAME:	DATE OF BIRTH:	CHILD'S PRIMARY LANGUAGE:
PREFERRED NAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	IS CHILD POTTY TRAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Working on It
RACE: (check one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Bi-Racial/Multi-racial <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Unspecified		
Has your child been identified by a professional as having a disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	Does your child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION		
LIVING ADDRESS:	MAILING ADDRESS:	
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	
Is your family currently staying in a car, park, campground, hotel, emergency shelter, transitional housing, or living with another family temporarily? <input type="checkbox"/> Yes or <input type="checkbox"/> No	PARENTAL STATUS: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent	

PARENT/GUARDIAN INFORMATION (A)			PARENT/GUARDIAN INFORMATION (B)		
Name:		DOB:	Name:		DOB:
Address: <input type="checkbox"/> Same as Above			Address: <input type="checkbox"/> Same as Above		
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____			
Home Phone #:	Cell Phone #:	Work Phone #:	Home Phone #:	Cell Phone #:	Work Phone #:
Race:		Language:	Race:		Language:
Email Address:			Email Address:		
Best way to contact you? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Text Message OK? <input type="checkbox"/> Yes or <input type="checkbox"/> No			Best way to contact you? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Text Message OK? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Marital Status:	Head of Household?	Lives in Household?	Marital Status:	Head of Household?	Lives in Household?
<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Relationship to Child: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Other:			Relationship to Child: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Other:		
Highest Grade Completed: <input type="checkbox"/> Less than HS <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College/AA Degree <input type="checkbox"/> Bachelor Degree or Higher			Highest Grade Completed: <input type="checkbox"/> Less than HS <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College/AA Degree <input type="checkbox"/> Bachelor Degree or Higher		
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Stay at Home			Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Stay at Home		
Are you Currently in School? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not in School		Military Status: <input type="checkbox"/> Active <input type="checkbox"/> No <input type="checkbox"/> Veteran	Are you Currently in School? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not in School		Military Status: <input type="checkbox"/> Active <input type="checkbox"/> No <input type="checkbox"/> Veteran

OTHER FAMILY MEMBERS SUPPORTED BY PARENT/GUARDIAN'S INCOME

FIRST AND LAST NAME:	RELATIONSHIP TO GUARDIAN:	RACE/ETHNICITY:	DATE OF BIRTH:

PRIOR OR CURRENT ENROLLMENT INFORMATION

DO YOU HAVE OTHER CHILDREN ENROLLED IN HEAD START OR EARLY HEAD START? Yes or No IF YES, NAME OF CHILD(REN):

ARE YOU APPLYING ANOTHER CHILD IN YOUR FAMILY? Yes or No IF YES, NAME OF CHILD(REN):

Which location(s) are you applying for?

Preference 1:

Preference 2:

Preference 3:

ELIGIBILITY INFORMATION

SERVICES YOUR FAMILY RECEIVES:

(Check all that Apply)

- TANF SNAP/Nutrition Program WIC Disability
 Unemployment Supplemental Security Income (SSI)
 DCS Involvement

None

SITUATIONS YOUR FAMILY HAS EXPERIENCED IN THE LAST 12 MONTHS:

(Check all that Apply)

- Domestic Violence Health Issues Incarceration
 DCS Involvement Substance Abuse Loss of Parent
 Military Deployment Deportation Language Barrier
 Other:

None

Is this Child in Foster Care?

Yes or No

HOW DID YOU HEAR ABOUT US?

Website Sibling Enrolled Friend/Family Flyer or Poster

HS/EHS Staff Former Parent Community Event Community Agency Other:

PLEASE READ, SIGN AND DATE YOUR APPLICATION

I understand that the information in this application will be held in strict confidence within the agency. I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in disenrollment of my child from Head Start/Early Head Start and could have serious legal consequences for me. NACOG Head Start/Early Head Start does not discriminate based on race, color, national origin, sex, disability, age, reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Yes No: I consent to pictures and videos being taken of my child at Head Start to be used in newspapers, brochures, TV, bulletin boards, and on social media sites for public relations and marketing purposes.

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:

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