



Doña Ana County Head Start/ Early Head Start A Child Development Program

2540 El Paseo, Suite B
Las Cruces, NM 88001



Since 1965, the Federal Head Start Program has pioneered a tremendously successful approach to how children learn, grow and develop.

Mission Statement

The mission of Dona Ana County Head Start/ Early Head Start is to provide a quality comprehensive preschool program that is in a dedicated partnership with parents and the community.

Overall Goal

To bring about a greater degree of social competence in children of low-income families

Statement of Philosophy

Doña Ana County Head Start/ Early Head Start believes:

- Parents are a child’s primary educator and as such, we will have greater success in meeting our program goals by actively supporting and involving a child’s family in his/her education.
- In order for a child to learn effectively, he/she must have a strong positive self-concept, which is developed by immersing a child in positive social environments while engaging in learning experiences.
- A preschool program must address the needs of the total child. This includes medical, dental and nutritional needs as well as social, cultural, emotional and intellectual needs.
- Children learn actively, using all of their senses to interact with their environment.
- Children learn best when they are provided experiences that are:
 - * developmentally appropriate
 - * individually appropriate (correct for that child’s uniqueness)
 - * culturally appropriate



Applicant Information

(Print all information)

Please use a pen to fill out the application. Selection for enrollment will be based on: **income, age, geographic location, employment/educational needs, special need of a child and family needs.**

ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

- Verification of age. (Birth certificate, baptismal certificate, passport or hospital record).
- Proof of income that shows total family income. (2018 income tax return form, 3 or more consecutive pay stubs, written statement from employer, TANF, scholarships, and financial aid).

Incomplete application will not be considered for enrollment

AGE ELIGIBILITY OF CHILDREN

Priority will be given to children who are 4 years of age prior to September 1.

INCOME ELIGIBILITY

To qualify, the family’s income must be below the 2019 income guidelines

Family members / Income

(1) \$12,490	(5) \$30,170
(2) \$16,910	(6) \$34,590
(3) \$21,330	(7) \$39,010
(4) \$25,750	(8) \$43,430

For more than 8 members, add \$4,320 for each additional member.

FAMILIES WITH SPECIAL NEEDS CHILDREN ARE ENCOURAGED TO APPLY

Application and enrollment are provided regardless of race, sex, creed, color, national origin, or developmental delay/disability



Doña Ana County Head Start/ Early Head Start

Applicant & Family Member Information

Applicant (Child's Information)				
First (Print name below as shown on birth certificate)	Middle	Last	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Anglo <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language Spoken <input type="checkbox"/> Other _____ <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Primary Health Coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance	Medicaid Eligibility <input type="checkbox"/> Not Eligible <input type="checkbox"/> Potentially Eligible	Doctor/Medical Home Name _____ Phone # _____		Dentist/Medical Home Name _____ Phone # _____
Has your child ever received early intervention or special education services (IEP or IFSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the delay/disability? _____ Receiving services from: <input type="checkbox"/> TRESKO <input type="checkbox"/> MECA <input type="checkbox"/> DD-Pre <input type="checkbox"/> Apprendamos <input type="checkbox"/> Other: _____		
Is this child in the process of being evaluated for a delay/disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what is the condition? _____ Who is providing this service? _____				

Adult 1 <input type="checkbox"/> Expectant Mom					
First	Middle	Last	Suffix	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Anglo <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language Spoken <input type="checkbox"/> Other _____ <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Employer Name _____ Telephone # _____ Student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part time <input type="checkbox"/> Full time Where? _____	
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint	Highest Grade Completed <input type="checkbox"/> 9 th or Less <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College/Training <input type="checkbox"/> College or Advanced Training	Check all that apply <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Incarcerated <input type="checkbox"/> In public housing / HUD <input type="checkbox"/> Homeless	

Adult 2					
First	Middle	Last	Suffix	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Anglo <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language Spoken <input type="checkbox"/> Other _____ <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Employer Name _____ Telephone # _____ Student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part time <input type="checkbox"/> Full time Where? _____	
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint	Highest Grade Completed <input type="checkbox"/> 9 th or Less <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College/Training <input type="checkbox"/> College or Advanced Training	Check all that apply <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Incarcerated <input type="checkbox"/> In public housing / HUD <input type="checkbox"/> Homeless	

Family Information				
Physical Living Address	#:	City	State	Zip
Mailing Address (if different)	#:	City	State	Zip
E-Mail Address Adult 1		E-Mail Address Adult 2		
Phone Numbers	Type (check all that apply)		Name and relation (example Mom, Dad, Grandparent)	
Mother ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message <input type="checkbox"/> Text			
Father ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message <input type="checkbox"/> Text			
Other ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message <input type="checkbox"/> Text			
Household Information				
Total number in child's family ____	Number of children ____	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents	Any household member pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary language at home:
Total number in household ____	Ages 0-3 ____ Ages 3-5 ____			
Family Income – Does your family receive any of the following?				
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No SNAP <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support: <input type="checkbox"/> Yes <input type="checkbox"/> No SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military Family: <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships and/or Financial Aid <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Income Sources: (Include all the income in your family)				
Family Member	Income Source	Amount	How often do you get paid?	
Additional Family Concerns:				

Choose the center closest to where you live and the session preferred:	
All centers operate Monday – Thursday. AM session 8:00 - 11:30 & PM session 12:30 - 4:00.	
<input type="checkbox"/> Anthony Centers, 609 Church St. Anthony, NM Cell: (575) 339-3412, 339-3450, Office: (575) 882-5282	<input type="checkbox"/> FULL DAY 8:00am – 3:00pm
<input type="checkbox"/> Berino Center, 455 Shrode Rd, Portable #126. Anthony, NM Cell: (575) 339-3413, Office: (575) 882-2010	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either
<input type="checkbox"/> Vado Center, 325 Holguin Rd. Vado, NM Cell: (575) 339-3452, Office: (575) 233-5367	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either
<input type="checkbox"/> Lester Center, 2220 Lester St. Las Cruces, NM Cell: (575) 339-3440, 339-3383 Office: (575) 527-9013	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either
<input type="checkbox"/> NMSU Center, Children's Village – Sam Steel & Williams A-800, Las Cruces, NM Cell: (575) 339-3383, 339-3440, Office: (575) 646-5435	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either
<input type="checkbox"/> Compañeros Center, Children's Village – Sam Steel & Williams A-100, Las Cruces, NM Cell: (575) 339-3383, 339-3440 Office: (575) 646-4708	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either
Anthony Early Head Start: Cell: (575) 339-3412, 339-3450, Office: (575) 882-5242, 882-5282	
<input type="checkbox"/> Early Head Start – Center Based (Monday-Friday Year Round)	<input type="checkbox"/> FULL DAY 8:00am – 3:00pm
<input type="checkbox"/> Home Based Head Start (Year Round)	Home Based
Vado Early Head Start: Cell: (575) 339-3452, Office: (575) 233-5367	
<input type="checkbox"/> Home Based Head Start (Year Round)	Home Based

Fraud warning: employees, families and participants who intentionally commit fraud on income information may suffer legal consequences of arrest, fines, expulsions, incarceration, etc. These charges might be federal, local, state and civil suits. Agency confidentiality policies and procedures apply.

Parent/Guardian Signature _____ Date _____

DO NOT WRITE IN THIS BOX. AGENCY USE ONLY.	
Documents Submitted	
Verification of Age <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Verifying Staff Member:	Date: