

Skagit/Islands Head Start

Central Office: 320 Pacific Pl. Mount Vernon
Phone (360) 416-2580 Text (360) 499-6431
www.sih.s.kagit.edu

Thank you for your interest in Skagit/Islands Head Start (SIHS)! Our program proudly provides comprehensive early learning services at no cost to qualifying families who live in Skagit, Island, and San Juan counties.

PROGRAM OPTIONS

Early Head Start (Runs Year-round)

- Children 2-3 years old.
- School Day schedule: 7 hours per day Monday-Thursday.

Preschool Head Start (September-June)

- Children 3-4 years old and not more than 5 years old by August 31, 2024.
- School Day schedule: 7 hours per day Monday-Thursday.
- Part Day schedule: 3.5 hours per day Monday-Thursday (Burlington only).

HOW TO QUALIFY

Your child and family can be eligible in many ways. Below are the typical requirements.

- **Limited income** – your family's household income is below the Federal Poverty Guidelines.

Income Eligible - 100% of Federal Poverty Level			
Family Size	At or Below	Family Size	At or Below
1	\$15,060	5	\$36,580
2	\$20,440	6	\$41,960
3	\$25,820	7	\$47,340
4	\$31,200	8	\$52,720
<i>*For each additional person after 8, add \$5,380</i>			

- **Receiving public assistance** - a member of your family is receiving ongoing public assistance benefits including SNAP Food Assistance, TANF (Temporary Assistance to Needy Families), or SSI (Supplemental Security Income).
- **Caring for a foster child.**
- **Temporary living situation** (according to the McKinney-Vento Assistance Act).

REQUIRED DOCUMENTATION

To determine if your family qualifies, be prepared to provide the following documents:

- **Proof of child's date of birth (birth certificate, hospital birth record)**
- **One of the following:**
 - ✓ **Proof of Public Assistance**
 - SNAP award letter or picture from benefit app/website showing name, current date, and award amount.
 - TANF/SSI award letter
 - ✓ **Income Documentation**
 - 2023 1040 Tax return/W2(s) along with most current pay stub for all parents in the home.

NEXT STEPS

1. Return application with required verification via email to sihs@skagit.edu or in person at our central office or your local center.
2. Staff members will review your application to determine eligibility. You may be contacted via email, phone, or text to request additional documentation.
3. If you qualify, a staff member will contact you to schedule a time to meet with you at your local center.

CENTER LOCATIONS

MOUNT VERNON

SIHS Central Office

320 Pacific Place

Child and Family Learning Center (CFLC)

1919 N. LaVenture Rd.

Sue Krienen Early Learning Center (SKELC)

2011 N. LaVenture Rd.

Jefferson Head Start

1801 E. Blackburn Rd.

Washington Head Start

1020 McLean Rd.

SEDRO WOOLLEY

Sedro Woolley Head Start

1011 McGarigle Rd.

BURLINGTON

Westview Head Start (part day only)

515 W. Victoria Ave.

Burlington Head Start

1575 S. Burlington Blvd.

OAK HARBOR

Oak Harbor Early Learning Center

1080 NE 7th Ave.

Whidbey Early Head Start

151 SE Midway Blvd.

FRIDAY HARBOR

San Juan Head Start

97 Grover St.

Skagit/Islands Head Start is a department of Skagit Valley College



Skagit Valley College provides a drug-free environment and does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, and/or gender identity, pregnancy, genetic information, age, marital status, disability, honorably discharged veteran or military status in its programs and employment. If you need disability accommodation at an SVC event, please contact Disability Access Services at das@skagit.edu. For inquiries regarding non-discrimination policies, contact Carolyn Tucker, Vice President of Human Resources/EEO, 360.416.7794 or carolyn.tucker@skagit.edu. For inquiries regarding sexual misconduct compliance, contact Title IX Coordinator, Sandy Jordan, 360.416.7923 or sandy.jordan@skagit.edu. Mailing address: 2405 E. College Way, Mount Vernon, WA 98273.

Skagit/Islands Head Start Enrollment Application

320 Pacific Pl. Mount Vernon, WA. 98273

Phone: (360)416-2580 Text: (844) 218-7271 Email: sihs@skagit.edu



SECTION A. CHILD INFORMATION				RESET FORM
LEGAL FIRST NAME:		LEGAL LAST NAME:		DATE OF BIRTH:
GENDER:				
HISPANIC/LATINO? <input type="checkbox"/> Yes <input type="checkbox"/> No		HEALTH INSURANCE: <input type="checkbox"/> Apple Health (Medicaid) <input type="checkbox"/> Military <input type="checkbox"/> Private <input type="checkbox"/> Other:		
RACE: (check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		PRIMARY HOME LANGUAGE:
		SECONDARY LANGUAGE:		
SECTION B. PRIMARY ADULT INFORMATION				
FIRST NAME:		LAST NAME:		DATE OF BIRTH:
GENDER:				
RELATIONSHIP TO CHILD APPLICANT:		PRIMARY PHONE NUMBER: (including area code)		
		May we send text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HISPANIC/LATINO? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-MAIL ADDRESS:		SECONDARY PHONE NUMBER:
RACE: (check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		PRIMARY LANGUAGE:
		LIVES IN HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No		IS INTERPRETER NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
EDUCATION LEVEL: <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Associate degree		EMPLOYMENT STATUS: <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part-time/seasonally <input type="checkbox"/> Stay at home parent		
		<input type="checkbox"/> Student <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Unemployed		
SECTION C. SECONDARY ADULT INFORMATION				
FIRST NAME:		LAST NAME:		DATE OF BIRTH:
GENDER:				
RELATIONSHIP TO CHILD APPLICANT:		PRIMARY PHONE NUMBER: (including area code)		
		May we send text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HISPANIC/LATINO? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-MAIL ADDRESS:		SECONDARY PHONE NUMBER:
RACE: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		PRIMARY LANGUAGE:
		LIVES IN HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No		IS INTERPRETER NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
EDUCATION LEVEL: <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Associate degree		EMPLOYMENT STATUS: <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part-time/seasonally <input type="checkbox"/> Stay at home parent		
		<input type="checkbox"/> Student <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Unemployed		
SECTION D. FAMILY INFORMATION				
# OF ADULTS IN THE FAMILY:		# OF CHILDREN IN THE FAMILY:		ESTIMATED ANNUAL INCOME:
				\$



LIVING ADDRESS:	MAILING ADDRESS: <input type="checkbox"/> N/A - SAME AS LIVING
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
FAMILY TYPE:	DOES YOUR FAMILY RECEIVE ANY OF THE FOLLOWING BENEFITS?
<input type="checkbox"/> One parent <input type="checkbox"/> Two parents <input type="checkbox"/> One parent living with partner <input type="checkbox"/> Shared custody/two households <input type="checkbox"/> Foster family/relative placement	<input type="checkbox"/> None <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> Social Security Benefit <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> TANF (Cash Assistance) <input type="checkbox"/> WIC

SECTION E. CHILD HEALTH AND DEVELOPMENTAL INFORMATION	
IS YOUR CHILD ATTENDING A LICENSED CHILD CARE?	PREVIOUS ENROLLMENT:
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where:	<input type="checkbox"/> Early Head Start <input type="checkbox"/> ECEAP <input type="checkbox"/> School District Program
IS YOUR CHILD RECEIVING SERVICES FOR A DIAGNOSED DISABILITY?	DO YOU HAVE CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT?
<input type="checkbox"/> Yes (IEP, IFSP, private therapy) <input type="checkbox"/> No If YES, who is providing services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:
DOES YOUR CHILD HAVE ANY HEALTH CONDITIONS? (allergies, asthma, etc.)	DO YOU HAVE CONCERNS ABOUT YOUR CHILD'S HEALTH?
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:
DOES YOUR CHILD TAKE ANY MEDICATIONS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:	

SECTION F. INCOME AND OTHER FAMILY INFORMATION		
FIRST & LAST NAME (Other household members NOT listed in sections A,B, & C)	RELATIONSHIP TO APPLICANT	DATE OF BIRTH

SECTION G. FAMILY CONCERNS (Please check any areas of concern you have for your child and/or family)	
<input type="checkbox"/> Currently receiving services from Child Protective Services(CPS) or Family Assessment Response (FAR)	<input type="checkbox"/> Living in temporary housing situation currently or in the past 12 months (shelter, hotel, vehicle, or sharing with others)
<input type="checkbox"/> Received CPS or FAR services in the past	<input type="checkbox"/> Child has been adopted from foster care or kinship care
<input type="checkbox"/> Household member has a disability or chronic physical/mental health condition	<input type="checkbox"/> Family is new to the area in the past 12 months and/or has limited support system
<input type="checkbox"/> Household drug/alcohol issues or substance abuse	<input type="checkbox"/> Household domestic violence
<input type="checkbox"/> Child's parent is incarcerated or on probation/parole	<input type="checkbox"/> Loss of a parent (death, abandonment, or deportation)
<input type="checkbox"/> Other:	

HOW DID YOU HEAR ABOUT US?

☐ Friend/Family
 ☐ Online Search
 ☐ Facebook Post
 ☐ Flyer
 ☐ Healthcare Provider
 ☐ Community Event
☐ Other:

I certify that the above information is true and correct to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification from the program. I understand that this application is not complete until I submit all required documentation including income verification.	
PARENT/GUARDIAN SIGNATURE:	DATE: