

APPLY NOW FOR THE 2009-2010 SCHOOL YEAR!



HRA HEAD START/ SCHOOL READINESS OF NEW BRITAIN



WHEN: 8:30 AM – 4:30 PM DAILY (MONDAY-FRIDAY)

WHERE: HUMAN RESOURCES AGENCY OF NEW BRITAIN, INC.
180 CLINTON STREET OR 35 OAK STREET
NEW BRITAIN, CT. 06053 NEW BRITAIN, CT. 06051
860-225-4688 860-826-4676

WHO: CHILDREN BORN IN 2005 (*PRIORITY*) OR 2006 ARE ELIGIBLE BASED ON:
❖ FEDERAL INCOME GUIDELINES
❖ STATE INCOME GUIDELINES FOR WORKING PARENTS
❖ DISABILITY OR SOME SPECIAL NEED
❖ FREE PROGRAM IF YOU RECEIVE STATE, SSI OR HAVE A FOSTER CHILD

BRING: ALL THE FOLLOWING DOCUMENTS:
❖ CHILD'S BIRTH CERTIFICATE
❖ PROOF OF NEW BRITAIN RESIDENCY
❖ PROOF OF RECENT MONTH'S INCOME (4 PAY STUBS, TANF, 1040 OR W-2)
❖ COMPLETED PHYSICAL /Tb TEST RESULT (WITHIN THE LAST YEAR)
❖ CHILD'S MEDICAL CARD, PARENT/CHILD SOCIAL SECURITY CARDS
❖ ANY EVALUATIONS FOR CHILD'S SPECIAL NEEDS

NOTE: IN ADDITION TO THE REGULAR 5.0 HOUR SESSIONS, HRA HEAD START OFFERS LIMITED FULL DAY, FULL YEAR SCHEDULES FOR CHILDREN OF PARENTS WHO ARE WORKING OR IN TRAINING OR EDUCATIONAL PROGRAMS. LIMITED BUSING AVAILABLE.

A program of the Human Resources Agency of New Britain, Inc.



¡APLIQUE AHORA PARA EL AÑO ESCOLAR 2009-2010!



HRA HEAD START/ SCHOOL READINESS DE NEW BRITAIN



CUANDO: 8:30 AM- 4:30 PM LUNES-VIERNES Se Habla Español

DONDE: HUMAN RESOURCES AGENCY OF NEW BRITAIN, INC.
180 CLINTON STREET 35 OAK STREET
NEW BRITAIN, CT. 06053 NEW BRITAIN, CT. 06051
(860) 225-4688 (860) 826-4676

QUIEN: NIÑOS NACIDOS EN EL 2005 (*PRIORIDAD*) Y 2006 CUALIFICARAN
BASADO EN:

- ❖ LA LISTA DE INGRESOS DEL GOBIERNO FEDERAL O DEL ESTADO PARA LOS PADRES CON EMPLEO
- ❖ INCAPACIDAD O ALGUNA NECESIDAD ESPECIAL
- ❖ EL PROGRAMA ES GRATIS SI RECIBE ASISTENCIA DE DINERO DEL ESTADO, SSI O ES PADRE DE CRIANZA

QUE TRAER: LOS SIGUIENTES DOCUMENTOS:

- ❖ CERTIFICADO DE NACIMIENTO DEL NIÑO
- ❖ PRUEBA DE RESIDENCIA EN NEW BRITAIN
- ❖ 1040 O EL W-2 (2008), O PRUEBA DE INGRESO RECIENTE POR UN MES
- ❖ EXAMEN FISICO MAS RECIENTE CON LA PRUEBA DE TUBERCULINA
- ❖ TARJETA MEDICA DEL NIÑO Y NUMERO DEL SEGURO SOCIAL- *si lo tienen*
- ❖ QUALQUIER EVALUACION EN CASO DE NIÑOS CON NECESIDADES ESPECIALES

NOTA: PARA LOS PADRES QUE ESTAN ESTUDIANDO, CON EMPLEO Y/O QUE ESTAN PARTICIPANDO EN UN ENTRENAMIENTO, EL HEAD START OFRECE CLASES CON HORARIO DE TIEMPO COMPLETO Y AÑO COMPLETO, ADEMAS DEL HORARIO NORMAL DE 5.0 HORAS POR DIA. TRANSPORTACIÓN ES LIMITADA.

Un programa de Human Resources Agency of New Britain, Inc.



Head Start Family Demographics Form
Section 3: FAMILY COMPOSITION AND RESOURCES

Child's Name: _____

Which of the following descriptions best fits the child's family (**check any that apply**):

- Two parent family
- Single parent family (mother figure only)
Is Dad or a male figure actively involved in your child's life? ___ Yes ___ No
If yes, please provide his name, phone and relationship: _____

- Single parent family (father figure only)
- Single parent family (mother living with partner)
- Single parent family (father living with partner)
- Other Parent is incarcerated
- Foster family DCF Worker's name and phone # _____
- Grandparent/s raising child alone **or**:
- Grandparent/s live with us or we live with them
- Other relative raising child: (please specify) _____

How many adults are in your family? _____ How many children are in your family? _____

Does your family receive any of the following types of services or financial assistance? (*Mark all that apply*)

- No services received
- Medical Assistance
- Food Stamps
- Public Assistance/Welfare (i.e. TANF/ AFDC)
- WIC
- Supplemental Security Income (SSI)
- Foster care/Adoption subsidy
- Unemployment
- Public Housing Assistance (Section 8)
- Energy program Assistance
- Social Security
- Child support/alimony
How much child support? _____
___ Weekly ___ Every 2 weeks ___ Monthly

Housing Payment Arrangement:

- Own housing
- I/We live with parents or other relatives because no housing available/can't afford it
- Rent housing
- Make no payment for housing
- Receive subsidized housing/Section 8

Type of Housing:

- House
- Mobile home/trailer
- Homeless/no housing
- Migrant housing
- Apartment
- Community Shelter
- Hotel/motel room
- Other: _____

Length of time I have been at current address:

- Less than 6 months
- 6-11 months
- 1-2 years
- More than 2 years

Number of times my family moved in the past 12 months:

- Family has not moved
- Twice
- Four or more times
- Once
- Three times

Homeless in the past 12 months (*including currently homeless or living with relatives because no housing is available or you can't afford housing now*) Yes No

Length of time homeless:

- Less than 1 month
- 3-6 months
- 1-3 months
- More than 6 months

(over)

Does your family have transportation? Yes No

Head Start Family Demographics Form
Section 3: FAMILY COMPOSITION AND RESOURCES

Primary mode of transportation used (*mark all that apply*):

- Private vehicle (car, truck, van) Public transportation (bus, taxi)
 Friend's or relative's vehicle Walk

Your income determines the Program you qualify for. Please select your preference:

- Part-Day Program-**must** be income eligible. 8:00-1:00, 9:00-2:00 (Very limited transportation)
- Full-Day program 8-4:30 or 7:30-4:30 (No transportation, possible sliding scale fee)
- Full Day program 7:00-5:00 (Working parents, or in school/training, No transportation, Sliding scale fee)
- My work hours are: _____
OR
- I am not working now

Any special circumstances that you want us to know? _____

How did you find out about our Program?

- | | | |
|--|---|---|
| <input type="checkbox"/> I called HRA | <input type="checkbox"/> Public School | <input type="checkbox"/> JOBS program |
| <input type="checkbox"/> Child Welfare/DCF | <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Resource or Referral Agency |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Substance Abuse/Domestic Violence agency |
| <input type="checkbox"/> Television/Radio | <input type="checkbox"/> Infoline (211) | <input type="checkbox"/> HRA Day Care |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> My other child attended here | <input type="checkbox"/> Online |

I certify the information provided on this application is accurate and truthful to the best of my knowledge.

Parent/Guardian

Date

Print Parent Name

Staff Signature

Date

*****Thank you for applying to our Program. Important: Your child will not be on the Waiting List until ALL paperwork is in and approved. Please do not delay. Spaces are filling up NOW.**

Zgłoś się i zapisz swoje dziecko do przedszkola



Head Start w New Britain

na rok szkolny 2009-2010



kiedy: codziennie od poniedziałku do piątku,
w godzinach od 8:30 – 4:30

miejsce: Human Resources Agency of New Britain, Inc.
180 Clinton Street 35 Oak Street
New Britain, CT 06053 New Britain, CT 06051
Tel. 860-225-4688 Tel. 860-826-4676

Do przedszkola kwalifikują się wszystkie dzieci, które urodziły się w 2005 roku (mają pierszeństwo) lub 2006 roku i spełniają poniższe wymagania:

- ❖ Federalnych przepisów o wysokości dochodów
- ❖ Stanowych przepisów o wysokości dochodów dla pracujących rodziców
- ❖ Są niepełnosprawne lub mają inne specjalne potrzeby

Następujące dokumenty są konieczne przy zapisie:

- ❖ Akt urodzenia dziecka
- ❖ Potwierdzenie zamieszkania w New Britain
- ❖ Forma 1040 lub W-2 za rok 2008, bądź też dokumenty potwierdzające dochody z ostatniego miesiąca rodziców lub opiekunów
- ❖ Zaświadczenie lekarskie o stanie zdrowia dziecka i wynik badania na gruźlicę (wykonane w przeciągu ostatniego roku)
- ❖ Zaświadczenie o ubezpieczeniu i numer security (jak masz)

Head Start oferuje dwa programy: tradycyjny- 5-cio godzinny lub całodniowy dla dzieci rodziców, którzy pracują, uczą się lub biorą udział w szkoleniu, ograniczony autobusy.

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