



Ravalli Head Start, Inc.

81 Kurtz Lane

Hamilton, MT 59840

Phone: 363-1217 ext 14 Fax: 363-1627

2011/2012 Preschool Application

Classes Monday – Thursday

Please check which session(s) you prefer:

Hamilton Center

Morning _____ Bus Service

8:30 – 12:30

Mid-Morning _____

9:45 – 1:45

North Valley Center

Morning _____ Bus Service

8:45 – 12:45

Name of child _____
(last) (first) (middle)

Date of birth ___/___/___ Sex ___ Child's Primary language _____

(1) Name of Parent/Guardian _____
(last) (first) (middle initial)

(2) Name of Parent/Guardian _____
(last) (first) (middle initial)

Physical Address:

_____ Street City State Zip

Mailing Address:

_____ (if different from your physical address) City State Zip

Phone * _____ Phone* (message) _____ *Text Yes No (circle one)

Phone (work) _____ OK to call work? _____ Email _____

Please list someone who does not live with you and would know how to contact you.

Name/Relationship _____ Phone: _____

← See over to complete application →

Confidentiality Statement: All information shared with Ravalli Head Start, Inc. will be kept strictly confidential, unless a release is authorized in writing. Non-Discriminatory Clause: U.S. federal law prohibits Ravalli Head Start from discriminating on the basis of race, sex, age, color, national origin, or disabilities in provision of services and employment.

