

## FNA Early Head Start/ Head Start

### FNA Early Head Start/Head Start

is a family centered, community based program designed to enhance children's physical, social, emotional, and intellectual development.

### What do we offer?

Our services include: child development activities, periodic developmental screenings, home visits, health, safety & nutrition information, mental health support, parent education, disabilities and family support services.

Families have the opportunity to learn about:

- Parenting skills and education
- Child Development
- Nutrition and Wellness
- Community Resources
- Job Skills

Educational Opportunities

FNA provides opportunities for the entire family. FNA programs emphasize Native culture and heritage.

FNA coordinates with FNSBSD and other programs in the Fairbanks area to help children with special needs (learning disabilities, physical handicaps and/or behavioral challenges). Children who attend FNA programs receive nutritious home-style meals and snacks.

Limited transportation is available.

EHS and HS Home Based Option (Prenatal - 5 years)  
*Weekly 1 ½ hour visits in the family home. Twice monthly socialization activities include a family home-style meal, age appropriate activities, and interaction with other children and their families.*

Home Based Combination Option (3-5 years old)  
*Classroom experiences 2 days weekly with monthly home visits September-May. Weekly home visits with twice monthly socializations June-August.*

Morning Class 8:00-11:30  
Afternoon Class 11:00-2:30

Early Head Start Center Based  
**Extended Day** (6 weeks -3 years old)  
Third St Class hours 7:30am - 5:20pm  
Evergreen Class hours 7:30am - 3:20pm

**Part Day** (1-3 years old)  
Morning Class 8:00 am - 12:00pm  
Afternoon Class 1:30pm - 5:00 pm

Head Start Center Based (3 - 5 years old)  
**Extended Day Class** 7:30 am - 5: 30pm  
**Part Day Morning Class** 8:00 am - 12:00pm  
**Part Day Afternoon Class** 12:30pm - 4:30 pm

### Program Locations:

**FNA Early Head Start**  
*(Extended Day and Home Based)*  
609 Third Street  
Fairbanks, AK 99701  
Phone: (907) 451-8814  
Fax: (907) 451-8815

**FNA Early Head Start/Head Start Evergreen Site**  
*(Early Head Start Extended Day and  
Head Start Combination)*  
1027 Evergreen  
451-8164

**FNA Head Start**  
*(Part Day Classes)*  
320 Second Avenue  
Fairbanks, AK 99701  
Phone: (907) 456-4989  
Fax: (907) 456-4909

*(Extended Day Classes)*  
1024 Barnette Street  
451-0982  
909 Cushman Suite103  
456-5515



## Early Head Start / Head Start



A program for children  
prenatal - five years old and their  
families.

**Serving all ethnicities within the  
Fairbanks North Star Borough.**

Please return complete application with  
the following information:

1. Birth certificate
2. Immunization record
3. Income verification
4. Certificate of Native Blood or Bureau  
of Indian Affairs Card  
(If applicable)

## FNA Early Head Start/Head Start Initial Application

<input type="checkbox"/> <b><u>Home Based Option:</u></b> <b>(For Prenatal-5 years)</b> Weekly 1 ½ hour visits in the family home with a focus on child development activities and parent participation. Twice monthly socializations offer the opportunity for small or large group interaction. This is a free service.	<b><u>Combination Option:</u></b> Classroom twice weekly with monthly home visits Sept-May. Weekly home visits with	<b><u>Part Day Option:</u></b> We offer services to children Monday-Thursday. This is a free service.		<b><u>Extended Day Option:</u></b> Parents must work minimum of 30 hours weekly/attend college full time. We offer services to children Monday-Thursday. Monthly cost applies		
	<b>Early Head Start</b> <b>(ages 3-5)</b>	<b>Early Head Start</b> <b>(ages 1-3)</b>	<b>Head Start</b> <b>(ages 3-5)</b>	<b>Early Head Start</b> <b>(6 weeks-3 years)</b>	<b>Head Start</b> <b>(ages 3-5)</b>	
	<input type="checkbox"/> <b>Morning Session</b> (8-11:30) <input type="checkbox"/> <b>Afternoon Session</b> (11:00-2:30)	<input type="checkbox"/> <b>Morning Session</b> ( 8:00-12) <input type="checkbox"/> <b>Afternoon Session</b> (1:30-5:00)	<input type="checkbox"/> <b>Morning Session</b> ( 8:00-12) <input type="checkbox"/> <b>Afternoon Session</b> (12:30-4:30)	<input type="checkbox"/> <b>EHS Building</b> (7:30- 5:30) <input type="checkbox"/> <b>EHS Evergreen Site</b> (7:30-3:30)	<input type="checkbox"/> <b>Cushman Site</b> (7:30- 5:30) <input type="checkbox"/> <b>Barnette Site</b> (7:30- 5:30)	

Child Information	Parent/Guardian Information
If Prenatal, only list due date: _____ Child's legal name: _____ Date of birth: _____ Gender:    M        F Race/ethnicity: _____ <b>Child lives with:</b> <input type="checkbox"/> Both parents in home <input type="checkbox"/> Single parent ( <b>1 legal parent in home</b> ) <input type="checkbox"/> Shared/joint custody <input type="checkbox"/> Other relative (specify)_____ <input type="checkbox"/> Foster family <b>Concerns:</b> Include any family disabilities and concerns about your child's overall health and development: _____ <b>Disabilities:</b> Does your child currently have a diagnosed disability or an IFSP/IEP? _____ Please explain or attach documentation: _____	Primary parent or guardian name: _____ Other parent/guardian name: _____ Residential address: _____ Mailing address: _____ City _____ zip code: _____ Home Phone: _____ Cell: _____ Work/other: _____ Number of adults in household _____ Number of children in household _____ Birth date of other children under 18 years old: __/__/__, __/__/__, __/__/__ Is your family currently receiving: <input type="checkbox"/> SSI <input type="checkbox"/> ASAP/ ATAP <input type="checkbox"/> Foster Care Subsidy Gross income of both natural parents/guardians in home: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

**Other Issues:** Have there been any of the following events in your child's life within the last 12 months:

<input type="checkbox"/> Homeless	<input type="checkbox"/> Separation/divorce/deployment	<input type="checkbox"/> Parent Mental Health Issues	<input type="checkbox"/> High social service need (abuse/neglect)
<input type="checkbox"/> High risk pregnancy	<input type="checkbox"/> Loss of a close family member	<input type="checkbox"/> Incarcerated parent/guardian	<input type="checkbox"/> Teen parent
<input type="checkbox"/> Evidence of drug/alcohol use	<input type="checkbox"/> Living in transitional residence	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Adopted native child (4 <sup>th</sup> Placement)

Please explain the events: \_\_\_\_\_

How did you hear about our program?     Former parent     Sibling currently enrolled in FNA HS or EHS     FNA/HS/EHS Staff     Other: \_\_\_\_\_

I certify that the information provided is accurate and truthful to the best of my knowledge. Parent/Guardian Signature: _____ Date: _____	Staff initial upon receipt: Date: _____
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