

Fairbanks Native Association

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?

Center-Based: Child Development program for children from 6 weeks to 5 years old. We have part day and full day classrooms. We also provide developmental screenings, health, mental health, disabilities and family support services.

Home- Based: Program provides weekly home visits. Services include: child development, health/safety, nutrition, mental health, parent education and family support services.

Locations

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

FNA Head Start
(Part Time Center Based)
320 Second Avenue
Fairbanks, AK 99701
Phone: (907) 456-4989
Fax: (907) 456-4909

(Full day Center Based)
1024 Barnette Street
451-0982

909 Cushman Suite 103
456-5515

315 Wendell Street
455-0321

Class Times:

Early Head Start

Center Based: Birth -3 years old
Part Day (ages 1-3) 8:00am - 12:00pm
Full Day 7:30am - 5:20pm

Head Start

Center Based: 3 - 5 years old
AM - Morning Class 8:30 am - 12:00pm
PM - Afternoon Class 1:00pm - 4:30 pm
Full Day Class 7:30 am - 5: 30pm

Home Based

Prenatal - 5 years old
Weekly visits in the family home; participating in a wide variety of activities. Families participating in this program have group socials at the center twice each month. Socials include a family home-style meal, age appropriate activities, and interaction with other children and their families.

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.



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Early Head Start / Head Start



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

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

Please select your preference:

Home Base: Weekly visits in the family home with a focus on child development activities and parent participation. This is a free service.

Center Base: Classroom education in an early learning environment. We offer services to children Monday-Thursday.

Full Day (7:30 a.m. to 5:30 p.m.)
There is a monthly charge with this service.

Part Day (EHS ages 1-3 from 8:00-12:00, Head Start 8:30-12 or 1-4:30)
This is a free service.

Pregnant Due date: _____

Child's legal name: _____ Date of birth: _____

Race/ethnicity: _____ Gender: M F

Parent or guardian name(s): _____

Residential address: _____

Mailing address: _____ City & zip code: _____

Home Phone: _____ Msg/cell phone: _____ Work phone: _____ Other: _____

- Child lives with:** Both parents Single parent (1 legal parent in home)
 Other relative _____ Foster family
- Number of adults in household _____ Number of children in the household _____
Birth date of other children under 18 years old: __/__/__, __/__/__, __/__/__
- Is your family currently receiving:
 SSI ASAP/ ATAP/ TANF Foster Care Subsidy
- Gross income: \$ _____ Weekly Biweekly Monthly Yearly
Numbers of adults who contribute to the income _____
- Disabilities/Concerns:** Include any family disabilities and concerns about your child's overall health and development. Does your child currently have an IFSP or an IEP? Please explain:

6. **Other Issues:** Have there been any of the following events in your child's life within the last 12 months?
- | | | |
|--|---|--|
| <input type="checkbox"/> Loss of a close family member | <input type="checkbox"/> Separation/divorce/deployment | <input type="checkbox"/> Homeless |
| <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"/> Evidence of drug/alcohol use | <input type="checkbox"/> Living in transitional residence | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Incarcerated parent/guardian | <input type="checkbox"/> Adopted native child (4 th Placement) | <input type="checkbox"/> Teen parent |
- Please explain the events:

7. **Referrals-** How did you hear about our program?
 Former parent Sibling currently enrolled in FNA HS or EHS FNA/HS/EHS Staff Other: _____

Please provide the following when turning in your child's application:

- » Proof of income for the preceding 12 months
- » Birth certificate or verification from hospital/birthing center
- » Child's current immunizations
- » CIB/BIA/Tribal enrollment verification * if applicable

FNA Early Head Start/Head Start is a service open to all residents in the Fairbanks North Star Borough.

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

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____