

Early Explorers Head Start/Early Head Start

Benson, Ramsey, Towner and Wells Counties

Year 20__ to 20__

Enrollment Application – 1401 College Drive N, Devils Lake, ND 58301 (701) 665-4449

Site applying for:

Early Head Start (Prenatal to Age 3) Devils Lake: Center based ___ Home based ___

Home based only: Harvey _____

Head Start: (Ages 3 to 5) Devils Lake Center based _____ Maddock _____

(Please fill in all sections of the this application)

Applicant Information

Name: _____

First (if prenatal-mother's name) Middle

Last Name

Date of Birth/due date _____ Sex ___ Male ___ Female

Race: _____ Primary Language _____ Secondary Language _____

Address: (Where applicant is living)

Street/PO Box Town State Zip

Mailing Address (if different)

Street/PO Box Town State Zip

Telephone Numbers

Home Work (Mother/Father) Work (Mother/Father)

Message Other

Has this applicant ever been enrolled in Head Start/Early Head Start? ___ Yes ___ No

If yes, when and where _____

Has the applicant been diagnosed with any of the following that would require special education and related services. If yes, please complete the following:

	Date of Diagnosis	Diagnosed by:
Visual Impairment	____/____/____	_____
Hearing Impairment	____/____/____	_____
Orthopedic Impairment	____/____/____	_____
Speech or Language Impairment	____/____/____	_____
Health Impairment	____/____/____	_____
Mentally Impaired	____/____/____	_____
ADD/ADHD	____/____/____	_____
Learning Disability	____/____/____	_____
Autism	____/____/____	_____
Traumatic Brain Injury	____/____/____	_____
Non-categorical Delay	____/____/____	_____

Other: _____

___ Non-Diagnosed or Suspect

Please explain: _____

Family Information

Please list all significant adult family members in the home:

Name	Sex	Relation to Child	Date of Birth	Employer or School and total hours per week	Highest Education Completed
<u>Head of Household</u>	M/F				

Please list all of the applicant's siblings:

Name	Gender	Date of Birth	Does the child live in the home?	Has the child previously been enrolled in EHS or HS? If yes, when and where

Which of the following best describes the applicant's family:

___ Two Parent Family ___ Single Parent ___ Single Parent living with Partner

___ Foster Family ___ Teen parent living at home with Parents

___ Other - Please specify _____

Number of adults (18 years or older) in the household: _____

Number of children (under 18 years) in the household: _____

Many families receive services or financial assistance from one or more programs or agencies. Does your family receive services from any of the following services:

___ Medical Assistance

___ Public Assistance/TANF/TEAM

___ Food Stamps

___ WIC

___ Supplemental Security Income (SSI)

___ Foster Care/Adoption Subsidy

___ Unemployment Insurance

___ Public Housing Assistance

___ Energy Assistance

___ Health Tracks

___ Child Care Assistance

___ Other: _____

Is your family experiencing crisis or unmet family needs at this time? ___ Yes ___ No
If yes, please explain: _____

Were you referred to the Head Start/Early Head Start Program? ___ Yes ___ No
By Whom? _____

I give my permission that:

_____ Any photographs or news film may be used in newspapers, television, displays, bulletin boards or other publications.

_____ For Early Explorers Head Start to release my child's name, my name, address, and telephone number to the county social services office and county public health services office, Early Head Start, Infant Development and Even Start. My child's name and information is being released for sole purposes to schedule and complete my child's health screening as required by Head Start Federal Regulations.

_____ For center based services: By signing this application you give permission for the enrollment coordinator to verify your employment or education status. You must be working full time or attending school full time to qualify for full time classroom.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

In granting such consent, I understand that all such information will remain confidential and will be used solely for the benefit of our child and family. I release Head Start/Early Head Start and all staff from any legal liability for disclosing and acquiring information which I have permitted by signing this form. I also release the above named person from any legal liability for giving information to the Head Start/Early Head Start Program.

A copy of your child's birth certificate and immunization record is necessary before acceptance into the Early Explorers Head Start Program.

For Office Use Only

Income must be verified in order to be enrolled: Total Yearly Income _____

How verified: () W2 () Check Stub () Tax Return () Letter () Other _____

Recruiting Staff Member: _____ Date _____

Verifying Staff Member (Income): _____ Date _____