

**NORTHEAST SOUTH DAKOTA HEAD START PROGRAM, INC.**  
**200 S Harrison St #1, Aberdeen, SD 57401 (605-229-4506)**  
**2018-2019 FAMILY/CHILD ENROLLMENT APPLICATION**

<b>Participant 1</b>		<b>First MI Last</b>	
Birthdate: (Required)			Gender: Female _____ Male _____
Race: (Check all the apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary	
		Other Language Spoken: _____ <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary	
Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Private Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor:  Phone Number:  City/State:
Diagnosed: Disability ___Yes ___ No		IEP: ___Yes ___ No	Dentist:  Phone Number:  City/State:
Food Allergy ___Yes ___ No    Please Explain Allergy _____			

<b>Participant 2</b>		<b>First MI Last</b>	
Birthdate: (Required)			Gender: Female _____ Male _____
Race: (Check all the apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary	
		Other Language Spoken: _____ <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary	
Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Private Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor:  Phone Number:  City/State:
Diagnosed: Disability ___Yes ___ No		IEP: ___Yes ___ No	Dentist:  Phone Number:  City/State:
Food Allergy ___Yes ___ No    Please Explain Allergy _____			

<b>Primary Adult</b>		<b>First MI Last</b>	
Birthdate: (Required)			Gender: Female _____ Male _____
Highest Grade Completed:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> In School <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Subsidized Email Address:	
Relationship to Child:	Custody of Child <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
		Other Language Spoken: _____ <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	

<b>Secondary Adult</b>		<b>First MI Last</b>	
Birthdate: (Required)			Gender: Female _____ Male _____
Highest Grade Completed:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> In School <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Subsidized Email Address:	
Relationship to Child:	Custody of Child <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
		Other Language Spoken: _____ <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	

**Other Family Members Supported by the Income of the Parent(s) or Guardian(s)**

Adult/Child	First	MI	Last	Birthdate	Gender

**General Information**

<b>Living Address</b>	City	State	Zip Code	County
Direction to home if a rural address:				

<b>Mailing Address (If Different)</b>	City	State	Zip Code
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Phone Numbers	Primary	Secondary	Notes:
Home - (    )	<input type="checkbox"/>	<input type="checkbox"/>	
Cell- (    )	<input type="checkbox"/>	<input type="checkbox"/>	
Cell- (    )	<input type="checkbox"/>	<input type="checkbox"/>	
Work- (    )	<input type="checkbox"/>	<input type="checkbox"/>	Work Place:

Number in the household: \_\_\_\_\_ Number in the family supported by the Parent(s) / Guardian(s) income: \_\_\_\_\_

<b>Parental Status</b> <input type="checkbox"/> One <input type="checkbox"/> Two	<b>Active Military Family</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Primary Language at Home:</b>	<b>Requested Center/ Home Base Unit:</b>
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<b>Day Care Name:</b>	<b>Address:</b>	<b>Phone Number:</b>
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**In the event the Parent(s)/Guardian(s) cannot be reached by telephone concerning the Health/Safety of a child(ren), the emergency contact person will be notified to assist in the Health/Safety of the child(ren).**

**Emergency Contacts (Other than Parent(s)/Guardian(s))**

<b>Contact 1</b>	Name:	Relationship to Child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to
	Home Phone:	Cell Phone:	
<b>Contact 2</b>	Name:	Relationship to Child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to
	Home Phone:	Cell Phone:	

**Family Information**

<b>TANF</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SNAP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SSI</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>WIC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Foster Child</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Homeless</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Referred</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**This Section to be Filled Out With the Parent/Guardian and Head Start Staff**

Family Member	Annual Amount	Type <sup>1</sup>	Desc. <sup>2</sup>	Verif. <sup>3</sup>

<b>1. Type Codes</b> ERN–Earned    SUB–Subsidized	<b>2. Description Codes</b> PEN–Pension    SSI–SSI SS–Social Security	<b>3. Verification Codes</b> CS–Check Stub    W2–W-2    EL–Employer Letter    TAN–TANF TAX-1040 Tax Form    CPA – Letter from Accountant
<b>Income Check List:</b> ___ W-2 ___ 1040 Income Tax ___ Recent Pay Stubs ___ Unemployment Statement ___ Court Ordered Child Support ___ Financial Aid Grant/Scholarships ___ Disability Documentation ___ SSI Documentation ___ Social Security Benefits ___ TANF Documentation ___ Foster Care Documentation ___ Written Statement/Third Party Statement	<b>Income Notes:</b>           	

**If family has ZERO income, please explain how family is meeting their basic needs.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The NESD Head Start Program, Inc. does not discriminate on the basis of race, color, national origin, age or disability in admission or access to, or treatment of employment in its programs and activities. The Section 504 Coordinator is the Human Resource/Technology Manager.

**I certify that all information I have provided is true and correct, and that all income is reported. I understand that this information is being given to determine eligibility and will be verified for accuracy. If any part is false, my participation with the Northeast South Dakota Head Start Program may be terminated. I understand that the information I provided in this application will be held in strict confidence.**

**\*I understand that completing this application does not guarantee my child's enrollment into the program**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

In-Person Interview \_\_\_\_\_ Telephone Interview \_\_\_\_\_

Please state the reason an in-person interview was not possible \_\_\_\_\_

\_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_