NORTHEAST SOUTH DAKOTA HEAD START PROGRAM, INC.
200 S Harrison St #1, Aberdeen, SD 57401 (605-229-4506)
2024-2025 FAMILY/CHILD ENROLLMENT APPLICATION

Applicant 1 **First** **M** **Last** **Birthday:** ☐ **Female** ☐ **Male**

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other:_____

Hispanic
☐ Yes
☐ No

English Proficiency
☐ None ☐ Moderate
☐ Little ☐ Proficient
☐ Primary Language

Other Language

Other Language Proficiency
☐ None ☐ Moderate
☐ Little ☐ Proficient
☐ Primary Language

Medicaid
☐ Yes ☐ No

Private Health Insurance
☐ Yes ☐ No

Dental Insurance
☐ Yes ☐ No

Doctor:
City/State:

Dentist:
City/State:

Diagnosed Disability
☐ Yes ☐ No

Please Explain Disability:

IEP
☐ Yes ☐ No

Food Allergy
☐ Yes ☐ No

Please Explain Food Allergy:

Applicant 2 **First** **M** **Last** **Birthday:** ☐ **Female** ☐ **Male**

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other:_____

Hispanic
☐ Yes
☐ No

English Proficiency
☐ None ☐ Moderate
☐ Little ☐ Proficient
☐ Primary Language

Other Language

Other Language Proficiency
☐ None ☐ Moderate
☐ Little ☐ Proficient
☐ Primary Language

Medicaid
☐ Yes ☐ No

Private Health Insurance
☐ Yes ☐ No

Dental Insurance
☐ Yes ☐ No

Doctor:
City/State:

Dentist:
City/State:

Diagnosed Disability
☐ Yes ☐ No

Please Explain Disability:

IEP
☐ Yes ☐ No

Food Allergy
☐ Yes ☐ No

Please Explain Food Allergy:

Primary Adult **First** **Last** **Birthday:** ☐ **Female** ☐ **Male**

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other:_____

Hispanic
☐ Yes
☐ No

English Proficiency
☐ None ☐ Moderate
☐ Little ☐ Proficient

Other Language

Other Language Proficiency
☐ None ☐ Moderate
☐ Little ☐ Proficient

Highest Grade Completed
☐ Associate's ☐ Grade 10
☐ Bachelor's ☐ Grade 11
☐ Master's ☐ HS Diploma
☐ Some College ☐ <Grade 9
☐ GED ☐ No Schooling

Employment Status
☐ Full-Time
☐ Part-Time
☐ Seasonal
☐ Unemployed
☐ Retired or Disabled
☐ In School

Child's Relationship
☐ Biological/Adopted/Step
☐ Grandchild
☐ Other Relative
☐ Foster
☐ Other _____

Custody
☐ Yes
☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support

Email Address:
_____

Secondary Adult **First** **Last** **Birthday:** ☐ **Female** ☐ **Male**

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other:_____

Hispanic
☐ Yes
☐ No

English Proficiency
☐ None ☐ Moderate
☐ Little ☐ Proficient

Other Language

Other Language Proficiency
☐ None ☐ Moderate
☐ Little ☐ Proficient

Highest Grade Completed
☐ Associate's ☐ Grade 10
☐ Bachelor's ☐ Grade 11
☐ Master's ☐ HS Diploma
☐ Some College ☐ <Grade 9
☐ GED ☐ No Schooling

Employment Status
☐ Full-Time
☐ Part-Time
☐ Seasonal
☐ Unemployed
☐ Retired or Disabled
☐ In School

Child's Relationship
☐ Biological/Adopted/Step
☐ Grandchild
☐ Other Relative
☐ Foster
☐ Other _____

Custody
☐ Yes
☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support

Email Address:
_____

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

Adult/Child	First	M	Last	Birthdate	Gender

General Information

Living Address	City	State	Zip Code	County

Mailing Address (If Different)	City	State	Zip Code

Phone Numbers	**Opt in for Text Messages**	**Primary**	**Secondary**	**Notes:**
Cell- ( )	☐ Yes ☐ No	☐	☐	
Cell- ( )	☐ Yes ☐ No	☐	☐	
Home- ( )		☐	☐	
Work- ( )		☐	☐	Work Place:

Number in the household: _____ **Number in the family supported by the Parent(s) / Guardian(s) income:** ____

Parental Status	**Active Duty Military**	**Military Veteran**	**Primary Language at Home:**	**Requested Location**
☐ One ☐ Two	☐ Yes ☐ No	☐ Yes ☐ No		☐ Center _____ ☐ Home Base _____

Day Care Name: **Address:** **Phone Number:**

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))

Contact 1	Name:	Relationship to Child:	☐ Emergency Contact ☐ Release Child to
	Cell Phone:	Home Phone:	
Contact 2	Name:	Relationship to Child:	☐ Emergency Contact ☐ Release Child to
	Cell Phone:	Home Phone:	

Family Information

TANF ☐ Yes ☐ No **SSI** ☐ Yes ☐ No	**SNAP** ☐ Yes ☐ No	**Receive Regular Court Ordered Child Support** ☐ Yes ☐ No	**WIC** ☐ Yes ☐ No **Refer to WIC** ☐ Yes ☐ No	**Foster Child** ☐ Yes ☐ No	**Homeless** ☐ Yes ☐ No	**Referred** ☐ Yes ☐ No **Referral Agency:**

Family Member	Annual Amount	Type[1]	Desc.[2]	Verif.[3]

1. Type Codes	2. Description Codes	3. Verification Codes
ERN–Earned **FG-**Financial Grant **CS**-Child Support **TANF** **SNAP** **FC-**Foster Care **SSA or SSI**	**PEN**–Pension **SSI**–SSI **SS**–Social Security **SNP**-SNAP	**CS**–Check Stub **W2**–W-2 **EL**–Employer Letter **DOC-**Document **TAN**–TANF **TAX**-1040 Tax Form **CPA** – Letter from Accountant

Income Check List:

___W-2
___1040 Income Tax
___Recent Pay Stubs
___Certified Public Accountant
___Court Ordered Child Support
___Financial Aid Grant/Scholarships
___Disability Documentation
___SSI Documentation
___SNAP Documentation
___Social Security Benefits
___TANF Documentation
___Foster Care Documentation
___Written Statement/Third Party Statement
___Birth Certificate
___Other

Income Notes:

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**_____ **Birth Certificate Attached** _____

Please state the reason an in-person interview was not possible_____

Staff Signature_____ **Date**_____

NORTHEAST SOUTH DAKOTA HEADSTART
200 South Harrison Street #1
Aberdeen, South Dakota 57401
P: 605.229.4506 F: 605.226.0196

General Release of Information

Child's Name: _____ DOB: _____Site: _____

Parent/Guardian: _____

Telephone: (home) _____Ext.____ (work) _____ Ext._____

Address: Street/City/State/Zip: _____

I hereby request and authorize the below named agency to engage in verbal and/or written communication with and release records to the Northeast South Dakota Head Start Program, Inc., regarding the information checked below and any relative information regarding my child.
I understand that the purpose of releasing this information is to help staff better understand my child's strengths and needs and to help both agencies in order to facilitate transitions, follow-up and consistency in providing services to my child and our family.

☐ Developmental Screening (i.e. DIAL, Battelle, etc.)
☐ Evaluation Results – Special Education Assessments
☐ IEP
☐ Other _____
☐ Other _____

Agencies:

Agencies:	**Address /Street/City/State/Zip**	**Phone Number**

__Providers__ Please send a copy of your findings to the above address or fax number.

_____ _____
(Parent/Guardian Signature) (Date of Signature)

Authorization Valid Through_____
(Date)

This Release of Information is intended to follow all rules set forth by applicable IDEA, FERPA and HIPPA laws. Granting of this consent is voluntary on the part of the parent and may be revoked at any time. If revoked, that revocation is not retroactive and therefore it does not apply to an action that occurred before the consent was revoked. This release is in effect until the date listed or for one year from the date of the signature (whichever is longer). It is understood a photocopy of this form will also serve as authorization.

Revised 3/21