



RurAL CAP Child Development
Enrollment Application for Program Year 2016-2017

Program applying for: Parents as Teachers Early Head Start
 Child Development Center Head Start

Community: Kluti Kaah

Child is transitioning from: Prenatal EHS PAT Early Learning Environment None

Child Information					
Full First Name		Full Middle Name		Full Last Name	
Birth Date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number	
Race: (Choose all that apply) <input type="checkbox"/> Alaska Native / American Indian <input type="checkbox"/> African American / Black <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander / Native Hawaiian					
Ethnicity: (Choose one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					
Child Primary language: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			Child Secondary language: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Parent / Guardian Information					
Primary Legal Guardian: First and Last name		Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity	Race
Education level Gr: ___ GED HSG COL AA BA MA		Employment status: (Choose one) <input type="checkbox"/> FT only <input type="checkbox"/> FT Employed & School <input type="checkbox"/> Seasonal <input type="checkbox"/> Training/ School <input type="checkbox"/> PT only <input type="checkbox"/> PT Employed & School <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			
Relationship to child: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent (attach letter) <input type="checkbox"/> Other: _____					
Secondary Legal Guardian: First and Last name		Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity	Race
Education level Gr: ___ GED HSG COL AA BA MA		Employment status: (Choose one) <input type="checkbox"/> FT only <input type="checkbox"/> FT Employed & School <input type="checkbox"/> Seasonal <input type="checkbox"/> Training/ School <input type="checkbox"/> PT only <input type="checkbox"/> PT Employed & School <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			
Relationship to child: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent (attach letter) <input type="checkbox"/> Other: _____					
Lives with family <input type="checkbox"/> Yes <input type="checkbox"/> No					
Family Information					
Parental status: <input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Teen Parent					
Do you: (Choose one) <input type="checkbox"/> Rent your home <input type="checkbox"/> Own your home <input type="checkbox"/> Neither					
Do you live in a shelter, motel, vehicle or move frequently between homes of relatives or friends: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is either parent or guardian: <input type="checkbox"/> Active US Military <input type="checkbox"/> Veteran of US Military <input type="checkbox"/> Neither					
Was your family referred for services by a child welfare agency? (Office of Children's Services, Child in Transition, ICWA, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child currently receive:		Child Care Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	SNAP/ Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Services <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Contact Information					
Physical Address:			Mailing Address:		
City: _____ AK Zip Code _____			City: _____ AK Zip Code _____		
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			Alternate Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
E-mail:					

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Child's Name _____ Birth Date _____ Community: Kluti Kaah

Family Income (Parent(s)/Guardian(s) Only)

Does either parent/ guardian currently receive: TANF/ATAP Supplemental Security Income None

Type of Income verified:
 Tax Return W-2 Supplemental Security Income Check Stubs (Previous 12 months) TANF / ATAP
 Unemployment Statements Adult PFD (Parent / Guardian PFD's only) Social Security Income
 Other: _____ No Income*: If you have no income, please complete a "No Income Statement" form

Total annual income of family \$ _____

Number of Adults	Related by blood, marriage or adoption, living in the home, supported by the <u>parent/guardian's</u> income:	
Number of Children	Related by blood, marriage or adoption, living in the home, supported by the <u>parent/ guardian's</u> income:	+
Total Number living in the Household:		=

Verifying RurAL CAP Staff

Printed Name	Signature	Date
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Child Health Information

Primary Health Coverage: Denali Kid Care / Medicaid Private Other: _____ None

Doctor/ Medical Clinic Name: _____ Phone: _____

Dentist/ Dental Clinic Name: _____ Phone: _____

Does your child have any diagnosed food* or medical allergies? No *Yes If yes, please explain:

* If your child has a food allergy, a completed "Medical Statement for Food Substitution" or other documentation, MUST be provided before we can make food substitutions.

Do you have any health or developmental concerns about your child? No Yes If yes, please explain:

Child Disability Information

Is your child currently being evaluated for an IEP / IFSP? Yes No

Does your child have a current Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)? Yes No

If yes, please attach copies of the : IEP or IFSP and Signed Release of Information Form

Enrollment Agreement

I certify that this information is true and correct. I agree to promptly update my child and family's information during my child's enrollment with RurAL CAP. I agree to review this information every year. I agree to allow RurAL CAP to share my child's information within RurAL CAP's early childhood programs. All information is kept strictly confidential and I may access it during normal business hours.

Parent/ Guardian signature : _____ Date _____

Rural CAP Staff signature : _____ Date _____

Central Office Staff Use Only

Priority Code	Income	Parent Status	Age	Transition	Disability	Other	Top Priority Y N	Total Points
							1000	
<i>Concern Status</i>		<i>Primary Condition</i>		<i>IFSP/IEP Date</i>		<i>MH/D Initials</i>		
<i>Immunizations</i>								<i>H/N Initials</i>
<input type="checkbox"/> Complete <input type="checkbox"/> Needs <input type="checkbox"/> Exempt <input type="checkbox"/> Up-to-Date								
<i>Classroom</i>		<i>Enroll Status</i>		<i>Effective Date</i>		<i>FSE/Specialist Initials</i>		
C D E H I J		<input type="checkbox"/> Accept <input type="checkbox"/> Waitlist						

RurAL CAP Head Start/ Early Head Start
Consent for Screenings and Programs Services

Child's Name _____ Community: _____ Kluti Kaah

Parent Authorizations & Agreement					
For Health/Developmental Screenings:					Circle one
<i>Basic First Aid:</i> I authorize Head Start staff to administer basic first aid to my child during program hours.					Yes No
<i>Health Screenings:</i> I authorize Head Start and/or a trained medical staff to conduct hearing, vision, and blood pressure screenings, hemoglobin, dental screenings/exams, varnish and fluoride, as well as take growth measurements of my child for the purpose of assessing my child's health status.					Yes No
<i>Developmental Screenings:</i> I authorize Head Start staff to conduct developmental screenings on my child to assess their stages of development.					Yes No
For Release of Contact Information:					
I authorize for my phone number and email address to be released to the local Parent Committee for Head Start activities.					Yes No
For Observations/Pictures/Videos:					
Pictures: I authorize that pictures of my child taken during Head Start activities may be used in newspapers, books, displays, brochures or posters for educational and/or publicity purposes.					Yes No
Videos: I authorize Head Start staff to video my child in their classroom for training purposes with early childhood professionals outside of RurAL CAP Head Start.					Yes No
Observations: I authorize my child to participate in behavioral observations in a group setting. If an individual child observation is indicated, parental authorization will be requested.					Yes No
For Records:					
I agree to provide Head Start upon enrollment a copy of my child's immunization record, TB screening with results, and Medical Statement for allergies (if applicable).					Yes No
I agree to provide a copy of my child's Well Child Check/Physical Exam (including blood pressure, blood lead screening & hemoglobin results) and Dental Exams as soon as possible but within 90 days of enrollment and updated as needed.					Yes No
For Culture of Safety:					
I understand Head Start staff are creating a Culture of Safety and need my assistance to talk with my child about staying with their teachers at all times and the importance of never leaving the classroom or group without a teacher.					
CACFP Enrollment:				Circle all that apply	
Child's First Name	Child's Last Name	DOB	Hours	Days	Meals
		/ /	to	M T W T H F	B A M L P M S
Meals: B=Breakfast, AM=AM Snack, L=Lunch, PM=PM Snack, S=Supper					
Infant Formula Selection: Complete if any child listed above is an infant under one year of age					
This center provides Similac Iron Fortified Infant Formula.					
Check one: <input type="checkbox"/> I accept the center provided formula					
<input type="checkbox"/> I decline the center provided formula					
I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child. If I provide formula it must be on the approved formula list for the center is to be reimbursed for the meal.					
By signing and dating this form, I certify that the information provided on the enrollment application is true and correct. I understand that the information on the application will be held in strict confidence within the agency.					
Parent/Guardian Signature:				Date:	
I have received and reviewed the application in-person with the Parent/ Guardian and certify that the information provided by the Parent/ Guardian on the enrollment application is true and accurate.					
Staff Signature:				Date:	