



Child Enrollment Application School Year 2015 - 2016

NAVAJO HEAD START Ph. 928-871-6902 | Fax 928-871-7866 | P.O. Box 3479 Window Rock, AZ 86515

APPLICATION INSTRUCTIONS:

1. Parent fills out:

a. *Application Section*

b. *Adult Sections*

i. Primary (Mom or Dad)

ii. Secondary (Mom or Dad)

c. *Any Additional Children (Siblings)*

i. Extra Page provided

d. *Family Information*

i. 'Living Address' is your home's physical address.

ii. 'Mailing Address' is where you get your mail.

iii. Current Phone Contact Numbers

e. FAMILY INCOME Section - LEAVE BLANK – FOR STAFF ONLY

f. *Emergency Contact Section*

i. Use a physical address and only those who live close to your home. This section does not include you. Only those who you feel will take care of your child in case of emergency.

ii. Also, please check if you would like us to let the staff release your child to this person.

g. ELIGIBILITY Section - LEAVE BLANK – FOR STAFF ONLY

h. *Agency Specific*

i. Please draw us a map from your home to the head start center that you are applying for.

i. Sign Form and Date

2. ATTACHMENTS NEEDED:

a. *Child's Birth Certificate*

b. *Family's Income Verifications (Please call us if you need clarification)*

i. No Employment (Letter stating employment status and where you get your money from to get by)

ii. Consecutive - 2 pay stubs for Bi Weekly and Every Two Weeks Pay Periods

iii. Consecutive - 4 pay stubs for Weekly Pay Periods

iv. 1 Pay Stub for Monthly Pay Period

v. Public Assistance 'Letter of Award' or Verification Letter from: TANF; SSI; Foster Care;

vi. Child Support Decree or pay stubs of payment

c. *Immunization if you have an updated copy – this will not hinder your child's possibility for selection.*

3. Submit to Designee

4. Application will be reviewed for eligibility and placement on the waiting list.

Selections do not occur until the latter part of June 2015. You are most welcome to call the number below to follow up on your child's application.

CONTACT: (928) 871-6902

Shannon Wilson, Parent Involvement Coord., or Rena Ben, EHS FSC

**Applicant & Family Member Information** Region: _____ Site: _____

Applicant (child applying for services)							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Census
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Primary Health Coverage		Other Health Coverage		Insurance #	Medicaid	Medicaid #	Doctor
					<input type="checkbox"/> Not Eligible		
					<input type="checkbox"/> On Medicaid		
					<input type="checkbox"/> Potentially Eligible		

Adult 1							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Census
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew			<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			
							If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No

E-mail Address: _____

Adult 2							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Census
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew			<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			
							If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No

E-mail Address: _____

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Census
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Census
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Family Information, Income & Contacts

Applicants Name: _____

Family Information							
Living Address		Address Line 2	Zip	City	State	County	
Mailing Address (if different)		Address Line 2	Zip	City	State	County	
Phone Numbers		Type (check one)		Note (for example, an extension or best time to call)			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
Parental Status (check one)	Primary Language at Home	Homeless Family	Military Family	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Income						
TANF			Supplemental Security Income			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Verified (agency use only)			Verified by (agency use only)			
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Notes
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

Emergency Contacts								
Contact 1	Name		Relationship		Emergency Contact		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physical Address			Zip		City		State
Phone # 1			Phone # 2			Phone # 3		
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Contact 2	Name		Relationship		Emergency Contact		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physical Address			Zip		City		State
Phone # 1			Phone # 2			Phone # 3		
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Contact 3	Name		Relationship		Emergency Contact		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physical Address			Zip		City		State
Phone # 1			Phone # 2			Phone # 3		
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

Applicant Eligibility &**Enrollment Information**

Applicants Name: _____

Eligibility					
Program Term	Agency	Site	Classroom	Funding	
2015'-2016'	Navajo Head Start			ACF 90CI9889	
Application Status		Application Number	Application Date	Waitlisted Date	Accepted Date
<input type="checkbox"/> Complete & Verified	<input type="checkbox"/> Incomplete, info not returned				
<input type="checkbox"/> Incomplete	<input type="checkbox"/> Other - specify in notes	Program Web Site			
Releases Signed	Date Signed	Child will transition to			
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Enrollment Notes					
Eligibility Date (date income verified)	Eligibility Income (must match eligibility verification form)	Number in Family	Income Status		Participation Year (circle one)
			<input type="checkbox"/> 101-130% <input type="checkbox"/> Homeless <input type="checkbox"/> Eligible (0-100%) <input type="checkbox"/> Over Income <input type="checkbox"/> Foster child <input type="checkbox"/> Public assistance		1 st 2 nd
					<input type="checkbox"/> Yes <input type="checkbox"/> No
CACFP Date (Date Child First Eats Center Meal)	CACFP Income	Per (for example, year, month, other)			CACFP Status
					Free (full reimbursement)

Agency Specific**Notes:**

On a Separate Piece of Paper Draw A Map From The Nearest Head Start Center To Your Home.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Completing Staff Member: **Parent Completed Off Web Site** _____ Staff Receiving application: _____