

Parents/Guardians:

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

The following documents listed below
MUST be turned in with application **BEFORE** it is stamped received:

- **Household Proof of Income(1)**
 - 4 current paystubs
 - Current W-2
 - Current Income Tax Return
 - Employer Letter on Company Letter Head
 - Public Assistance Letter
 - Zero income form
- **Tribal enrollment documentation for child or parent (if applicable)**
- **Custody Papers/Court Documentation (if applicable)**

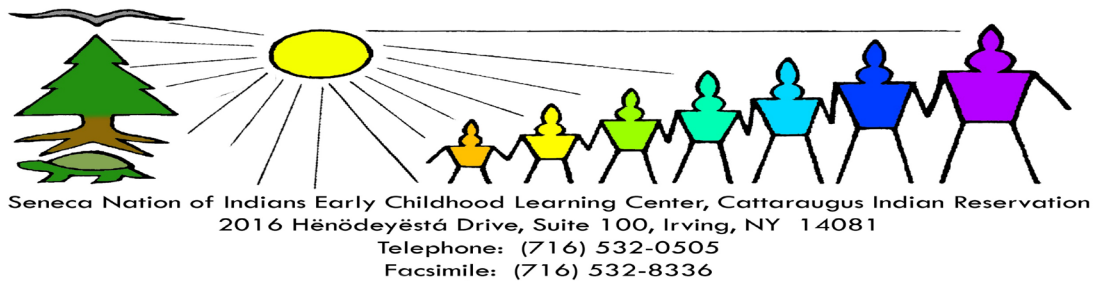
- Please provide a Copy of Applicant's Birth Certificate.
- Please provide a copy of your child's IEP or IFSP if your child is receiving Special Education Services.
- ***It is your responsibility to update the center of any changes in contact numbers or mailing address. If we cannot contact you at the time of enrollment, your child's name will be added to the bottom of the waiting list.***
- You will be contacted in July if your child is accepted into the Head Start program. You will be notified to attend parent orientation to complete the enrollment process.
- You will be notified by mail in July if your child's name is on the waiting list.
- Any questions regarding the application, documents and/or enrollment process, please contact the Parent Involvement Coordinator at 532-0505.

My completed application was received on:

Office staff only:

Mission Statement

"To provide equitable, quality early childhood development and care services to our communities based upon a standard of excellence and cultural integrity."



HEAD START PROGRAM APPLICATION

The SNI Head Start will provide enrollment to all eligible children regardless of race, sex, creed, color, national/origin or severity of disability.

Please submit the following documents with application:

• **Custody Papers/Court Documents** (if applicable)

• **Proof of Income**

- ☐ (4) Current consecutive pay stubs
- ☐ Current W-2
- ☐ Current Income Tax Return
- ☐ Employer Letter on Company Letterhead
- ☐ Zero Income Worksheet
- ☐ Public Assistance Award Letter



• **Tribal enrollment documentation for child/parent** (if applicable)

Office use only:

CHILD INFORMATION

Child's present age:	Is your child receiving Special Education Services? Y N <i>*If yes, Please submit IEP/IFSP with application</i>		
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Child's Name:	Date of Birth:	Gender: M F
Social Security #:	Race:	Seneca Enrolled: Y N

<u>Health Insurance:</u> (check one below) Private Child Health Plus Medicaid No Insurance	<u>Dental Coverage:</u> (check one below) Private Child Health Plus Medicaid No Insurance
Type of Custody (if applicable):	School District:

Mothers Name:	Father's Name:
Teen Parent: Yes No	Teen Parent: Yes No
Lives with child? Y N Enrolled Seneca: Y N	Lives with child? Y N Enrolled Seneca: Y N
Contact Phone #:	Contact Phone #:
Work Phone #:	Work Phone #:
Email:	Email:

Guardian Name (if applicable):	<i>*Custody documentation must be provided when applicable</i>	
Contact Phone #:	Email:	

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HOUSEHOLD INFORMATION

List ALL household members (*Include the applicant first*)

Name	Relationship to Child	Date of Birth	Is person supported by child's parent/guardian?
1. Applicant/child	<i>Child</i>		
2. (Primary Adult)			
Employed: Full Time Part Time Unemployed	Highest Grade Completed:		
3. (Secondary Adult)			
Employed: Full Time Part Time Unemployed	Highest Grade Completed:		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Residential Address/Description of Location:	City:	State:	Zip Code:
Mailing Address(<i>if different from above</i>):	City:	State:	Zip Code:

Parental Status: <i>Single</i> <i>Two Parent</i>	Homeless: Y N	Military: Active Veteran No Military
Referred by Child Welfare Agent? Y N	Receiving SNAP? Y N	Receiving WIC? Y N Receiving TANF? Y N

Emergency Contact:	Phone #:
Emergency Contact:	Phone #:

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:

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