



Seneca Nation of Indians  
 Early Childhood Learning Center  
 Cattaraugus Territory  
 12857 Rt. 438 Irving, NY 14081  
 (716) 532-0505 / (716) 532-0515 Fax

Seneca Nation of Indians  
 Early Childhood Learning Center  
 Allegany Territory  
 983 R.C. Hoag Drive Salamanca, NY  
 (716) 945-5035 / (716) 945-5453 Fax

MISSION STATEMENT

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

**APPLICATION FOR ENROLLMENT**

**PLEASE X THE PROGRAM YOU ARE APPLYING FOR:**

HEAD START (3-4) \_\_\_\_\_

WRAPAROUND (for Head Start only) \_\_\_\_\_

INFANT DAYCARE (6WKS-18MO.) \_\_\_\_\_

WADDLER DAYCARE (18-24MO.) \_\_\_\_\_

TODDLER DAYCARE (24MO.-3) \_\_\_\_\_

PRE-K DAYCARE (3-5) \_\_\_\_\_

AFTERSCHOOL (K-12) Grade Level \_\_\_\_\_

*The following must accompany application if applicable:*

- Tribal enrollment documentation for child or parent for all programs
  - (4) Current pay stubs for **Head Start applications** o
  - IEP or IFSP indicating special education services your child is currently receiving
- (Any questions regarding forms of documentation, call 532-0505)

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

**CHILD INFORMATION**

Child's Name:	Sex: Male Female	D.O.B.
Social Security #:	Seneca Enrolled: Y/N (circle one)	Native Y/N
Present Age:	Is your child receiving Special Education services? Y/N <i>If yes, submit IEP or IFSP</i>	
Mother's Name:	Father's Name:	
Lives with child? Y/N	Lives with child? Y/N	
Guardian Name (if applicable):	Custody information must be on file when applicable.	
Home Telephone #:	Work Telephone #: Place of Work:	
Residential Address/Description of Location		
Mailing Address (if different from above):		
Parent/Guardian Signature:		
Parent/Guardian Signature:		
<b>Turn over to complete Page 2</b>		

HOUSEHOLD INFORMATION

List <u>ALL</u> household members <i>(Include the applicant)</i>	Relationship to Child	Date of Birth	Is person supported by child's parent/guardian <b>(YES OR NO)</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

## ECLC Enrollment Process

### KEEP FOR YOUR RECORDS

- Your child's application will be stamped upon receipt with the date and time.
- **The application is good for one (1) year from the date of receipt.** You will be asked to update your application on a yearly basis. *If your mailing address is not current or we do not receive your updated information, your child's name will be removed from the waiting list.*
- **It is your responsibility to update the center of any contact numbers or mailing addresses.** If we can not contact you at the time of enrollment, your child's name will be added to the bottom of the waiting list.
- Upon acceptance, you will be asked to schedule an appointment in order to complete the enrollment process. This includes submitting the required documentation:
  - Birth Certificate,
  - Copy of most recent pay stub or class schedule (Daycare/AFS only),
  - Copy of your child's most recent immunization record
  - Copy of their most recent physical submitted on the ECLC Health Form
  
  - You must meet with staff to complete Child Health Histories, Nutrition Assessments and to receive required enrollment information.
- Your child's first day of enrollment will be dependent upon the availability of care for your child's age group and the Seneca Nation ECLC Enrollment Criteria for Selection for your chosen program.
- Any questions regarding the application and/or enrollment process, please contact the center at 532-0505.

My application was turned in on: \_\_\_\_\_  
Date