

Seneca Nation of Indians
EARLY CHILDHOOD LEARNING CENTER
 Cattaraugus Territory, 2016 Hënödeyestá Drive, Irving, NY 14081
 Phone: 716.532.0505 Fax: 716.532.0515

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:

Please check box if also applying for:	<input type="checkbox"/> WRAPAROUND \$10/day (Daycare services for before/after Head Start and breaks, No bus transportation will be provided if receiving this service)
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CHILD INFORMATION

Child's Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Social Security #:	Seneca Enrolled: Y / N	Native: Y / N _____

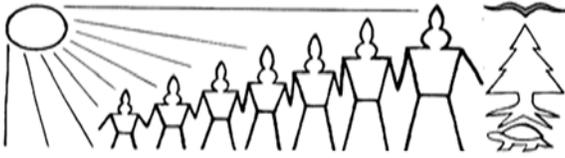
Child's present age:	Is your child receiving Special Education Services? Y / N <i>*If yes, submit IEP/IFSP</i>
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Residential Address/Description of Location:	City:	State:	Zip Code:
Mailing Address <i>(if different from above)</i> :	City:	State:	Zip Code:
School District:	Type of Custody <i>(if applicable)</i> :		
Mother's Name:	Father's Name:		
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 <i>(if applicable)</i> :	<i>*Custody documentation must be provided when applicable</i>
Contact Phone #:	Email:

Mission Statement

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



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.	<i>Applicant/child</i>		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

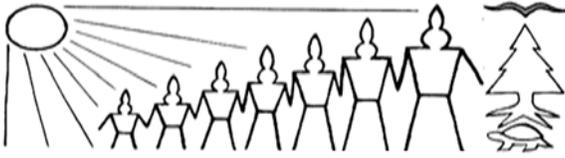
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:

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

12/20/16 amm

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Parents/Guardians:

PLEASE KEEP FOR YOUR RECORDS

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

- **Household Proof of Income**
 - 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 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 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:

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