

# 2023 – 2024

## Fort Peck Head Start

### \*\*\*\*\* APPLICATION REQUIREMENTS \*\*\*\*\*

#### **THE FOLLOWING REQUIREMENTS MUST BE COMPLETED**

1. **INCOME VERIFICATION**: Verified every year. Parents must update their household income and provide proof of income. (Check stub, Bank Statement, TANF, SNAP, Foster grant, SSI, or tax forms)
2. **PHYSICAL EXAM (Yellow Form)**: current physical exam & updated Immunization record for the current school year.
  - a. **IMMUNIZATION: An updated immunization record is required**. Hepatitis A & B, Tuberculosis Risk Assessment, Hemoglobin Screening, Food Allergies.
  - b. **VISION SCREENING**: Completed by Optometrist or County Health Nurse.
  - c. **DENTAL SCREENING**: Completed by Dentist.
  - d. **HEARING SCREENING**: Completed by Audiologist.
3. **LEGAL GUARDIANSHIP**: Copy of legal guardianship documents must be provided, if required.

#### **INCOME GUIDELINES**

Priority families participating in TANF, SNAP, FOSTER CARE, SOCIAL SECURITY, DISABILITY, OR NO-COME/HOMELESS. Income requires verification such as paystubs, public assistant print outs, or letter from your employer.

#### **HIGH INCOME**

52% of our slots are for High Income families. These slots will be filled with completed applications.

#### **SPECIAL NEEDS SLOTS**

10% or 23% of slots available are reserved for our Special Needs children for the entire program.

#### **CHILD PLACEMENT**

Meetings for placement will be every Tuesday during our All-Component Meeting. COMPLETED applications will be reviewed during that time. Acceptance letters will be sent out to the parents/guardians of students who were placed.

NEW \_\_\_\_\_ RETURNING \_\_\_\_\_

(LIGHT GREEN PAPER)

**FORT PECK HEAD START PROGRAM  
STUDENT ENROLLMENT APPLICATION  
2023 – 2024**

FRAZER \_\_\_\_\_ WOLF POINT \_\_\_\_\_ POPLAR \_\_\_\_\_ FORT KIPP \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ Gender (circle one): Male Female

Physical Location of Home: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**What is your preferred way of communication? (Check all that apply) \*\*Provide Email Address\*\***

Phone Call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_ Social Media/App \_\_\_\_\_

**RACIAL/ETHNIC MAKEUP OF CHILD (check all that apply)**

AMERICAN INDIAN/ALASKAN \_\_\_\_\_ BLACK \_\_\_\_\_ WHITE \_\_\_\_\_ ASIAN \_\_\_\_\_ LATINO(A) \_\_\_\_\_ OTHER \_\_\_\_\_

IF ENROLLED, NAME OF TRIBE/RESERVATION: \_\_\_\_\_ Associate? Yes \_\_\_\_\_ No \_\_\_\_\_

TRIBAL C.I.B # / ENROLLMENT NUMBER: \_\_\_\_\_

Does your child have any brothers or sisters also in Head Start: Yes: \_\_\_\_\_ No: \_\_\_\_\_

WOULD YOU LIKE YOUR CHILD TO PARTICIPATE IN THE CHILD AND ADULT FOOD PROGRAM? (THIS IS A FREE PROGRAM) YES \_\_\_\_\_ NO \_\_\_\_\_

IS YOUR CHILD POTTY-TRAINED? YES \_\_\_\_\_ NO \_\_\_\_\_  
WILLING TO PROVIDE PULL-UPS? YES \_\_\_\_\_ NO \_\_\_\_\_

**TRANSPORTATION**

**SPECIAL NOTE: PARENTS LIVING OUTSIDE OF CITY LIMITS MUST TRANSPORT THEIR CHILD.**

MY CHILD WILL BE PICKED UP AND DROPPED OFF AT: \_\_\_\_\_.

If babysitter, babysitter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\* Do you have access to a vehicle for transportation? Yes \_\_\_\_\_ No \_\_\_\_\_ \*\*\*\*\*

**MY CHILD IS ONLY TO BE RELEASED TO THE FOLLOWING INDIVIDUALS:**

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MY CHILD IS TO NOT BE RELEASED TO THE FOLLOWING INDIVIDUALS (LEGAL DOCS REQUIRED)**

- Name: \_\_\_\_\_ Reason: \_\_\_\_\_
- Name: \_\_\_\_\_ Reason: \_\_\_\_\_

**PARENTS/LEGAL GUARDIAN(S) INFORMATION**

**GRANDPARENTS/LEGAL GUARDIANS WITH CUSTODY: PLEASE COMPLETE WITH YOUR OWN INFORMATION**

**MOTHER'S NAME** \_\_\_\_\_ **Age** \_\_\_\_\_

**CIRCLE ONE:** VETERAN ACTIVE DUTY NEITHER

**ENROLLED?** YES \_\_\_ NO \_\_\_ **NAME OF TRIBE/RESERVATION:** \_\_\_\_\_

UNEMPLOYED \_\_\_ - **OR** - EMPLOYED: Full Time \_\_\_ Part Time \_\_\_ Seasonal \_\_\_ Temporary \_\_\_

EMPLOYER: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \$\_\_\_\_.\_\_\_\_/Per HR \_\_\_\_\_ HRS/WEEK

If **NOT** a High School Graduate, circle last grade completed: 8 9 10 11 12

H.S. Diploma \_\_\_ G.E.D. \_\_\_ Attending College \_\_\_ Cert \_\_\_ Associate's \_\_\_ Bachelor's \_\_\_ Master's \_\_\_ Ph.D. \_\_\_

**FATHER'S NAME** \_\_\_\_\_ **Age** \_\_\_\_\_

**CIRCLE ONE:** VETERAN ACTIVE DUTY NEITHER

**ENROLLED?** YES \_\_\_ NO \_\_\_ **NAME OF TRIBE/RESERVATION:** \_\_\_\_\_

UNEMPLOYED \_\_\_ - **OR** - EMPLOYED: Full Time \_\_\_ Part Time \_\_\_ Seasonal \_\_\_ Temporary \_\_\_

EMPLOYER: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \$\_\_\_\_.\_\_\_\_/Per HR \_\_\_\_\_ HRS/WEEK

If **NOT** a High School Graduate, circle last grade completed: 8 9 10 11 12

H.S. Diploma \_\_\_ G.E.D. \_\_\_ Attending College \_\_\_ Cert \_\_\_ Associate's \_\_\_ Bachelor's \_\_\_ Master's \_\_\_ Ph.D. \_\_\_

**LIST MONTHLY INCOME FOR:**

SOC. SEC. \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Foster Parent Grant \$ \_\_\_\_\_

Check Other Benefits: T.A.N.F. \_\_\_ S.N.A.P. \_\_\_ General Assistance \_\_\_ Commodities \_\_\_ WIC \_\_\_

Do you have a Family Plan/Employability Plan with any tribal/state Agency? YES \_\_\_ NO \_\_\_ If YES, please list the Agency: \_\_\_\_\_

**Health Insurance Child Receives:**

PRIVATE INSURANCE \_\_\_ H.M.K./Medicaid \_\_\_ I.H.S. \_\_\_

**\*\*\*\* HEAD START STAFF MUST VERIFY INCOME/OR FOR ANY OF THE SOURCES LISTED \*\*\*\***

**SIGNATURE OF STAFF VERIFYING INCOME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Child lives with:**

Mother                       GRANDPARENTS \*  
 Father                             FOSTER PARENTS \*  
 Both Parents

**\* If Child lives with grandparents or Foster parents, Legal Guardianship Documentation Must Be Attached. \***

Status of Parents/Guardians (circle one):    SINGLE    MARRIED    SEPARATED    DIVORCED    WIDOW(ER)

**HOUSEHOLD INFORMATION**

<u>ALL CHILDREN LIVING IN THE HOME</u>	<u>DATE OF BIRTH</u>
<u>1.</u>	
<u>2.</u>	
<u>3.</u>	
<u>4.</u>	
<u>5.</u>	

<u>ALL ADULTS LIVING IN THE HOME</u>	<u>RELATIONSHIP TO CHILD</u>
<u>1.</u>	
<u>2.</u>	
<u>3.</u>	
<u>4.</u>	

**TOTAL NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD: \_\_\_\_\_**

**Do you share or have own home (circle one)**

SHARE                  RENT                  OWN

Tribal Home: \_\_\_\_\_                  Non-Tribal Home: \_\_\_\_\_

I UNDERSTAND THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL AND IS CORRECT. IF ANY INFORMATION CHANGES, SUCH AS FAMILY INCOME, THE NUMBER OF MEMBERS LIVING IN THE HOUSEHOLD, OR THE FAMILY MOVES, I AM (WE ARE) OBLIGATED TO NOTIFY THE HEAD START PROGRAM IMMEDIATELY.

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**ADDITIONAL INFORMATION ABOUT YOUR CHILD**  
**PLEASE FILL OUT THE FOLLOWING**

**IS YOUR CHILD CURRENTLY INVOLVED WITH ANY SERVICES OR WORKING WITH ANY AGENCY CURRENTLY? (Example: Hi-Line Homes, Speech Services, Counseling, Etc.)**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Agency: \_\_\_\_\_  
Location: \_\_\_\_\_ Schedule: \_\_\_\_\_

**\*\*Provide Additional Documents If Needed\*\***

**Is there anything you would like the Head Start Program to know about your child?**

**Likes and Dislikes? Habits? Concerns?**

**Please feel free to let us know below. Information will be shared to better accommodate your child's Head Start experience.**

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# Fort Peck Head Start Photo/Video Release Form

We are asking your permission for the teaching and administration staff to take photographs and video recordings of your child during the school year.

Photos and videos will be taken during school events/holiday parties and posted on electronic media and local newspapers to share.

A copy of this sheet will be given to your child's teacher and will be kept in their file confidentially.

\_\_\_\_ Yes, I grant my permission for the teaching staff and administration to take my child's picture and/or video record and be shared to show my child's academic and social learning.

\_\_\_\_ No, I do not grant my permission for the Head Start staff to take pictures and/or video record my child at any time.

I understand by signing this, I am aware that I am granting them permission to post on social media to share with others. Also, if I am to change my mind, I will have to let Head Start know so we can make the necessary changes to this form.

Child's Name: \_\_\_\_\_

Head Start Site: \_\_\_\_\_

Parent/Guardian PRINT: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Some platforms where the photos would be used:  
Facebook – Local Newspapers – Head Start Community