

2024 – 2025

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. **TRIBAL ENROLLMENT PROOF**: Copy of your child's tribal C.I.B./tribal I.D. or copy of the legal guardian's tribal C.I.B./tribal I.D.
3. **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.
4. **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.

TRIBAL ENROLLED MEMBERS

Children who are enrolled in a federally recognized tribe and/or living with tribal enrolled members are eligible for the Head Start program if they show proof of enrollment.

NEW____ RETURNING____

(PEACH COLOR PAPER)

**FORT PECK HEAD START PROGRAM
STUDENT ENROLLMENT APPLICATION
2024 – 2025**

WOLF POINT____ POPLAR____

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:

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

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

1. Name: _____ Reason: _____
2. Name: _____ Reason: _____

PARENTS/LEGAL GUARDIAN(S) INFORMATION
GRANDPARENTS/LEGAL GUARDIANS WITH CUSTODY:
PLEASE COMPLETE WITH YOUR OWN INFORMATION

MOTHER'S NAME _____ D.O.B. _____

CIRCLE ONE: VETERAN ACTIVE DUTY NEITHER

ENROLLED? YES _____ NO _____ NAME OF TRIBE/RESERVATION ENROLLED: _____

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 _____ D.O.B. _____

CIRCLE ONE: VETERAN ACTIVE DUTY NEITHER

ENROLLED? YES _____ NO _____ NAME OF TRIBE/RESERVATION ENROLLED: _____

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: (Please Attach Documentation)

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 _____ Medicaid #: _____ I.H.S. _____

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

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

TOTAL NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD: _____**Do you share/rent/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.

Fort Peck Tribes Head Start In-Class Transportation Permission Form

Throughout the school year, children need health check-ups of their physical well-being. To help accommodate your child's health needs and special events throughout the school year, Head Start can provide transportation services for children and their parents/guardians.

When transportation is NOT available for parents/guardians, Head Start staff could transport your children with program vehicles. If no permission is given, you will need to provide transportation for your child to and from their appointments or to each event.

Head Start will need your permission to transport your child(ren) to and from medical/special events if you are unable to do so or during school hours.

_____ Yes, I give the Fort Peck Tribes Head Start program staff permission to transport my child to medical/school events using program vehicles.

_____ No, I do not give the Fort Peck Tribes Head Start program staff permission to transport my child. I will provide transportation to and from events.

Child's Name _____

Parent/Guardian (PRINT) _____

Parent/Guardian Signature _____

Date _____

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 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