



Red Cliff Early Childhood Center CHILD APPLICATION

Head Start/Early Head Start is required to use the Department of Health and Human Services HHS Poverty Guidelines to determine income eligibility.

HOW DO I APPLY?

- ✓ Please call (715) 779-5030 ext 0 to schedule an enrollment appointment
- ✓ At the time of your appointment, you are required to bring:
Parent(s)/Guardian(s) Income along with the completed application
- ✓ Also bring child's most current Physical, Dental & Immunization Records or sign a release for the program to obtain them.
- ✓ Completing the application process does not guarantee enrollment
- ✓ Applicants are accepted based upon income (Federal Poverty Level) and prioritized using approved selection criteria
- ✓ Upon acceptance to the program, applicants will receive an "Acceptance" letter and important information about scheduling a screening for your child.

Please Note:

1. Space is limited, so please complete your application & enrollment appointment immediately for early consideration.
2. An incomplete application (no documentation) will not be accepted & will delay the enrollment process.
3. Selection for fall enrollment openings will be released July 15th of each year.

Red Cliff Early Childhood Center
 88385 Pike Rd (mail)
 89830 Tiny Tot Drive (physical)
 Bayfield, WI 54814
 (715) 779-5030
 (715) 779-5046 fax
 www.redcliffecc.org

Head Start/Early Head Start Child Application



Application for: **Head Start** **Early Head Start**

APPLICANT (CHILD) INFORMATION

Child First Name (Please Print)		Middle Initial	Last Name (Please Print)	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth ____/____/____ <i>Mo Day Year</i>		Premature Birth? Yes <input type="checkbox"/> No <input type="checkbox"/> Actual Due Date: _____
Race: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multi Racial/Biracial <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander Hispanic? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the child enrolled in a federally recognized tribe? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Tribal Affiliation _____ Is the child a tribal descendent OR eligible for enrollment? Yes <input type="checkbox"/> Tribe: _____				
Child Primary Health Coverage/Insurance: Badgercare/Medicaid <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> IHS <input type="checkbox"/> Child Doctor/Medical Home: _____ Child Dentist/Dental Home: _____				

PRIMARY ADULT (Parent/Legal Guardian) INFORMATION

<i>First Name</i>	<i>Middle</i>	<i>Last Name</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ <i>Mo Day Year</i>	
Relationship to Child: Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grand Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____					
Lives with Family <input type="checkbox"/>		Provides Financial Support <input type="checkbox"/>		Custody <input type="checkbox"/>	
Race (check all that apply): <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial/Biracial <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____ Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> Language Spoken: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Highest Grade/Education Completed: <input type="checkbox"/> GED/HSED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> HS Graduate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 Are you enrolled in: Job Training <input type="checkbox"/> or School <input type="checkbox"/> Do you anticipate completing your education and/or job training program during the HS program year? Yes <input type="checkbox"/> No <input type="checkbox"/> Member of U.S. Military Active Duty ? Yes <input type="checkbox"/> No <input type="checkbox"/> Veteran of the U.S. Military? Yes <input type="checkbox"/> No <input type="checkbox"/>		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time & Trng. <input type="checkbox"/> Part Time & Trng. <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Training or School	
Living Address: _____ Apartment # : _____ City: _____ State: _____ Zip: _____ (Please Print Clearly)					
Mailing Address (if different): _____ Apartment # : _____ City: _____ State: _____ Zip: _____ (Please print clearly)					
Email Address:	Cell		Home		Work
Primary Adult Phone Number: (please print clearly)	/	/	/	/	/

SECONDARY ADULT (Parent/Legal Guardian) INFORMATION

<i>First Name</i>	<i>Middle</i>	<i>Last Name</i>	<i>Date of Birth</i> ____/____/____ <i>Mo Day Year</i>	<i>Gender</i> Male <input type="checkbox"/> Female <input type="checkbox"/>
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Relationship to Child: Parent Step-Parent Guardian Grand Parent Foster Parent Other: _____

Lives with Family **Provides Financial Support** **Custody**

Living Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Secondary Adult Phone: (Please Print Clearly) **Cell:** ____/____/____ **Home:** ____/____/____

<p>Race (check all that apply):</p> <p><input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial/Biracial <input type="checkbox"/> Black/African American <input type="checkbox"/> Other _____</p> <p>Hispanic? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Primary Language: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____</p>	<p style="text-align: center;">Highest Grade/Education Completed:</p> <p><input type="checkbox"/> GED/HSED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12</p> <p>Are you enrolled in: Job Training <input type="checkbox"/> or School <input type="checkbox"/> Do you anticipate completing your education and/or job training program during the HS program year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>Member of U.S. Military Active Duty? Yes <input type="checkbox"/> No <input type="checkbox"/> Veteran of the U.S. Military? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Employment Status:</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Trng. <input type="checkbox"/> Full-Time & Trng. <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled</p>
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OTHER FAMILY MEMBERS SUPPORTED BY PRIMARY/SECONDARY ADULT (LIVING IN THE HOME)

Last	First	D.O.B.	Relationship to Child

Total # of Children: _____ **Total # Adults:** _____ **Total # of Family Members:** _____

CHILD EMERGENCY CONTACTS:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

If enrolled in center-based program, would you like to be contacted and provided information about child care services (2:00-4:30pm Mon-Thurs at ECC)?

Yes No

Do you authorize your Head Start child to be transported by ECC school bus?

Yes No

Do you authorize ECC to share your name with Zaagichigaazowin Home Visiting Program?

Yes No

FAMILY CIRCUMSTANCES: (Additional Selection Criteria)

Place check all those that apply

	Yes	No		Yes	No
Child history of neglect/abuse			HS/EHS child is a Foster Child		
Death of child's parent/sibling			Supplemental Security Income (SSI)		
Parent in prison/incarceration			TANF/W-2		
Substance Abuse in child's primary home			Is your family Homeless? <i>(Definition: Lack of a fixed, regular, and adequate nighttime residence; includes living with family or friends)</i>		
Domestic Violence in child's primary home					
Premature birth (before 35 weeks)					
Prenatal Substance Use with this child: <input type="checkbox"/> Drugs OR Alcohol <input type="checkbox"/> Tobacco					
Diagnosed Mental Illness (Primary/Secondary Caretaker) <input type="checkbox"/> Anxiety <input type="checkbox"/> Bi-polar <input type="checkbox"/> ADHD <input type="checkbox"/> PTSD <input type="checkbox"/> Depression <input type="checkbox"/> Other:			DISABILITY STATUS (Child)	Yes	No
Child Behavior/Management Concerns			Certified I.E.P. (Individualized Education Plan)		
First Time Parent (Both)			Certified I.F.S.P. (Individualized Family Service Plan)		
Any Other Special Family Need/Circumstance you would like us to consider? (please describe):			Suspected Disability If yes, area of disability:		

Parental Status: (Check all that apply) One Parent in the home Both Parents in the home
 Foster Parent Kinship Care Provider Teen Parent Grandparent Disabled Parent Dual Custody (to this child) (to this child)

Family Receives: Food Share/SNAP/Food Stamps WIC

PARENT/GUARDIAN INCOME STATUS (Before Taxes)

The following information is required to process your child's application:

Income Tax Form; W-2's; Pay Stubs; Public Assistance: TANF-W-2; and SSI-Disability Payment Verifications. Income to be submitted & verified must include the last 12 months of the preceding calendar year

The following is requested: most current Physical and Dental Exam and Immunization Record

Mother/Legal Guardian/Relative Caregiver			Father/Legal Guardian/Relative Caregiver		
Employer _____	Employed Since _____		Employer _____	Employed Since _____	
Full Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Full Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>
Gross Income \$ _____			Gross Income \$ _____		
Weekly <input type="checkbox"/>	Bi-Wkly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Yrly. <input type="checkbox"/>	Weekly <input type="checkbox"/>	Bi-Wkly <input type="checkbox"/>
W-2 or Tax Return \$ _____	Total: _____		W-2 or Tax Return \$ _____	Total: _____	

OTHER INCOME & CASH ASSISTANCE

(Documents & Verification Required) (Including Child's Income)

Social Security Benefits (monthly)	SSI (monthly)	TANF/W-2 (monthly)	Child Support (monthly)	Foster/Kinship Care (monthly)	Unemployment (weekly)	Other Income (List)
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Please Read Before Signing

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE HELD IN STRICT CONFIDENCE WITHIN THE PROGRAM. I ALSO UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN TO DETERMINE ELIGIBILITY FOR A FEDERAL PROGRAM AND WILL BE VERIFIED FOR ACCURACY. PROVIDING FALSE INFORMATION FOR ELIGIBILITY PURPOSES MAY RESULT IN NON-ACCEPTANCE.

Parent Signature: _____ **Date:** _____

-----**This Section for Program Use Only**-----

Type of Eligibility: Income below 100% Poverty Line 100-130% Above Poverty Line Public Assistance Homeless

Status as a Foster Child Disability Child Care Transportation Enroll Date: _____

Wait list Date: _____ Teacher(s)/Home Visitor: _____ ChildPlus Visit Tracker

Total Eligibility Income: _____ Family of: _____

*Application updated 2-11-16