



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?

- ✓ Complete an application along with copies of Parent(s)/Guardian(s) Income.
- ✓ After application is received, an application interview will be scheduled and application will be reviewed and an ASQ-3, ASQ-SE2 and other screens will be completed.
- ✓ Completing the application process does not guarantee enrollment
- ✓ Applicants are accepted based upon income (Federal Poverty Level) and prioritized using approved selection criteria
- ✓ Upon enrollment to the program, applicants will receive an "Acceptance" letter and important information about scheduling an enrollment appointment for your child.

Please Note:

1. Enrollment is limited, so please complete your application & enrollment appointment immediately for early consideration.
2. An incomplete application, including no documentation, will delay the enrollment process. Selection for fall enrollment openings will be released July 15th of each year.

Red Cliff Early Childhood Center
 88455 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 Child Care

APPLICANT (CHILD) INFORMATION

Child First Name (Please Print)	Middle Initial	Last Name (Please Print)	
Actual Due Date: _____ Premature Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No # of weeks premature _____		Date of Birth _____ / _____ / _____ <i>Mo Day Year</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi Racial/Biracial			
Is the child enrolled in a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tribal Affiliation _____			
Is the child a tribal descendent OR eligible for enrollment? <input type="checkbox"/> Yes Tribe: _____			
Child Primary Health Coverage/Insurance: <input type="checkbox"/> Badgercare/Medicaid <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> IHS 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: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grand Parent <input type="checkbox"/> Foster Parent Other: _____				
Child reside at this location <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Custody <input type="checkbox"/>				
Hispanic: Yes <input type="checkbox"/> No <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: _____	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 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 school year? 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	
Language Spoken: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	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"/>			
Living Address: _____ City: _____ State: _____ Zip: _____ <i>(Please Print Clearly)</i>				
Mailing Address: _____ City: _____ State: _____ Zip: _____ <i>(if different) (Please Print Clearly)</i>				
Email Address:	Cell	Home	Work	
Primary Adult Phone Number: <i>(please print clearly)</i>	<input type="checkbox"/> Opt for text msg / /	/ /	/ /	

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> <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child: Parent Step-Parent Guardian Grand Parent Foster Parent Other: _____

Child reside at this location **Provides Financial Support** **Custody**

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

<p>Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 _____</p> <p>Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish Other _____</p>	<p>Highest Grade/Education Completed:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> GED/HSED</td> <td><input type="checkbox"/> Associate's Degree</td> </tr> <tr> <td><input type="checkbox"/> High School Graduate</td> <td><input type="checkbox"/> Bachelor's Degree</td> </tr> <tr> <td><input type="checkbox"/> < Grade 9</td> <td><input type="checkbox"/> Master's Degree</td> </tr> <tr> <td><input type="checkbox"/> Grade 10</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Grade 11</td> <td></td> </tr> </table> <p>Are you enrolled in: <input type="checkbox"/> Job Training or <input type="checkbox"/> School Do you anticipate completing your education and/or job training program during the HS program year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Member of U.S. Military <u>Active Duty</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Veteran</u> of the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No</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		<p>Employment Status:</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
<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												

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: (3 contacts required)

These contacts would be notified in an emergency if parent/guardian cannot be reached.

Name: _____ Relationship to child: _____ Phone: _____ Contact Release to

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Name: _____ Relationship to child: _____ Phone: _____ Contact Release to

If enrolled in center-based program, would you like to be contacted about child care services?
 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 and contact number with Zaagichigaazowin Home Visiting Program?
 Yes No

	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? (Definition: Lack of a fixed, regular, and adequate nighttime residence; <u>includes living with family or friends</u>)		
Parent does not have HSED/GED					
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 or Delay: Please explain:		
			Serious Health issues: Please explain:		

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 Wisconsin Shares (Child Care)

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"/> Monthly <input type="checkbox"/> Yrly. <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)
\$	\$	\$	\$	\$	\$	\$

I certify that my family's assets are less than \$100,000. Yes No

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

Wait list Date: _____ Wait list Classroom/s: _____

Entered on ChildPlus Total Eligibility Income: _____ Family of: _____