



White Earth Head Start Programs

PO Box 418

White Earth, MN 56591

Phone: 218-983-3285 Fax: 218-983-4106

2021-2022

Enrollment Application Packet

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Director

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Dear Parents/Guardians,

Thank you for your interest in enrolling your child in a Head Start Program for

- 3-5 year olds or
- Early Head Start for expectant parents and birth to 3 year olds

Call Head Start at (218) 983-3285, extension 1232 or 1353 to schedule and complete an intake interview or stop in at the White Earth Head Start center.

Only complete applications will be accepted at intake

Please bring the following to your appointment:

- The completed enrollment application
- Income verification/documentation
(2nd year enrollee does not need income verification)
- Legal documentation for foster care/relative care/guardian care
- Your child's physical exam or Well Child Check copy
(Recently completed within last 12 months)
- Copy of immunization record (if not available, we can obtain it.)

EARLY ENROLLMENT date ends July 15, 2021

Early enrollment applications with completed intake interview will be processed immediately and will have first consideration.

Miigwech,

Anna Sheppard, M.S.

White Earth Head Start/Early Head Start Program Director



21-22 Enrollment Application

Check one:

New Student

Re-Enrollment

White Earth Head Start Programs P.O Box 418 - 35966 Eagle View Road White Earth, MN 56591 (218) 983-3285

Name _____ Child's DOB: _____ Age: _____
First MI Last

Due Date (Pre-natal): _____ Sex: Male / Female Ethnicity: Hispanic or Latino: Yes or No

RACE: Native American African American/Black White Asian Hawaiian Bi-racial

Mailing

Address _____ City _____ Zip Code _____

Physical

Address _____ City _____ Zip Code _____

E-mail address: _____ Phone # () 2nd Phone: ()

1. Center Base Site (Must be 3 yrs old by Sept. 01):

2. Home Base Site:

(Check one): Parent Foster Parent
HS Consent Form Relative/Guardian

(Check one): Parent Foster Parent
HS Consent Form Relative/Guardian

Birthdate _____ Race _____
First MI Last

Birthdate _____ Race _____
First MI Last

High School Graduate Assoc Deg BA Degree

High School Graduate Assoc Deg BA Degree

GED Some College Vo-Tech Job Training

GED Some College Vo-Tech Job Training

Employment Status: Full time: Part-time:

Employer Status: Full time: Part-time:

Employer: Phone:

Employer: Phone:

Unemployed Retired/Disabled Seasonal Work

Unemployed Retired/Disabled Seasonal Work

If working or attending school does your child go to day care? Yes No Hours in Child Care: to

If yes, Name of Provider Contact number:

One parent Two parent Married Single Separate d Divorced Dominant Language in Home:

Child lives with: Both parents Mother Father Provide documentation for: Relative/Guardian Foster care

Does your child have a special need or disability? Yes No If yes, please indicate diagnosis:

Is there an IEP or IFSP in place? Yes No If yes, Name of Agency/School?

Do you have any concerns about your child's development? If yes, please list:

Directions to home:

Name: (First, MI, Last)

All others in the household not listed above:

Birthdate

Race

Sex

Relationship to child

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Certification of Income Verification
Proof of income must be provided at your Intake Appointment

Check **ALL** income sources:

<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Verified by employer	
<input type="checkbox"/> Tax form 1040A or 1040	<input type="checkbox"/> Alimony / Support	<input type="checkbox"/> Social Security
<input type="checkbox"/> W-2 Form	<input type="checkbox"/> Self-employment	<input type="checkbox"/> Tribal Per Capita
<input type="checkbox"/> Unemployment document	<input type="checkbox"/> General Assistance	<input type="checkbox"/> VA Benefits
<input type="checkbox"/> Retirement / Pension	<input type="checkbox"/> Seasonal income	
<input type="checkbox"/> Disability- Whom: _____	<input type="checkbox"/> SSI- Whom _____	

Has your income changed drastically in the past few months? If yes, please explain: _____

Check each item you receive:

<input type="checkbox"/> SNAP (Food Support)	<input type="checkbox"/> MFIP/TANF	<input type="checkbox"/> Medical Assistance
<input type="checkbox"/> Minnesota Care	<input type="checkbox"/> WIC	<input type="checkbox"/> Child Care Assistance
<input type="checkbox"/> Private Health Insurance	<input type="checkbox"/> If yes, list policy name _____	

Certification of Tribal Enrollment

Is this child a Minnesota Chippewa Tribe Enrollee? Yes _____ No _____ Enrollment # _____

If not, is a parent or grandparent of this child enrolled in Minnesota Chippewa Tribe? Yes _____ No _____
Whom? _____

Is this child enrolled or a descendent of an enrolled member of another Tribe? Yes _____ No _____
Whom? _____

I verify that the information is true and correct and that it will be used in determining eligibility for enrollment in the White Earth Head Start Programs.

I understand that this application does not automatically "enroll" my child in the White Earth Head Start Programs.

By signing below, you agree to allow the White Earth Head Start Programs to verify information for program eligibility.



White Earth Head Start Programs

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Your Privacy Rights

The purpose of the information we collect from you is listed below. Details about the purpose of the information we collect from you are often listed on the forms you are asked to complete. The data we collect may be used for the following purpose:

- Determine your eligibility for services provided by this agency.
- Provide effective care and treatment of medical, social, psychological problems.
- Enable us to collect federal, state and local funds for services
- Determine your ability to pay for medical treatment or other aides and services provided to you or to other persons from whom you are responsible.
- Prepare statistical reports and evaluations.
- Conduct program and financial audits.
- Collect reimbursement from other agencies or individuals for services or assistance we give you.

Legal Requirements

In most cases, you are not legally required to provide the information requested. If you are legally required to supply the information requested, you will be informed of the law which requires it.

Sharing Information

The information you provide will be shared with other employees or agents of the statewide welfare system only when the programs require access.

The information will also be shared under the following consequences:

- To individuals, persons, agencies, institutions or organizations you authorize sharing via a valid consent for release of information.
- To court via a court order.
- To administer federal funds or programs.
- To appropriate law enforcement personnel who are acting in an investigation, prosecution, criminal, or civil proceeding relating to administration of a program.
- To appropriate parties in an emergency.

By law, some other government and contractor agencies have access to certain information about you if they provide a service to this agency which requires access to your records. The type of data release and to who depends upon the program affected.

Details about how the information will be shared may be provided on the forms you will be asked to complete. Additional information is also available from the staff person assisting you. You have the right to know and have access to information maintained about you.

I have read this explanation of my Privacy Rights and understand the purpose of giving the information and who is authorized to use it.

Parent/Guardian-Relative/FC: _____ Date: _____

Head Start Child/Family Questionnaire

Your child may be eligible for additional services through the federal McKinney-Vento Assistance Act, such as eligibility priority, which can be determined by completing this questionnaire.

1. Do you consider yourself with a fixed, regular or adequate residence/home?
 If Yes _____ (Stop here, do not complete any further) No _____ *If "No", complete this page.*
2. Where are you and your family currently staying? Select one circle.
 - Sharing the housing of another family (i.e., doubling up) due to loss of housing, economic hardship or similar reason.
 - Living in a motel, hotel, trailer park, or campground because we cannot afford or find affordable housing.
 - Staying in an emergency or transitional shelter.
 - Living in a vehicle of any kind; in an abandoned building or substandard housing without running water/electricity; or in a park, bus or train station.
3. Please check all that apply.
 - Child is living with an adult that is not a parent or legal guardian.
 - Child is awaiting foster care placement.
 - None of the Above. Child is my own child.
4. Please describe the child who "lacks a fixed, regular, and adequate nighttime residence."

Name of Child(ren)			Male/Female	Date of Birth
First	Middle	Last		

The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Child Signature Date

Address (if available) City State Zip

(Area Code) Phone Number (your own or a family member/friend's through which we can reach you)

.....
Head Start Use Only

Head Start Official: Based on the above information (where one or none of the "None of the Above" boxes are checked) and a brief interview with this family, I attest that to the best on my knowledge the child is eligible for benefits under the McKinney-Vento Act.

Print Signature

Title

Date



White Earth Head Start Programs

****Please Note: This form must have an original parent/guardian signature. Thank you.****

PERMISSION FORM

Screenings/Exams

All children in the White Earth Head Start Programs will undergo the following **MANDATED** screenings/exams or consultation so that the program may fully provide for the individual needs:

**Developmental
Speech and Language
Hearing and Vision
Dental
Health
Classroom observation
Mental health consultation services**

I give the White Earth Head Start Programs permission to complete the above screening/exam on my child.

Health records

I give the White Earth Head Start Programs permission to share health records with the school system

Field trips

Head Start children participate in field trips and other special events. Your approval is needed in order for your child to attend these field trips and/or events sponsored by our program.

Newspaper articles

Occasionally, the tribal paper and other local newspapers do feature stories on the children and their activities. We would like permission to have your child in these as the occasion arises.

Video-taped/photographed

The children are video-taped and photographed on various occasions. We would like your permission to have your child video-taped or photographed.

Other

Children's names are occasionally included in lists that are sent home for special occasions (i.e., Valentine's Day) and other printed information. We would like permission to include your child's name.

I approve my child's participation in all the above listed sections.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Copy 1 – Child file