

Kawerak, Inc.

Head Start / Early Head Start/ EHS-CCP Enrollment Application



2024-2025 School

Year

Enrollment packet checklist

- Completed application signed and dated by family
- Copy of student's updated immunizations. All immunizations will need to be completed before student may attend school
- Income verification- one of the following for the past 12 months
 - 2023 W2s for primary and secondary applying parents or;
 - o 2023 Taxes or;
 - Paystubs (past twelve months)
- Approval Letter from Public Assistance (if your family receives this benefit for example foodstamps, atap)
- Verification of SSI(not common)
- · Proof of birth date- one of the following
 - o A copy of student's tribal enrollment or tribal eligibility document.
 - Birth Certificate
 - Hospital birth record or Immunizations record.
- Official documents to support referrals such as OCS, Shelters, Child Care Subsidy, IEP/IFSP (educational or medical disability) or doctor.
- ** When applying for Early Head Start- Child Care Center Based Programs you will need to include proof of current enrollment of a child care subsidy program such as the State Child Care Assistance, or from a valid Tribal Child Care Assistance program. Contact Child Care Program Manager, for more information, at 443-4352.

All required items need to be completed and turned into Kawerak Head Start/Early Head Start by June 15th, 2024 to be considered for priority placement for the Head Start 2024-25 school year. All others will be processed and put on the wait list for next available opening.

Kawerak Head Start/Early Head Start Staff and Kawerak Child Care Services are available to assist you with completing the application.

Phone: 1-907-443-9057

Brenda Adams

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Kawerak Head Start
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99762

headstartattendance@kawerak.org

Fax: 1-907-802-6192

Kawerak, Inc.



Child Development Programs- Participant Application for Enrollment

El Cima Bevelopin		pa			
		For Central Office Use:			
Community (Site):		gram:	Received by:	Date Received:	
	HS EHS	EHS-CCP EHS-HB			
	Applicant (child a	oplying for services)	•		
First Name Middle Name	Last Name	Traditional Name	Date of Birth	Male/Female	
Race	Hispanic	English Proficiency	Other Language	Other Language	
AK Native/AM. Indian Asian		None		Little	
Black White Hawaiian/Pac. Is.	Yes	Little Moderate		Moderate	
Multi-Racial	No	Proficent		Proficient	
Tribally Enrolled Yes No To	ribe Name:				
	Prima	ry Adult			
First Name Middle	Last Name	Previous Names	Date of Birth	Male/Female	
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Dono	Historia	Fuelish Duefisions.	Other Lenguese	Oth and an arrange	
Race	Hispanic	English Proficiency	Other Language	Other Language	
Alf Native (ABA Judien Asien		None		Proficiency Little	
AK Native/AM. Indian Asian Black White Hawaiian/Pac. Is.	Yes	Little Moderate		Moderate	
Multi-Racial	No	Proficient		Proficient	
	Highest Grad	le COMPLETED			
MA Degree BA Degree	•	lege or Advance Training	College De	gree/Training Cert.	
	-	-	School Graduate	GED	
	Employn	nent Status			
Unemployed Part Time Part Time & Trai	ning Training &Schoo	l Full Time Full Tim	e & Training Seaso	nal Retired / Disabled	
Relationship to Child	g . g	Custody		I that apply:	
Relationship to clinia		custouy	encon un	. that apply:	
Biological / Adopted / Step Grandch	nild Foster	Yes	Lives with child	Teen Parent	
Other Other Relative		No	Provides Financial Subsidized	Support	
Email Address:			Opt in for e-mails	YES NO	
	Second	ary Adult			
First Name Middle	Last Name	Previous Names	Date of Birth	Male/Female	
Race	Hispanic	English Proficiency	Other Language	Other Language	
nace	пізрапіс	English Proficiency	Other Language	Proficiency	
AK Native/AM. Indian Asian		None		Little	
Black White Hawaiian/Pac. Is.	Yes No	Little Moderate		Moderate	
Multi-Racial	No	Proficient		Proficient	
	Highest Grad	le COMPLETED			
	•	ge or Advance Training		ee/Training Cert.	
9th Grade 10th Grade 11			hool Graduate	GED	
Employment Status					
Unemployed Part Time Part Time & Trai	ning Training &Schoo	l Full Time Full Tim	e & Training Seaso	nal Retired /Disabled	
Relationship to Child		Custody	Check al	l that apply:	
Biological / Adopted / Step Grando	child Foster	Yes	Lives with child	Teen Parent	
Othor Othor Polatica		No	Provides Financia	l Support	
Other Other Relative		110	Subsidized		
Email Address:			Opt in for e-mai	ls Yes No	

First Name Middle Name Last Name Alternative Date of Birth Male/Female ### Discrete First Name Middle Name Last Name Alternative Date of Birth Male/Female ### Discrete First Name Middle Name Last Name Alternative Date of Birth Male/Female ### Discrete First Name Middle Name Last Name Alternative Date of Birth Male/Female ### Discrete First Name Niddle Name Last Name Alternative Date of Birth Male/Female ### Discrete First Name Niddle Name Last Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date of Birth Male/Female ### Discrete First Name Name Alternative Date Name Name Alternative Date Name Name Name Name Name Name Name Nam	Additional children in family home financially supported by Primary/Secondary adults								
First Name Middle Name Last Name Alternative Date of Birth Male/Female ### Discontinuous Contracts	First Name	Middle Name	Last Name	Alternative		Date of B	irth	Male/Fema	ile
Physical Address (not PO Box) Mailing Address (PO Box) Gity Zip code	First Name	Middle Name	Last Name	Alternative		Date of B	irth	Male/Fema	ile
Physical Address (not PO Box) Mailing Address (P0 Box) City Zip code Name and Number	First Name	Middle Name	Last Name	Alternative		Date of B	irth	Male/Fema	ile
Name and Number	O IF ad	ditional family mer				FAMILY	MEMBER	SHEET.	
Name and Number Cell Home Work Message Yes No Senglish your first language? Yes No Are you learning another language other than English: Yes No Parental Status Homeless*** Military Status Referred by Child Welfare Agency Call Home Work Message Yes No Military Status Referred by Child Welfare Agency Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call Call	Dharainal Addunas (ant D	O. P\			n	Cit.		7: d-	
Cell Home Work Message Yes No Send Send No Send Send No Send	Physical Address (not Pi	о вох)	Mailing Address (PU B	oxj		City		Zip code	
Cell Home Work Message Yes No No Senglish your first language? Yes No Are you learning another language other than English: Yes No No Military Status Referred by Child Welfare Agency No Active Uveteran UNA Uves Uveteran UNA Uves Uveteran Uvet	Name and Number				Туре	•		Opt in to re	eceive texts
Cell Home Work Message Yes No				Cell	Home	Work	Message	Yes	No
Separation Sep				Cell	Home	Work	Message	Yes	No
Parental Status				Cell	Home	Work	Message	Yes	No
Emergency Contacts: List at least 2 contacts OTHER THAN the Primary & Secondary adults listed. Contact 1: Name	Is English your first lang	guage? Yes	No Are you learn	ing another la	nguage oth	er than En	nglish:	Yes	No
Emergency Contacts: List at least 2 contacts OTHER THAN the Primary & Secondary adults listed. Contact 1: Name	Parental Status	Homeless***	Milita	ry Status		Referred by Child Welfare Agency		Agency	
Contact 1: Name	·		□ Active □	Veteran □N/	′ A	□ Yes □ No		□ No	
Cell Home Work	En	nergency Contacts: List	at least 2 contacts OTI	HER THAN the	Primary &	Secondary	adults liste	ed.	
Physical Address City Zip Emergency Contact Release Child to:	Contact 1: Name		Relationship	Telephone		Туре			
Relationship Telephone Type Cell						□Cell □l	Home □W	ork	
City Zip Emergency Contact Release Child to: Physical Address City Zip Emergency Contact Release Child to: Physical Address City Zip Emergency Contact Physical Release Child to: Pks No Pks P	Physical Address		City	Zip		Emergency	/ Contact	Release Ch	ild to:
Child's Needs Comparison C						□Yes	□No	□Yes □	No
Child's Needs Child's Needs Child's Needs Child's Needs Child's Needs Child's Needs Child's Needs Child splicant born Child's Needs Child applicant born Child app	Contact 2: Name		Relationship	Telephone		,			
Child's Needs Does your child have a disability or medical condition diagnosed by a doctor or specialist? Yes DNO If YES, please clarify: Does your child have an Individual Education Plan OR an Individual Family Service Plan? Yes DNO If YES, which program set up your IEP/IFSP? Services or Events that have occurred within the past 12 months: (Check all that apply.) Emergency or Crisis intervention Domestic violence concerns DCS Intervention Chemical Dependancy within family Health/Mental Health services Dysfunctional or unstable living environment WIC Food Stamps (SNAP) Temporary Assistance(TANF) Supplimental Social Security (SSI) Unemployment Other Adopted Native Child Sibling currently enrolled to EHS or HS only) Previous Preschool Has your child previously been enrolled in Head Start/Early Head Start or another preschool program? Documented Refferal Documented Refferal Child applicant is currently in Early Head Start and is transitioning to Head Start Professional referral (OCS, Shelter, Doctor) Child Care Assistance Approved Other Please sign here to verify that you have completed this application and provided true information. Primary Adult Signature Printed Name Date Date Date Date Date	Physical Address		City	Zip		Emergend	cy Contact	Release Ch	ild to:
Does your child have a disability or medical condition diagnosed by a doctor or specialist? Yes No If YES, please clarify: Does your child have an Individual Education Plan OR an Individual Family Service Plan? Yes No Yes, which program set up your IEP/IFSP? Services or Events that have occurred within the past 12 months: (Check all that apply.)						□Yes	□No	□Yes □	No
If YES, please clarify: Does your child have an Individual Education Plan OR an Individual Family Service Plan? Tess Tess			Child's	Needs					
Services or Events that have occurred within the past 12 months: (Check all that apply.)	, , , , ,								
Emergency or Crisis intervention	Does your child have an Individual Education Plan OR an Individual Family Service Plan? ☐Yes ☐No If YES, which program set up your IEP/IFSP?								
Emergency or Crisis intervention		Services or Events th	at have occurred within	n the past 12 r	months: (Cl	heck all th	at apply.)		
environment WIC	□ Emergency or Cris				•			on	
□ WIC □ Food Stamps (SNAP) □ Temporary Assistance(TANF) □ Supplimental Social Security (SSI) □ Unemployment □ Other Additional Information □ Child applicant was a high risk pregnancy (EHS only) □ Parent with Mental Health or Disability issue □ Parent Incarcerated only) Parent Incarcerated Parent only only only □ Parent with Mental Health or Disability issue □ Parent Incarcerated only only □ Parent Incarcerated □ Parent Incarcerated only only □ Parent Incarcerated □ Parent Incarcerated only only □ Parent Incarcerated □ Parent Vision □ Pa	□ Chemical Dependa	ncy within family	□ Health/Mental H	ealth services		_		g	
Additional Information Adopted Native Child applicant was a high risk pregnancy (EHS only) Previous Preschool Has your child previously been enrolled in Head Start/Early Head Start or another preschool program? Documented Refferal Child applicant born premature Professional referral (OCS, Shelter, Doctor) Documented Refferal Child Care Assistance Approved Other	□ WIC		□ Food Stamps (SN	(AP)				(F)	
Adopted Native Child Sibling currently enrolled to EHS or HS only) Previous Preschool Has your child previously been enrolled in Head Start/Early Head Start or another preschool program? Pocumented Refferal Child applicant born premature Disability issue Parent Incarcerated Disability issue Parent Incarcerated Disability issue Previous Preschool Has your child previously been enrolled in Head Start/Early Head Start or another preschool program? Pocumented Refferal Child applicant is currently in Early Head Start and is transitioning to Head Start Professional referral (OCS, Shelter, Doctor) Child Care Assistance Approved Other Primary Adult Signature Printed Name Date	☐ Supplimental Socia	al Security (SSI)	□ Unemployment			□ Other			
Adopted Native Child Sibling currently enrolled to EHS or HS was a high risk pregnancy (EHS only) Child applicant born premature Disability issue Parent Incarcerated Disability issue Parent With Mental Health or Disability issue Parent Incarcerated Disability issue Parent In				Information					
Adopted Native Child		□ Sibling currently				□ Pare	ent with		
Previous Preschool Has your child previously been enrolled in Head Start/Early Head Start or another preschool program? Documented Refferal Child applicant is currently in Early Head Start and is transitioning to Head Start Professional referral (OCS, Shelter, Doctor) Child Care Assistance Approved Please sign here to verify that you have completed this application and provided true information. Primary Adult Signature Printed Name Date	-	-	_					□ Parent I	ncarcerated
Has your child previously been enrolled in Head Start/Early Head Start or another preschool program? Yes	Child	HS		prema	ture	Disabil	ity issue		
Documented Refferal Child applicant is currently in Early Head Start and is transitioning to Head Start Professional referral (OCS, Shelter, Doctor) Child Care Assistance Approved Child Care Assistance Approved Please sign here to verify that you have completed this application and provided true information. Primary Adult Signature Printed Name Date			Previous	Preschool		•			
Documented Refferal Child applicant is currently in Early Head Start and is transitioning to Head Start Professional referral (OCS, Shelter, Doctor) Child Care Assistance Approved Other Please sign here to verify that you have completed this application and provided true information. Primary Adult Signature Printed Name Date	Has your child previously been enrolled in Head Start/Early Head Start or another preschool program?								
□ Child applicant is currently in Early Head Start and is transitioning to Head Start □ Professional referral (OCS, Shelter, Doctor) □ Child Care Assistance Approved □ Other Please sign here to verify that you have completed this application and provided true information. Primary Adult Signature Printed Name Date									
□ Professional referral (OCS, Shelter, Doctor) □ Child Care Assistance Approved □ Other Please sign here to verify that you have completed this application and provided true information. Primary Adult Signature Printed Name Date									
Please sign here to verify that you have completed this application and provided true information. Primary Adult Signature Printed Name Date									
Primary Adult Signature Printed Name Date									
·	_			ia provided tri	ue informat				
RSEA signature Printed Name Date	ary Addit Signature		. Inited Name			Date			
	ERSEA signature		Printed Name			Date			

ELIGIBILITY DETERMINATION 2024-25 SCHOOL YEAR

Student Name		Community/School Site	Child's Date of Birth	Child's Age by Sept. 1st		
Primary Adult			Secondary Adult			
Trimary Addit			Secondary Addit			
		eek for months.	I work hours/w	eek for months.		
Total Number Su	pported by Inco	ome of Primary & Secondary Adu	ılts			
Total Number of	Children	Total Number of Adults	Is either Primary or Secondary Total Number in Household			
			Adult pregnant?			
Additional Qualif	ications: All red	quire supportive docmentation fo	or verification			
			motel/weekly rate housing. D	oubled-up with relatives (not by		
			building, other inadequate accor	· · · · · · · · · · · · · · · · · · ·		
		pleted Alaska Residency Form.	bullating, other madequate accor	iniodations, or a venicle: II		
is the child in fost	ter care? Yes	☐ No If YES, provide OCS Doc	cumentation.			
Zero family incor	ne requires thi	ird party verification form				
☐ Family Inco	Applicant Signature					
STOP	**TO BE COMPLETED BY HEAD START STAFF**					
0.0.	F		ALASKA FOR 2024 (effective 1/17/2	024)		
Γ	Household #	Annual Income Below	This family's income is:			
T T	1	18,810	1			
	2	25,540	□0-100% UNDER			
	3	32,270				
<u> </u>	4	39,000	□OVER income between 101	% & 130%		
-	5	45,730	-			
	6 7	52,460 59,190	1			
	8	65,920	□OVER 131% the 2020 pove	rty guidelines		
<u> </u>	Each over 8	6,730	1			
<u>L</u>						
Primary Adult		Amount (specify per hr./wk./mth)	Annual Amount	Source (check stub, W2, etc.)		
Secondary Adult		Amount (specify per hr./wk./mth)	Annual Amount	Source (check stub, W2, etc.)		
Income Notes				Total Annual Amount		
medine Notes				Total / limaal / limoant		
Verification by sta	aff					
I certify that I have reviewed all information and documentation that the above calculations were completed accurately and to the best of my						
ability, and that the information on this form represents the family's current situation.						
Signature of Staff		Printed Name		Date		
	A Certification	(calculations and documents ver	rified)			
ERSEA signature		Printed Name		Date		