



Kawerak, Inc.

Head Start / Early Head Start/ EHS-CCP

Enrollment Application

2026-2027 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
 - 2025 W2s for primary and secondary applying parents or ;
 - 2025 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
 - 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.
- Allergy documents are required when turning in your application.
- Does your child have any allergies? Yes No
If so, please list them: _____

** 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 **July 13th, 2026 to be considered for priority placement for the Head Start 2026-27 school year.** All others will be processed and put on the waitlist 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.

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 ERSEA Specialist
 Kawerak Head Start
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 99762

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Phone: 1-907-443-9057

Fax: 1-907-802-6192



Kaverak, Inc.

Child Development Programs- Participant Application for Enrollment

Community (Site):		Program:		For Central Office Use:	
		HS EHS EHS-CCP EHS-HB		Received by:	Date Received:
Applicant (child applying 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 Black White Hawaiian/Pac. Is. Multi-Racial		Yes No	None Little Moderate Proficient		Little Moderate Proficient
Tribally Enrolled		Yes	No	Tribe Name:	
Primary Adult					
First Name	Middle	Last Name	Previous Names	Date of Birth	Male/Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
AK Native/AM. Indian Asian Black White Hawaiian/Pac. Is. Multi-Racial		Yes No	None Little Moderate Proficient		Little Moderate Proficient
Highest Grade COMPLETED					
MA Degree	BA Degree	AA Degree	College or Advance Training	College Degree/Training Cert.	
9th Grade	10th Grade	11th Grade	12th Grade	High School Graduate	GED
Employment Status					
Unemployed	Part Time	Part Time & Training	Training & School	Full Time	Full Time & Training Seasonal Retired /Disabled
Relationship to Child			Custody	Check all that apply:	
Biological / Adopted / Step Grandchild Foster Other Other Relative			Yes No	Lives with child Teen Parent Provides Financial Support Subsidized	
Email Address:				Opt in for e-mails	YES NO
Secondary Adult					
First Name	Middle	Last Name	Previous Names	Date of Birth	Male/Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
AK Native/AM. Indian Asian Black White Hawaiian/Pac. Is. Multi-Racial		Yes No	None Little Moderate Proficient		Little Moderate Proficient
Highest Grade COMPLETED					
MA Degree	BA Degree	AA Degree	College or Advance Training	College Degree/Training Cert.	
9th Grade	10th Grade	11th Grade	12th Grade	High School Graduate	GED
Employment Status					
Unemployed	Part Time	Part Time & Training	Training & School	Full Time	Full Time & Training Seasonal Retired /Disabled
Relationship to Child			Custody	Check all that apply:	
Biological / Adopted / Step Grandchild Foster Other Other Relative			Yes No	Lives with child Teen Parent Provides Financial Support Subsidized	
Email Address:				Opt in for e-mails	Yes No

Additional children in family home financially supported by Primary/Secondary adults					
First Name	Middle Name	Last Name	Alternative	Date of Birth	Male/Female
IF additional family members need to be listed then request a FAMILY MEMBER SHEET.					
Family Information					
Physical Address (not PO Box)		Mailing Address (PO Box)		City	Zip code
Parent name and number:			Type		Opt in to receive texts
			Cell	Home	Work
			Message	Yes	No
			Cell	Home	Work
			Message	Yes	No
			Cell	Home	Work
			Message	Yes	No
Is English 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	
<input type="checkbox"/> 1 parent <input type="checkbox"/> 2 parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contacts: List at least 2 contacts OTHER THAN the Primary & Secondary adults listed.					
Contact 1: Name		Relationship	Telephone	Type	
				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Physical Address		City	Zip	Emergency Contact	Release Child to:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 2: Name		Relationship	Telephone	Type	
				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Physical Address		City	Zip	Emergency Contact	Release Child to:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Needs					
Does your child have a disability or medical condition diagnosed by a doctor or specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, please clarify:					
Does your child have an Individual Education Plan OR an Individual Family Service Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, which program set up your IEP/IFSP?					
Services or Events that have occurred within the past 12 months: (Check all that apply.)					
<input type="checkbox"/> Emergency or Crisis intervention		<input type="checkbox"/> Domestic violence concerns		<input type="checkbox"/> OCS Intervention	
<input type="checkbox"/> Chemical Dependency within family		<input type="checkbox"/> Health/Mental Health services		<input type="checkbox"/> Dysfunctional or unstable living environment	
<input type="checkbox"/> WIC		<input type="checkbox"/> Food Stamps (SNAP)		<input type="checkbox"/> Temporary Assistance(TANF)	
<input type="checkbox"/> Supplemental Social Security (SSI)		<input type="checkbox"/> Unemployment		<input type="checkbox"/> Other	
Additional Information					
<input type="checkbox"/> Adopted Native Child	<input type="checkbox"/> Sibling currently enrolled to EHS or HS	<input type="checkbox"/> Child applicant was a high risk pregnancy (EHS only)	<input type="checkbox"/> Child applicant born premature	<input type="checkbox"/> Parent with Mental Health or Disability issue	<input type="checkbox"/> Parent Incarcerated
Previous Preschool					
Has your child previously been enrolled in Head Start/Early Head Start or another preschool program?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what program?					
Documented Referral					
<input type="checkbox"/> Child applicant is currently in Early Head Start and is transitioning to Head Start					
<input type="checkbox"/> Professional referral (OCS, Shelter, Doctor)			<input type="checkbox"/> Child Care Assistance Approved		<input type="checkbox"/> Other
Please sign here to verify that you have completed this application and provided true information.					
Primary Adult Signature		Printed Name		Date	
ERSEA signature		Printed Name		Date	

**ELIGIBILITY DETERMINATION
2026-27 SCHOOL YEAR**

Student Name		Community/School Site	Child's Date of Birth	Child's Age by Sept. 1st
Primary Adult		Secondary Adult		
I work ____ hours/week for ____ months.		I work ____ hours/week for ____ months.		
Total Number Supported by Income of Primary & Secondary Adults				
Total Number of Children	Total Number of Adults	Is either Primary or Secondary Adult pregnant?	Total Number in Household	
Additional Qualifications: All require supportive documentation for verification				
Check all circumstances that apply: <input type="checkbox"/> I live in a shelter. <input type="checkbox"/> In a motel/weekly rate housing. <input type="checkbox"/> Doubled-up with relatives (not by choice) <input type="checkbox"/> Temporary foster care placement <input type="checkbox"/> In an abandoned building, other inadequate accommodations, or a vehicle? If any boxes checked attach a completed Alaska Residency Form.				
Is the child in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide OCS Documentation.				
Zero family income requires third party verification form				
<input type="checkbox"/> Family Income is \$0	Explanation		Applicant Signature	

STOP

****TO BE COMPLETED BY HEAD START STAFF****

POVERTY INCOME GUIDELINES FOR ALASKA FOR 2025 (effective 1/15/2026)

Household #	Annual Income Below	This family's income is: <input type="checkbox"/> 0-100% UNDER <input type="checkbox"/> OVER income between 101% & 130% <input type="checkbox"/> OVER 131% the 2020 poverty guidelines
1	19,950	
2	27,050	
3	34,150	
4	41,250	
5	48,350	
6	55,450	
7	62,550	
8	69,650	
Each over 8	7,100	

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
Verification by staff			
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	
2nd Staff or ERSEA Certification (calculations and documents verified)			
ERSEA signature	Printed Name	Date	