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## Enrollment packet checklist:

- Completed application signed and dated by parent(s) or guardian(s).
- Copy of student's updated immunizations. All immunizations will need to be up to date according to the Early Periodic Screening Diagnostic Treatment (EPSDT) program before student may attend.
- Proof of , if applicable:
  - Legal Guardianship Documentation
  - Child Care Assistance authorization; Tribal Child Care Assistance or State of Alaska
- **Does your child have any allergies? Please circle one: YES NO**  
Please provide allergy documentation, it is required before your child can start.
- Proof of child's 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.

All required items need to be complete and turned into Kawerak Head Start/Early Head Start before your child can be accepted into the childcare program.

UPLC works with child care assistance (subsidy) providers to allow many families to pay for child care on a co-pay only basis. Parents/Guardians are encouraged to apply for and renew child care assistance (subsidy), when applicable. Full tuition payments or required co-payment are due before the first day of the month of

which a child is scheduled to attend. Payments are considered late by the 5<sup>th</sup> of the month and a student may be removed from the program after 30 days if the payment is still not paid after 30 days. **UPLC/EHS-CCP Parent Handbook** has more information about payment requirements.

### **Cost for each month(ALL AGES):**

**June:** \$581.19 per child or your authorized co-pay.

**July:** \$747.25 per child or your authorized co-pay.

**August:** \$307.69 per child or your authorized co-pay.

### **Operating Days & Time:**

7:45am-2:15pm Monday-Thursday. Closed Fridays.

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

### **Informational contacts and numbers:**

**Head Start ERSEA Specialist:** 443-9057 Enrollment and application assistance.

**Kawerak Child Care Services:** 443-4263 Child Care subsidy and assistance program.

**Nome Head Start Program Specialist:** 443-9055 Payment and program inquires

**Head Start Fax:** 1-907-802-6192

Once your child has been accepted into the Child Care program, you will be notified and provided guidance on how to finalize enrollment.



Kaverak, Inc.

Child Development Programs- Participant Application for Enrollment

<b>Community (Site):</b>		<b>Program:</b>		<b>For Central Office Use:</b>	
Nome		UPLC Summer 2026		<b>Received by:</b>	<b>Date Received:</b>
<b>Applicant (child applying for services)</b>					
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Traditional Name</b>	<b>Date of Birth</b>	<b>Male/Female</b>
<b>Race</b>		<b>Hispanic</b>	<b>English Proficiency</b>	<b>Other Language</b>	<b>Other Language</b>
<input type="checkbox"/> AK Native/AM. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pac. Is. <input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Tribally Enrolled   Yes   or   No		Tribe Name:			
<b>Primary Adult</b>					
<b>First Name</b>	<b>Middle</b>	<b>Last Name</b>	<b>Previous Names</b>	<b>Date of Birth</b>	<b>Male/Female</b>
<b>Race</b>		<b>Hispanic</b>	<b>English Proficiency</b>	<b>Other Language</b>	<b>Other Language Proficiency</b>
<input type="checkbox"/> AK Native/AM. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pac. Is. <input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Highest Grade COMPLETED</b>					
<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> College Degree/ Training Cert <input type="checkbox"/> College or Advance Training <input type="checkbox"/> GED <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> 9th grade or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Master's Degree					
<b>Employment Status</b>					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled					
<b>Relationship to Child</b>			<b>Custody</b>	<b>Check all that apply:</b>	
<input type="checkbox"/> Biological/Adopted/ Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/> Other Relative			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with child <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized	
Email Address: <span style="float: right;">opt in for e-mails   yes   or   no</span>					
<b>Secondary Adult</b>					
<b>First Name</b>	<b>Middle</b>	<b>Last Name</b>	<b>Previous Names</b>	<b>Date of Birth</b>	<b>Male/Female</b>
<b>Race</b>		<b>Hispanic</b>	<b>English Proficiency</b>	<b>Other Language</b>	<b>Other Language Proficiency</b>
<input type="checkbox"/> AK Native/AM. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pac. Is. <input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Highest Grade COMPLETED</b>					
<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> College Degree/ Training Cert <input type="checkbox"/> College or Advance Training <input type="checkbox"/> GED <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> 9th grade or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Master's Degree					
<b>Employment Status</b>					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled					
<b>Relationship to Child</b>			<b>Custody</b>	<b>Check all that apply:</b>	
<input type="checkbox"/> Biological/Adopted/ Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/> Other Relative			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with child <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized	
Email Address: <span style="float: right;">opt in for e-mails   yes   or   no</span>					

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

Name and Number	Type	opt in for texting
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message	yes no
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message	yes no
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message	yes no

Is English your first language? Yes or No		Are you learning another language other than English:	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Release Child to: <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Release Child to: <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? Yes No If YES, please clarify:

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?

Services or Events that have occurred within the past 12 months: (Check all that apply.)

Currently Enrolled HS Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by Child Welfare Agency
Former HS Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care Assistance- State or Tribal <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster/Tribal Custodianship <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Kawerak, Inc Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sibling currently enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No		

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