

Early Childhood Enrollment Application

<p>KOOTASCA Head Start 1213 SE 2nd Ave • Grand Rapids, Mn 55744 218.327.6718 • Fax 327-6733 2232 E 2nd Ave • International Falls, Mn 56649 218.283.9491 • Fax 283-9855 www.kootasca.org</p>	<p>Invest Early Project 820 NW 1st Ave • Grand Rapids, Mn 55744 218.327.5850 • Fax 327-5851 www.investearly.org</p>	<p>School Readiness ISD 316 • Greenway Public Schools 218.247.7306 ISD 317 • Deer River Public Schools 218.246.8860 ISD 318 • Grand Rapids Schools 218.327.5850 ISD 319 • Nashwauk-Keewatin Schools 885-1280; x271</p>
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Thank you for your interest in our Early Childhood Programs.
 Please remember, in completing this application, you are applying for
 Head Start, Invest Early, School Readiness & Early Childhood Family Education.
 Your application does not necessarily mean you have been accepted into any of these programs.

Please complete & return the following items:

Your Check – Off List

Steps	Name of Document to Be Completed	Action Required
1. <input type="checkbox"/>	Tennessee Warning	Read carefully, sign, date & return.
2. <input type="checkbox"/>	Application for Enrollment	Print clearly, completely fill-in, use legal names, sign, date & return.
3. <input type="checkbox"/>	Income Verification (examples given below) a) <input type="checkbox"/> Copies of pay stubs from the last 3 months b) <input type="checkbox"/> Copy of your Income Tax Return or W2 c) <input type="checkbox"/> Copy of award letter from Social Security/Pension, SSI or Foster Care/Adoption Subsidy d) <input type="checkbox"/> Unemployment print-out of payments or check stub e) <input type="checkbox"/> Public Assistance print-out, showing last 3 months of payments f) <input type="checkbox"/> Documentation of Child support/alimony/scholarships/grants, g) <input type="checkbox"/> Documentation of self employment income	Return copies of <i>all income sources</i> from each Parent providing financial support of applicant with application.
4. <input type="checkbox"/>	Immunization Record for each applicant	Print clearly, completely fill-in, sign, date & return.

After your application is returned & processed, we will contact you.

Mail or deliver your application to one of the addresses below:

<p>Barb Foss barbf@kootasca.org</p>	<p>800.422.0312 218-327-6718 Fax 327-6733</p>	<p>KOOTASCA Head Start 1213 SE 2nd Ave Grand Rapids, MN 55744</p>	<p>Serving residents of KOOTASCA Head Start Region</p>
<p>Lauri Camilli lcmilli@isd318.org</p>	<p>218.327-5820 Fax 327-5851</p>	<p>Invest Early Project 820 NW First Ave Grand Rapids, MN 55744</p>	<p>Serving residents of Itasca County</p>

Upon request, this information will be made available in alternate formats, such as Braille, audiotape, computer disk or large print.

KOOTASCA Community Action Inc. & the Invest Early Project are both Equal Opportunity Provider and Employer.

We look forward to working with you and your child! Thank you for applying.

Tennessen Warning

Your Privacy Rights

This sheet tells you about your rights under the Minnesota Government Data Practices Act (“the Act”). This Act protects your privacy, but also lets us give information about you to others if a law requires it AND we tell you before we do it. The information below tells why and when we will ask for and give information about you.

Under the Act, information about individuals is divided into four categories:

What kind of information do we collect?

- **Public Information:** Information about you that is available to anyone.
- **Private Data:** Information about you that can be shared only if you give us your permission or if a law allows or requires us to share the information.
- **Confidential Information:** Information about you that can't be shared about you.
- **Summary Information:** Information about you that does NOT identify you personally, which may be shared with others, generally for reporting purposes.

Generally, we only ask for two types of information from you - public and private information. We use summary information for reports but it does not identify you or anyone else by name or other identifying information.

Why do we ask you for this information? - We ask this information so we can:

- Enroll your child in an Early Childhood Education program.
- Tell you apart from other persons with the same *or* similar name.
- Decide if you can receive services from us, and what *or* how much you can receive.
- Help you obtain financial or social services from other agencies or companies.
- Make reports, do research, audits, and evaluate our programs.
- Collect money from the government for help we give you.

Do you have to answer the questions we ask? What will happen if you do not answer the questions we ask?

Generally, you do not have to give us information. However, if you do not provide us the information, we may not be able to determine whether we can help you, or get help for you from other agencies.

With whom may we share the information about you?

We may give information about you to the following agencies, if they need it to help you or help us help you. This does not mean we always share information about you with these people. It only says that there is a law that says we may share data with these people (sometimes the law says we MUST share certain information). If you have questions about when we give agencies information, please call the Early Childhood Education progra

These are the agencies we may share information with:

The MN Department of Education, and the school district where your child will be enrolled, other State or Federal agencies who provide program funding (State or local welfare agencies, community organizations, local, State, public and private human services agencies, the MN Department of Jobs and Training, the United States Department of Labor, the United States Department of Health and Human Services, and local educational programs, etc.).

You have the right to copies of information we have about you.

- You may ask if we have any information about you.
- If we have information about you, you may ask for copies.
- You may give other people permission to see and have copies of private data about you.
- If you do not understand the information, you may ask to have it explained to you.
- You may ask for and receive a copy of the agency's Data Practices policy.

How do you appeal if you think information is not accurate or complete?

Call the **Invest Early project at (218)327-5701; x3125**. Your objection may also be in writing and sent to P.O. Box 307, Deer River, MN 56636. If applying strictly for **Head Start call the Kootasca office at (218) 327-6718**. Your objection may also be in writing and sent to 1213 S.E. 2nd Avenue, Grand Rapids, MN 55744.

You must tell us why the information is not accurate or complete. You may send you own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, please call the Invest Early Project office.

If you have any questions about the information on this form, please call the Early Childhood Education Program listed above.

STUDENT NAME *(Please Print)*

Signature of Parent/Guardian

Date

Early Childhood Programs • Student Application for Enrollment

Date Received App _____	Age by Sept 1 ____yrs ____mo	← ← Office Use Only → →	Income Ranking Score _____ Risk Factor Ranking Score _____
Acceptance date _____		Total Annual Gross Household Income Verified by: Staff _____ Date _____	
Program Site: <input type="checkbox"/> GR – Admin – ICC - IRC <input type="checkbox"/> DR – King - Goodall <input type="checkbox"/> GW – Marble - Taconite <input type="checkbox"/> Nashwauk <input type="checkbox"/> Keewatin <input type="checkbox"/> Northome <input type="checkbox"/> International Falls <input type="checkbox"/> Other _____		<input type="checkbox"/> Invest Early 0-3 <input type="checkbox"/> Invest Early Pre-K <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> Extended Day Only MARSS # (13-digit) _____	
Classroom: <input type="checkbox"/> I/T _____ <input type="checkbox"/> PS _____ <input type="checkbox"/> HB _____			

Print clearly, completely fill-in, use legal names, sign, date & return. All information requested is necessary to determine child's eligibility.

Student Applicant's <u>Last Name</u>	Student Applicant's <u>First Name</u>	Applicant's <u>Middle Initial</u>	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Student Applicant's <u>Street Address</u>	P.O. Box	City	State Zip Code
Student Applicant's <u>Date of Birth</u>	Home Phone	Mom/Guardian Work Phone	Dad/Guardian Work Phone Mom Cell Phone Dad Cell Phone

Email Address	Direction to Home:
Is anyone in the Household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & contact information _____	

Names of ALL Household Members (Last, First M.I.)	Birth Date	Gender	Race	Relationship to Applicant
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	

Additional Contact Person Name:	Phone #	Relationship to Student Applicant:
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Parent/Guardian Total Annual Gross Household Income: \$ _____	I certify there are _____ members of my household dependent upon this income.	If you have income from Salary or Wages, please provide number of hours worked in a typical week (<i>all jobs combined</i>). Mother _____ hrs total Father _____ hrs total	Household Type (check 1) <input type="checkbox"/> Married Couple <input type="checkbox"/> Extended Family <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Single Parent
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Highest level of school completed by <u>Mother</u>: <input type="checkbox"/> Less than a high school diploma <input type="checkbox"/> High school/GED <input type="checkbox"/> Trade school or some college <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Graduate or professional degree	Highest level of school completed by <u>Father</u>: <input type="checkbox"/> Less than a high school diploma <input type="checkbox"/> High school/GED <input type="checkbox"/> Trade school or some college <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Graduate or professional degree
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Language family speaks at home: <input type="checkbox"/> English <input type="checkbox"/> Native American (specify) _____ <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____	Have you ever participated in a Parent Education class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Program(s) <input type="checkbox"/> Invest Early <input type="checkbox"/> Head Start <input type="checkbox"/> ECEFE <input type="checkbox"/> Other _____
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Family Concerns (please place an "x" by ALL concerns):

Medical/Health Issues Living with extended family Adult Disability History of Chemical Abuse Recent Divorce/Loss
 Homeless/Transitional Transportation Unemployment Teen Parent Parent absent for extended period

English is not primary language

Child Concerns (please place an "x" by ALL concerns):

Premature/Low Birth Weight High Risk Pregnancy Birth Defects/Chronic Illness Medical Speech/Language Behavior
 Separation Anxiety Child with no Group Experience Development Concerns Other _____

I certify the above information is true and correct and that Early Childhood staff may verify the information.

Signature of Parent/Guardian	Date
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