

From:

**COMMUNITY DEVELOPMENT INSTITUTE (CDI) SERVING SOUTH CENTRAL KANSAS HEAD START
ENROLLMENT APPLICATION**

Community Development Institute(CDI) Head Start is a free federally funded preschool program serving children from income eligible families. This program is offered regardless of race, color, national origin, sex or disability. At least ten percent of the enrollment opportunities in Head Start are available to children with a professionally diagnosed disability.

The objectives of Head Start are:

- To enhance and develop reasoning and communication skills.
- To encourage self-confidence, curiosity, and self-discipline.
- To encourage better interaction and social skills with family and others.
- To promote self-esteem and self-worth.
- To improve the children's health and physical abilities. Education about proper nutrition, health practices, and physical activity are encouraged.

CDI Head Start Pre-Schools:

Butler, Greenwood and Harvey Counties

- The Augusta Center offers one full-day class and two half-day classes.
- The Bluestem-Leon Center offers one full-day class.
- The El Dorado Center offers one full-day class and two half-day classes.
- The Eureka Center offers one full-day class.
- The Halstead Center offers two half-day classes.
- The Newton Center offers four half-day classes.
- The Newton Center offers one full-day class.

Barton, Pawnee and Rice Counties

- The Great Bend Center offers three half-day classes.
- The Hoisington Center offers one half-day class.
- The Larned Center offers one half-day class.
- The Lyons Center offers one half-day class.

To process your application, you must provide forms of income verification, such as:

CURRENT PAYCHECK STUBS	LASTEST FEDERAL INCOME TAX RETURN
W-2 FORM	LETTER OF INCOME FROM CURRENT EMPLOYER
UNEMPLOYMENT	FOSTER CARE REIMBURSEMENT
PROOF OF SSI (SOCIAL SECURITY INCOME)	PROOF OF TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES)
CHILD SUPPORT	SCHOLARSHIPS, PELL GRANTS, ETC.

PLEASE NOTE: A FULL YEARS OF INCOME IS REQUIRED: EITHER THE LAST 12 MONTHS OR THE LAST CALENDAR YEAR IF USING INCOME TAX FORM

Additional Information required:

Proof of Child's Age(birth certificate or baptismal certificate or hospital certificate)

Proof of residency

Proof of employment and/or school/training attendance is required for consideration into a full day program

Please return this completed application to your Head Start Center, or to the appropriate Head Start Office:

CDI, Serving South Central Kansas Head Start
Great Bend Office
3111 10th Street, Suite 103
Great Bend, Ks. 67530
620-793-5221

CDI, Serving South Central Kansas Head Start
Augusta Office
P O, Box 584, 730 Cliff Drive
Augusta, Ks. 67010
316-775-6666

From:

My preference is: (Check all that apply)
Full Day _____
Part Day Morning _____
Part Day Afternoon _____

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Head Start Enrollment Application

P O Box 584, 730 Cliff Drive, Augusta, Ks 67010 or
3111 W 10th Street, Suite 103 Great Bend, Ks 67530

Please complete the entire Application, add "NA" if not applicable and sign and date the bottom.

Child Information

Child's Legal First Name		Middle Initial	Last Name	
Preferred Name	<input checked="" type="checkbox"/> Race: Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Native Indian <input type="checkbox"/> Other	<input checked="" type="checkbox"/> SEX: M F	<input checked="" type="checkbox"/> Language: (if two mark both) English Spanish Other	
Birthday:	National Origin:			

Family Information

Family Name:		Language:	Mailing Address and City:		County:
Phone Number:		Message Number:	Living Address and City if different		Zip:
Primary Adult Name:	<input checked="" type="checkbox"/> SEX M F	Birthday	Employed: Fulltime _____ Part-time No	Education Level:	
Secondary Adult Name:	<input checked="" type="checkbox"/> SEX M F	Birthday	Employed: Fulltime _____ Part-time No	Education Level:	
Others Adults in Home Name:	<input checked="" type="checkbox"/> SEX M F	Birthday	Employed: Fulltime _____ Part-time No	Education Level:	
Are Both Parents/Guardians working out of the home? Y ___ N ___ If yes are child care arrangements in place? Providers Name _____ Address: _____ Phone: _____ Days child will attend child care _____			Are Parents/Guardians attending School Y ___ N ___ If yes Where? _____ Degree goal _____ Expected graduation date _____		
If unemployed last date worked: _____ Total month worked this year? _____			Any vocational Training? Y ___ N ___		

Program Information

Parental Status <input checked="" type="checkbox"/> one: One ___ Two ___ Foster ___ Custodial ___ Both Natural Parents Yes ___ No ___ explain _____ Please provide a copy of custody papers.	Family Matters: Number in the family ___ Number of Children ___ Total # age Birth to 3 ___ Total # ages 4-5 ___ Total under 6 ___ Number in household ___ Dual Custody Y ___ N ___
Optional: Disability Information Does the child have a disability? Y ___ N ___ If yes, diagnosis, date and source. _____ Does Parents or Siblings Y ___ N ___ Type _____ Whom _____ Diagnosis _____	Optional: Any specific family need or crisis Y ___ N ___ If yes describe Example: abuse, family terminal illness, custody problems, substance abuse, incarcerated parent, living in shelter, parent with disability.
Recruitment Information: How did you hear about this Head Start: Newspaper, TV, Brochure Files other	Optional: Are you a teen parent Y ___ N ___ (were you a teen parent to enrolling child?) If yes age of conception?

Transportation

Transportation Needed? Y ___ N ___ If yes Pick up address: Drop off address: Brief direction to house include color
Circle days of week he/she will need to be picked up or drop off at child care. Pick up: Mon ___ Tue ___ Wed ___ Thurs ___ All ___ Drop off: Mon ___ Tue ___ Wed ___ Thurs ___ All ___

From:

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Applicant's Name _____

Family Income Information: List by family member (Twice a month, times by 24=Annual income, Monthly, times by 12 = Annual income, Weekly times by 52=Annual income, every 2 weeks, times by 26 = Annual income)

Family Member	Income Amount	Per: Hour Week or month	Times by: 12 24 26 or 52	Income source: Job, SRS, SSI, child support etc
Family Income Total				

Does anyone in your family receive SSI Benefits Y ___ N ___ If yes please provide letter as proof of income
 Does anyone in your family receive TANF (cash assistance) Y ___ N ___ If yes, please provide a printout of services
 Are you homeless? Y ___ N ___ Homeless children automatically eligible definition from McKinney-Vento Homeless Assistance Act:
 The term homeless children and youth means individual who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a) (1); and

- (i) This includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103 (a) (2) (C)).
- (iii) Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;

Medical Information

Does your child have medical insurance Y ___ N ___	Medical Card # :	Will you need assistance obtaining physical and/or Dental requirements for the program? Y ___ N ___
Medical Insurance type:	Insurance #:	
Physician's Name	Address:	Phone:
Dentist's Name	Address:	Phone:
Medical concerns:	Allergic Reactions:	Medications:
Do you Receive WIC? Y ___ N ___		

Emergency Contact/Release Child to:

Name:	Address:	Phone:	Cell Phone	Relationship to Child

Household Members: Please turn over paper for additional family members Names: List Adults First	Birthdays	Relationship to child	Place of Employment

Certification: I certify that this information is true, if any part is false, my participation in the agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strictest confidence with in the agency and accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____