



Bishop Indian Head Start Enrollment Checklist

405 N. Barlow Lane
Bishop, CA 93514
760-872-3911



Thank you for your interest in the Bishop Indian Head Start Preschool program!

- Please give your contact information to the Front Desk Receptionist.
- Susie Cisneros, BIHS Director will call you to schedule a pre-enrollment Interview appointment.

If possible, please gather the following information to assist in the pre-enrollment process:

- Birth Certificate(s) of the child enrolling and ALL of the siblings living in the home under 18 years of age.
- Proof of Residency (Current Utility Bill)
- Proof of tribal enrollment, parent(s) and child enrolling.
- Immunization Card (shot records) of the child enrolling
- Insurance Information
- Proof of income for a full month (prior month or past 12 months)
 - The income verification is for the parent(s), guardian(s), and or caregiver(s) living in the home; responsible for the financial care and well-being of the child enrolling
- Please note a physical/hearing and vision screening/dental screening/lead screening/and TB screening is **recommended** prior to the first day of school by BIHS. Medical /Dental forms will be provided by Bishop Indian Head Start. **It is a Federal Head Start Requirement that all screenings listed will need to be completed within 45 days of the first day of school. If the child does not receive the required medical screenings within the required 45 days then your child will not be able to participate until their physical is completed. BIHS will assist your family in this process.** Your Health and Disabilities Manager contact is *Amanda Miloradich*.

PLEASE REMOVE THIS TOP PAPER BEFORE TURNING IN YOUR PACKET!

Core Objectives of Head Start

Enhance children's growth and development

Strengthen families as the primary nurturers of their children

Provide children with educational, health and nutritional services

Link children and families to needed community services

Ensure well-managed programs that involve parents in decision-making



Bishop Indian Head Start Enrollment Form
 405 N. Barlow Lane
 Bishop, CA 93514
 Telephone (760)872-3911 Fax: (760)872-4857



Date Received: _____ **BIHS Staff Signature:** _____

Child Information:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____ - ____ - ____ Age: _____ Gender: Female _____ Male _____

Individual Education Plan Yes No Medical Alert: Yes No : _____

- Are you a member of the Bishop Paiute Tribe? Yes No
- Are you the spouse of a Bishop Paiute Tribal member? Yes No
- Are you a member of another federally recognized or non-federally recognized Indian tribe or band? Yes No
- If yes, give the name of tribal affiliation and roll number (provide proof of enrollment) Yes No

TANF: Yes No Receiving SNAP: Yes No WIC: Yes No

Home Address: _____

Street City State Zip Code

Mailing Address: _____

Street City State Zip Code

Home Phone: _____ Primary Cell Phone _____

Can we send you text messages? Yes/No

Email: _____

Child's Race/Ethnicity (circle one):

American Indian/Alaska Native Hispanic/Latino Black/African American White

Asian Hawaiian or other Pacific Islander Biracial/Multiracial other: _____

Primary Language Spoken: English _____ Spanish _____ Other _____

English Speaking Ability: Very Well _____ Well _____ Not Well _____ Not at All _____

Child Insurance Provider:

Does your Family have Health insurance? Yes No Does your family have a Dental home? Yes No
 Does your family have a Medical home? Yes No Does your family have a Wellness home? Yes No

Do you need help finding a Dental, Medical Home and or overall Wellness home? Yes/No

Primary Health Coverage: _____

Other Health Coverage: _____

Insurance Numbers: _____

Primary Dental Coverage: _____

(Primary) Parent/Guardian Information (Living in the home of enrolled child)

Name:

First Name

MI

Last Name

Relationship to Child: Mother Father Step-Parent Grandparent Other Relative _____

Date of Birth: _____ - _____ - _____ Gender: Female _____ Male _____

Custody of Child: Yes No Lives with Family: Yes No Provides Financial Support: Yes No

Teen Parent: **Yes/No**

- Are you a member of the Bishop Paiute Tribe? Yes No
- Are you the spouse of a Bishop Paiute Tribal member? Yes No
- Are you a member of another federally recognized or non-federally recognized Indian tribe or band? Yes No
- If yes, give the name of tribal affiliation and roll number (provide proof of enrollment)

Phone of Parent/Guardian: _____ Email: _____

Parent's Race/Ethnicity (circle one):

American Indian/Alaska Native Hispanic/Latino Black/African American White

Asian Hawaiian or other Pacific Islander Biracial/Multiracial Other: _____

English Proficiency: Little Moderate None Proficient - Other Language: _____

Parent/guardian's highest level of education completed: (check one)

Less than 12th grade ___ High School Diploma ___ GED ___ Some College ___ AA Degree ___ in ___
Bachelor Degree ___ in ___ Master Degree ___ in ___ Certificates (explain) _____

Parent/guardian employed or in school:

- ___ Employed AND in school/training
- ___ In School/Training
- ___ Employed
- ___ Not employed or in school/training

Active Military: Yes/No Military Veteran: Yes/No

Comments related to Education or Work History:

Secondary Parent/Guardian Information (complete only if there is a second adult in the home who contributes to the care and financial support of the child)

Name:

First Name

MI

Last Name

Relationship to Child: Mother Father Step-Parent Grandparent Other Relative _____

Date of Birth: _____ - _____ - _____ Gender: Female _____ Male _____

Custody of Child: **Yes/No** Lives with Family: **Yes/No** Provides Financial Support: **Yes/No**

Teen Parent: **Yes/No**

- Are you a member of the Bishop Paiute Tribe? **Yes** **No**
- Are you the spouse of a Bishop Paiute Tribal member? **Yes** **No**
- Are you a member of another federally recognized or non-federally recognized Indian tribe or band? **Yes** **No**
- If yes, give the name of tribal affiliation and roll number (provide proof of enrollment)

Phone of Secondary Parent/Guardian: _____ Email: _____

(If different from primary)

Race/Ethnicity (circle one):

American Indian/Alaska Native Hispanic/Latino Black/African American White Asian

Hawaiian or other Pacific Islander Biracial/Multiracial Other: _____

English Proficiency: Little Moderate None Proficient - Other Language: _____

Secondary Parent/Guardian's highest level of education completed: (check one)

Less than 12th grade ___ High School Diploma ___ GED ___ Some College ___ AA Degree ___ in ___
Bachelor Degree ___ in ___ Master Degree ___ in ___ Certificates (explain) _____

Parent/guardian employed or in school:

- ___ Employed and in school/training
- ___ In School/Training
- ___ Employed
- ___ Not employed or in school/training

Active Military: Yes/No Military Veteran: Yes/No

Comments related to Education or Work History:

Family Type (circle one):

Foster Kinship Two Parent Family Single Parent Family(mother) Single Parent Family(father)

Other: _____

Family Size:

_____ Total Number of Adults living in Household related to child applying

_____ Total Number of Children living in the Household related to child applying

List names, age and birth dates of children living in household and related to child applying:

Name: _____ Age: _____ Birth Date _____

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Name: _____ Age: _____ Birth Date _____

How did you hear about Bishop Indian Head Start?

Have you utilized our Bishop Indian Head Start Webpage or the Bishop Paiute Tribal Webpage?

Is there anything else we can assist you or your family with today?

Is there anything else you would like to share?

Income Verification to be filled out by ERSEA Manager/Director (Circle all that apply):

1040 Tax Statement	W-2 Statement	Pay Check Stubs	TANF
Child Support	Unemployment	SSI	Foster Child Document
Other:			

TOTAL Annual Income: _____ Family Size Determination: _____

Family is Categorically Eligible Yes No

I certify that the information provided in this application is accurate and truthful to the best of my knowledge. I give Bishop Indian Head Start permission to verify any/all information to this form.

Parent/Guardian Signature: _____ Date: _____

Verifying Staff Signature: _____ Date: _____

_____ 3-year old program _____ 4-year old program

Date Placed on Waiting List: _____ Applicant Informed on: _____

Select Reason for placement on the waitlist (Check all that apply):	√
Age Eligibility (Must be 3 by September 1)	
Over Income by Federal poverty guidelines and no Over Income Enrollment Opportunity Slots Available	
No Current Year Enrollment Opportunity Slots Available	

Pre-enrollment Interview Conducted by: _____ on: _____

Director Signature: _____ Date: _____