



BISHOP INDIAN HEAD START ENROLLMENT CHECKLIST
405 N. BARLOW LANE
BISHOP, CA 93514
760-872-3911



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

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

- Please give your contact information to the Front Desk Receptionist.
- The Program ERSEA/PFCE Specialist will contact you. She will call you to make an appointment to answer all your questions and assist you in filling out the Head Start Enrollment Forms.

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

- ❖ Birth Certificate (s) of all siblings living in the home under 18 years of age. Shot records with birth date, proof of birth from hospital will work too.
- ❖ Social Security Card of the 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)
Please note: 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.



BISHOP INDIAN HEAD START ENROLLMENT FORM
405 N. BARLOW LANE
BISHOP, CA 93514
TELEPHONE (760)937-6735 FAX: (760)872-4857



Date: _____

Received by BIHS Staff on: _____

Child Information:

Name:

First Name _____	MI _____	Last Name _____
Preferred/nickname: _____		

Date of Birth: _____ - _____ - _____ Age: _____ Medical Alert: _____

Gender: _____ Male _____ Female Individual Education Plan? _____

Address:

Street _____	City _____	State _____	Zip Code _____
Is this address a (mark all that apply): _____ Living _____ Mailing _____ other (specify) _____			

Telephone: _____ Message or Work Phone _____

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

If Yes, please list Name of Health and Dental Home: _____

Primary Physician Name: _____
 Primary Dentist Name: _____
 ID
 Numbers: _____

Do you need help finding a Dental or Medical Home? Yes No

Do you have any health, dental or mental health concerns for your child? Yes No

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

Name: _____

First Name

MI

Last Name

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

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: _____

Primary Caregiver Relationship to child (check one): _____ Mother _____ Father _____ Foster
_____ Legal Guardian/Unrelated _____ Legal Guardian/Related _____ Grandparent
_____ Other(explain) _____**Parent/guardian's highest level of education completed: (check one)**_____ GED _____ 12th grade _____ some college _____ College graduate _____ 11th grade
_____ 10th grade _____ 9th grade _____ 6th-8th grade _____ less than 6th grade
_____ Bachelor Degree _____ Master Degree _____ Certificates (explain) _____**Parent/guardian employed or in school:**_____ Employed AND in school/training
_____ In School/Training
_____ Employed
_____ Not employed or in school

If employed, place of work: _____

Usual days/hours worked: _____

Child Care Services***Is ANY Child Care used for child?***

Yes No

Do you need Child Care in order to maintain employment?

Yes No

If yes, is Child Care subsidized?

Yes No

In the absence of child care, would you be eligible for public assistance?

Yes No

If day care is used for child, please complete information about providers(s), mark all that apply:

_____ Older sibling under age 12
_____ Child Care Center/Daycare Center
_____ Older sibling age 12 or over
_____ Still need to locate
_____ Relative
_____ Adult non-relative **not in** child's home
_____ Adult non-relative but in child's home
_____ Other

Secondary Parent/Guardian (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

Race/Ethnicity (circle one):

American Indian/Alaska Native

Hispanic/Latino

Black/African American

White

Asian

Hawaiian or other Pacific Islander

Biracial/Multiracial

Other: _____

Relationship of secondary caregiver to child: ___ Mother ___ Father ___ Foster

___ Legal Guardian/Unrelated ___ Legal Guardian/Related ___ Grandparent

___ Other(explain) _____

___ Lives in household with parent/partner/no legal relationship to child

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

___ GED ___ 12th grade ___ some college ___ College graduate ___ 11th grade

___ 10th grade ___ 9th grade ___ 6th-8th grade ___ less than 6th grade

___ Bachelor Degree ___ Master Degree ___ Certificates (explain) _____

Parent/guardian employed or in school:

___ Employed AND in school/training

___ In School/Training

___ Employed

___ Not employed or in school

If employed, place of work: _____

Usual days/hours worked: _____

Relative (s):

Name & Address of a relative/friend (not living in household):

Name _____ Relationship: _____

Address: _____

Phone: _____ Work Phone: _____

Name _____ Relationship: _____

Address: _____

Phone: _____ Work Phone: _____

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 _____

Name: _____ Age: _____ Birth Date _____

Name: _____ Age: _____ Birth Date _____

Name: _____ Age: _____ Birth Date _____

Name: _____ Age: _____ Birth Date _____

Family Type:

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

___ Single Parent Family(father) ___ Other: _____

Income Verification to be filled out by ERSEA Manager (Check 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: _____

Director Signature: _____ Date: _____

Date Accepted for Enrollment: _____ Program Year: _____

3-year old program 4-year old program

Waiting List-Selection and Enrollment begins May 1-June 1

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 and State current year poverty guidelines	
Over Income by Federal poverty guidelines and no Over Income Enrollment Opportunity Slots Available	
No Current Year Enrollment Opportunity Slots Available	

Comments: