



## 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 fill out application using the fillable boxes and email it to: [paige.sills@bishoppaiute.org](mailto:paige.sills@bishoppaiute.org) using the subject line RE: BIHS Application [Child Name]
- Paige Sills, BIHS Family Advocate will call you to schedule a pre-enrollment phone interview.

If possible, to assist in the pre-enrollment process, please gather the following information, then scan and email it to the email [paige.sills@bishoppaiute.org](mailto:paige.sills@bishoppaiute.org) using the subject line RE: BIHS Application [Child Name]

- Birth Certificate(s) of the child enrolling, including all 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 prior 3 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**.

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) 582-4291



<b>Date Received:</b>		<b>BIHS Staff Signature:</b>	
<b>Child Information:</b>			
First Name:	Middle Name:	Last Name:	
Date of Birth: - -	Age:	Gender: Female	Male
Individual Education Plan <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Medical Alert: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> : _____			
<ul style="list-style-type: none"> <li>▪ Is the child a member of the Bishop Paiute Tribe? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>▪ Is this child's parent (s) or guardian(s) a Bishop Paiute Tribal member? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>▪ Is this child, parent (s) / guardian (s) a member of a federally recognized or non-federally recognized Indian tribe or band? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>▪ If yes, give the name of tribal affiliation and roll number (provide proof of enrollment)</li> <li>▪ _____</li> </ul>			
TANF: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Receiving SNAP: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> WIC: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
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? <b>Yes</b> <b>No</b>			
<b>Email:</b>			
<b>Child's Race/Ethnicity</b> (check 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 _____			
<b>Child Insurance Provider:</b>			
Does your Family have Health insurance? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
Does your family have a Dental home? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
Does your family have a Medical home? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
Does your family have a Wellness home? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>Do you need help finding a Dental, Medical Home and or overall Wellness home?</b> <b>Yes</b> <b>No</b>			
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 and Language (check 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 12<sup>th</sup> grade \_\_\_ High School Diploma \_\_\_ GED \_\_\_ Some College \_\_\_

AA Degree \_\_\_\_\_ in \_\_\_\_\_

Bachelor's 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

OtherRelative \_\_\_\_\_

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: \_\_\_\_\_

**Secondary Parent/Guardian Race/Ethnicity and Language (check 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 12<sup>th</sup> grade \_\_\_ High School Diploma \_\_\_ GED \_\_\_ Some College \_\_\_

AA Degree \_\_\_\_\_ in \_\_\_\_\_

Bachelor's 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 (check one):**

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

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 \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date \_\_\_\_\_

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?

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 documented on this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Bishop Indian Head Start Enrollment Staff Section

**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 Care Document
Other: _____			

TOTAL Annual Income: \_\_\_\_\_ Family Size Determination: \_\_\_\_\_

Family is Categorically Eligible      Yes      No

Family is Income Eligible              Yes      No

Child has been selected for program year: \_\_\_\_\_ (See file for supportive documents verifying enrollment).

Date Placed on Waiting List: \_\_\_\_\_ Applicant Informed on: \_\_\_\_\_

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

Pre-enrollment Interview Conducted by: \_\_\_\_\_ On: \_\_\_\_\_  
Print Name and Title

Data Entry Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ERSEA Manager/Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SCV 7/31/2019