



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.
- LaVaree Chavez is our ERSEA /PFCE Specialist. 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 the child enrolling and ALL of the siblings living in the home under 18 years of age.
- Proof of tribal enrollment, parent(s) and child enrolling.
- 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)
 - 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 by Staff: _____

BIHS Staff Signature: _____

Child Information:

Name: _____

First Name _____ MI _____ Last Name _____
 Preferred/nickname: _____ Social Security: ____ - ____ - _____

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

Gender: Female _____ Male _____ Individual Education Plan? _____

- Is your child enrolled or in the process of being enrolled in the Bishop Paiute Tribe: **Yes/No**
- Is your child a member of another federally recognized or non-federally recognized Indian tribe or band: **Yes**(name of tribe): _____ **No**
- Can you provide proof of enrollment: **Yes/No**

TANF: **Yes/No** Receiving SNAP: **Yes/No** WIC: **Yes/No** WIC ID: _____

Home Address:

Street _____ City _____ State _____ Zip Code _____
 (If different from home)

Mailing Address:

Street _____ City _____ State _____ Zip Code _____

Home Phone: _____ Primary Cell Phone _____

Can we send you text messages? Yes/No

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 Health Coverage: _____

Other Health Coverage: _____

Insurance Numbers: _____

Primary Dental Coverage: _____

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 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: _____

(If different from primary)

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)

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: _____

Work Phone: _____

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 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)

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: _____

Work phone: _____

Family Type (circle one):

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

Other: _____ Active Military: **Yes/No** Military Veteran: **Yes/No**

Relative (s):

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

Name _____ Relationship: _____

Address: _____

Phone: _____ Work Phone: _____

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 _____

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

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	

