

YUROK TRIBE Early Childhood Education Center

HEAD START/ EARLY HEAD START/ CHILD CARE APPLICATION

3400 Erie Street Eureka, CA 95501 (707)444-0433

Please check programs applying for: Prenatal Early Head Start (0-36 months) Head Start (3-5 yrs) *Child Care Center (1-5 yrs) Voucher Child Care(1-up to 12 yrs)
 Homebase Center *depending on site availability

Center applying for: **Klamath** **Ke'pel** **South District**

(Child Care Cycle: Oct. 1-Mar 31 & Apr. 1-Sept. 30)

CHILD INFORMATION:					
First Name Child's or Pre-natal Parent:	Last Name Child's or Pre-natal Parent:	Middle Name:	DOB:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
County of Birth:	Does you or your child have a documented disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <i>(Provide Documentation)</i>	Type of Medical Insurance:	Ethnicity: __ Yurok __ Descendant __ Other Native __ White __ Hispanic __ Other __ Enrollment number <i>(Provide tribal documentation)</i>		
Parent/ Guardian Name	Birthdate	How Related (Parent, Step, Foster, Guardian, Other)	Employment: ST-student PT-part time, FT-full time	Primary Language Spoken	Highest Education Level
Home Address:	City: State: Zip Code:		Home Phone# Work Phone# Cell Phone#		
Mailing Address:	City: State: Zip Code:		Message Phone# (Whose phone is this?)		
Family Structure (circle which describes your family): Single Parent Two Parent Foster Parent Other(explain)	Family Dwelling (Circle which applies to you): Own Rent Homeless Living with Family/ Friends		Do you use child care outside of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is your provider?		
Type of income receive: __ TANF __ SSI __ Employment __ Foster Care __ Other None	Number of people in family:	Number living in the home:	Number of children:	Number of children birth to three:	Number of children four to five:
Please provide an estimate of your gross annual income: \$ <i>(for child in foster/guardianship, child's income only is counted)</i>			How did you find out about our services?		
Documentation: To help us determine your family's eligibility, we need to know your current gross income or last year's income tax return. Early Head Start/ Head Start/ Child Care guidelines require that all income be verified at the time of applying. To meet this regulation, <u>you will need to submit proof of income using either:</u> income tax return, pay stubs, passport to services, or TANF written statement. Child Care also requires additional information/documentation from the following sources with this initial application: social security numbers, proof of current immunizations, proof of birth, proof of Employment or School enrollment for parent/guardian). All required documentation must be turned in with this application.					
I have read this application form and I certify that the above information, including income is, to the best of my knowledge, true and correct.					
Parent/ Guardian Signature:			Date:		

* The following documents must be turned in prior to Enrollment: Birth Certificate, Immunizations and Current Physical. A Physical form can be picked up at the site office.