



Ohkay Owingeh Head Start Pre-Enrollment Application 2020-2021 Program Year

Staff Use ONLY
Date Rec'd: _____
Staff Rec'd By: _____
 New Returning

The following documents will be required to process your application:

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|---|--|
| <input type="checkbox"/> Child's Birth Certificate | <input type="checkbox"/> Tribal Enrollment (If applicable) |
| <input type="checkbox"/> Proof of Income/or SSI /TANF | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Health Insurance Coverage |

If selected for enrollment, you will need to submit an up to date Well Child Check/Physical by the first day of school.

Child Applicant: Information about child applying

Child's Name: First, Middle, Last	Date of Birth:
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Child's Traditional Name:	
If applicable	Meaning/Translation:

Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic or Latino
Race: (check one)	<input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other:

If Native American: (check one)	<input type="checkbox"/> Enrolled Ohkay Owingeh Tribal Member <input type="checkbox"/> Enrolled in another Tribe: _____
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Primary Language: <i>Check One</i>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tewa <input type="checkbox"/> ASL <input type="checkbox"/> Other : _____
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Physical Address:	Street: _____	City: _____	Zip Code: _____
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Mailing Address	P.O Box: _____	City: _____	Zip Code: _____
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Health Insurance:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Military Health <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Other : _____
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Policy/Medical Record #:	
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Health:	Does your child have any of the following health issues? <input type="checkbox"/> Diabetes <input type="checkbox"/> Anemia <input type="checkbox"/> Asthma <input type="checkbox"/> Hearing <input type="checkbox"/> Overweight <input type="checkbox"/> Vision Problems <input type="checkbox"/> High Lead Levels <input type="checkbox"/> Other: _____
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Medical Home:	Does your child have a source of continuous medical care? <input type="checkbox"/> Yes, my child sees a doctor on a regular basis/annually. <input type="checkbox"/> No, my child does NOT see a doctor on regular basis.
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Dental Home:	Does your child have of continuous dental care? <input type="checkbox"/> Yes, my child sees a dentist on a regular basis/annually. <input type="checkbox"/> No, my child does NOT see a dentist on regular basis.
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Special Education Services:	Does your child have an IEP/IFSP? <input type="checkbox"/> NO <input type="checkbox"/> YES
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Elementary School Preference

Please choose one:	<input type="checkbox"/> Ohkay Owingeh Community School <input type="checkbox"/> San Juan Elementary School Alcalde <input type="checkbox"/> Hernandez <input type="checkbox"/> Espanola <input type="checkbox"/> Other : _____
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Contact Restriction	Is there any person who is legally forbidden from having contact with your child? <input type="checkbox"/> No <input type="checkbox"/> YES, Please list name: _____ relationship to child: _____
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Primary Parent/Gaurdian				Secondary Parent/Guardian Information			
Relationship to child				Relationship to child			
Parent/Guardian Name:	First	Middle	Last	Parent/Guardian Name:	First	Middle	Last
Main Phone Number:			Message	Main Phone Number:			Message
Physical Address:	Street	City		Physical Address:	Street	City	
		Zip Code				Zip Code	
Mailing Address:	P.O. Box	City		Mailing Address:	P.O. Box	City	
		Zip Code				Zip Code	
E-Mail Address				E-Mail Address			
Race/Ethnicity: Check One	<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____			Race/Ethnicity: Check one	<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____		
Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Tewa <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Tewa <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single			Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single		
Employment Status: Check One	Are you currently working?			Employment Status: Check One	Are you currently working?		
	<input type="checkbox"/> YES, employed		<input type="checkbox"/> NO		<input type="checkbox"/> YES, employed		<input type="checkbox"/> NO
	<input type="checkbox"/> Working Full Time		<input type="checkbox"/> Disabled		<input type="checkbox"/> Working Full Time		<input type="checkbox"/> Disabled
	<input type="checkbox"/> Working Part Time		<input type="checkbox"/> Unemployed		<input type="checkbox"/> Working Part Time		<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Seasonal Time		<input type="checkbox"/> Retired		<input type="checkbox"/> Seasonal Time		<input type="checkbox"/> Retired
Parent Education: Check One	Highest Grade Completed: _____ <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Advance or Bachelor Degree <input type="checkbox"/> Vocational School <input type="checkbox"/> Some College			Parent Education: Check One	Highest Grade Completed: _____ <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Advance or Bachelor Degree <input type="checkbox"/> Vocational School <input type="checkbox"/> Some College		
	Are you currently in school? <input type="checkbox"/> NO <input type="checkbox"/> YES, where _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If no, are you interested in going back? Which school are you planning to attend?				Are you currently in school? <input type="checkbox"/> NO <input type="checkbox"/> YES, where _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If no, are you interested in going back? Which school are you planning to attend?		
Child Care Subsidy:	Do you receive a child care subsidy/assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Child Care Subsidy:	Do you receive a child care subsidy/assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status	<input type="radio"/> Single Parent Family <input type="radio"/> Two Parent Family			Parental Status	<input type="radio"/> Single Parent Family <input type="radio"/> Two Parent Family		

PIR/Guardian Questionnaire

Federal or Other Assistance	1. Does your family receive any benefits or services under the Federal Temporary Assistance (TANF) program? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Does your family receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Does your family receive SNAP (formerly Food Stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Training/School	1. Are you in job training or school? <input type="checkbox"/> Yes, I am <input type="checkbox"/> No, I am not <input type="checkbox"/> Yes, both parents are <input type="checkbox"/> No, neither parent are
Military/Veteran	1. Is at least one parent/ guardian a member of the United States military or active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Is at least one parent/ guardian a veteran of the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No

How did you hear about the Ohkay Owingeh Head Start?	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Social Media <input type="checkbox"/> Poster/Flyer <input type="checkbox"/> I am a Community Member <input type="checkbox"/> Other: _____
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Parent/Guardian Certification		
<p>I certify the information in this pre-enrollment application and supporting documents I provided are accurate and truthful to the best of my knowledge. Providing falsified information is grounds for my child being denied enrollment and/or dropped from the program. I understand that my child's acceptance into Ohkay Owingeh Head Start program is based on my family's income eligibility status and selection criteria ranking which reflects my child's and family's needs.</p> <p><i>If my child is accepted into the program, I must return to the center to complete an enrollment packet and submit a current physical and dental examination form, along with forms to document any follow-up care received.</i></p> <p>My signature below certifies I have read and understand this information.</p>		
_____	_____	_____
Parent/Guardian Signature	Relationship to Child	Date