

Early Childhood Enrollment Application

KOOTASCA Head Start
1213 SE 2nd Ave • Grand Rapids, MN 55744
218.327.6718 • Fax 327-6733
2232 E 2nd Ave • International Falls, MN 56649
218.283.9491 • Fax 283-9855
www.kootasca.org

Invest Early Project
820 NW 1st Ave • Grand Rapids, MN 55744
218.327.5850 • Fax 327-5851
www.investearly.org


School Readiness / ECFE
ISD 316 Greenway Schools • 218-247-7306
ISD 317 Deer River Schools • 218-246-8860
ISD 318 Grand Rapids Schools • 218-327-5850
ISD 319 Nashauk-Keewatin • 218-885-1280; x52101

Thank you for your interest in our Early Childhood Programs.

Please remember, in completing this application, you are applying for
Head Start, Invest Early, School Readiness and Early Childhood Family Education.

Completing your application does not necessarily mean you have been accepted into any of these programs.

Please complete and return the following items:

1-2-3 Easy Steps	Name of Document to be Completed	Action Required
1.	Tennessee Warning	Read carefully, sign, date & return.
2.	Application for Enrollment	Print clearly, completely fill-in, use legal names, sign, date & return.
3.	Income Verification (<i>provide copies of all applicable income</i>) <ul style="list-style-type: none"> a) <input type="checkbox"/> Income Tax Return or W2 (<i>if you provide this, we do not need copies of pay stubs</i>). b) <input type="checkbox"/> Pay Stubs (<i>if you provide this, we do not need copies of your Tax Returns or W2</i>) c) <input type="checkbox"/> Award Letter from Social Security / Pension / SSI / Veteran's Benefits / Private Disability or Foster Care Adoption Subsidy d) <input type="checkbox"/> Unemployment print-out of payments. e) <input type="checkbox"/> Public Assistance print-out showing last 3 months of payments. f) <input type="checkbox"/> Child Support / Alimony/ Scholarship / Grants documentation. g) <input type="checkbox"/> Self Employment Income documentation. h) <input type="checkbox"/> No Financial Resources - provide a personal, written letter that is signed and dated from each adult who is supporting the applicant, stating they have no income. 	Return copies of all income sources from each Parent providing financial support for applicant. 
4.	Immunization Record for each applicant	This is required for children who received their immunizations Out-of-State.

Thank you for mailing or delivering your fully completed application to one of the addresses below:

Barb Foss barbf@kootasca.org	800.422.0312 218.327.6718 Fax 327.6733	KOOTASCA Head Start 1213 SE 2 nd Ave Grand Rapids MN 55744	Serving residents of KOOTASCA Head Start Region
Lauri Camilli lcamilli@isd318.org	218.327.5820 Fax 327.5851	Invest Early Project 820 NW 1 st Ave Grand Rapids MN 55744	Serving residents of Itasca County

After your application is processed, we will contact you. Our Application process takes 1-2 weeks. Thank you for applying.

Upon request, this information will be made available in alternate formats, such as Braille, audiotape, computer disk or large print.
KOOTASCA Community Action Inc. and the Invest Early Project are both Equal Opportunity Provider's and Employer's.

Tennesen Warning

Your Privacy Rights

This sheet tells you about your rights under the Minnesota Government Data Practices Act ("the Act"). This Act protects your privacy, but also lets us give information about you to others if a law requires it AND we tell you before we do it. The information below tells why and when we will ask for and give information about you. Under the Act, information about individuals is divided into four categories.

What kind of information do we collect?

- Public Information: Information about you that is available to anyone.
- Private Data: Information about you that can be shared only if you give us your permission or if a law allows or requires us to share the information.
- Confidential Information: Information about you that cannot be shared about you.
- Summary Information: Information about you that does NOT identify you personally, which may be shared with others, generally for reporting purposes.

Generally, we only ask for two types of information from you, public and private information. We use summary information for reports but it does not identify you or anyone else by name or other identifying information.

Why do we ask you for this information?

We ask this information so we can:

- Enroll your child in an Early Childhood Education Program.
- Tell you apart from other persons with the same or similar name.
- Decide if you can receive services from us, and what or how much you can receive.
- Help you obtain financial or social services from other agencies or companies.
- Make reports, do research, audits and evaluate our programs.
- Collect money from the government for help we give you.

Do you have to answer the questions we ask? What will happen if you do not answer the questions we ask?

Generally, you do not have to give us information. However, if you do not provide us the information, we may not be able to determine whether we can help you, or get help for you from other agencies.

With whom may we share the information about you?

We may give information about you to the following agencies, if they need it to help you or help us help you. This does not mean we always share information about you with these people. It only says that there is a law that says we may share data with these people (sometimes the law says we MUST share certain information). If you have questions about when we give agencies information, please call the Early Childhood Education Program.

These are the agencies we may share information with:

The Minnesota Department of Education, and the school district where your child will be enrolled, other State or Federal agencies who provide program funding (State or local welfare agencies, community organizations, local, State, public and private human services agencies, the Minnesota Department of Jobs and Training, the United States Department of Labor, the United States Department of Health and Human Services, and local educational programs, etc.

You have the right to copies of information we have about you.

- You may ask if we have any information about you.
- If we have information about you, you may ask for copies.
- You may give other people permission to see and have copies of private data about you.
- If you do not understand the information, you may ask to have it explained to you.
- You may ask for and receive a copy of the agency's Data practices policy.

How do you appeal if you think information is not accurate or complete?

Call the **Invest Early Project 218-327-5850**. Your object may also be in writing and sent to **820 NW 1st Avenue, Grand Rapids MN 55744**. If applying strictly for **Head Start** call the **KOOTASCA office at 218-327-6718**. Your objection may also be in writing and sent to **1213 SE 2nd Avenue, Grand Rapids, MN 55744**. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, please call the Invest Early Project office.

If you have any questions about the information on this form, please call the Early Childhood Education Program listed above.

Student Applicant Last Name

Student Applicant First Name

Student Middle Name

Parent / Guardian Signature

Date

Early Childhood Programs • Student Application for Enrollment

KOOTASCA Head Start / Invest Early Project / School Readiness / ECCE

Date App Rec'd _____ Age by Sept 1 _____ yrs _____ mo <- Office Use only -> IRScore _____ RFScore _____
 TAPP Only Early Head Start Head Start Invest Early 0-3 Invest Early PS Annual Gross Income Verified by _____ Date _____

STUDENT APPLICANT INFORMATION

<u>Student Applicant Last Name</u>		<u>Student Applicant First Name</u>		<u>Middle Name</u>	Suffix <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> _____	<u>Student Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Mother's First Name</u>		
<u>Student Street Address</u>		<u>P.O. Box</u>	<u>City</u>	<u>County</u>	<u>State</u> MN	<u>Zip Code</u>
<u>Student Date of Birth</u>	<u>Student Social Security #</u>	<u>Is Student a US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Student has a Disability?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Student Language</u> 1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English		<u>Student Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> HMO <input type="checkbox"/> None
<u>Mom/Guardian Home/Cell #</u> <u>Mom/Guardian Work #</u>			<u>Dad/Guardian Home/Cell #</u> <u>Dad/Guardian Work #</u>			
<u>Additional Contact Person Name</u>		<u>Phone Number</u>		<u>Relationship to Student Applicant</u>		
<u>Student Applicant Concerns (please place an "x" by ALL concerns)</u> <input type="checkbox"/> Premature/Low Birth Weight <input type="checkbox"/> High Risk Pregnancy <input type="checkbox"/> Birth Defects/Chronic Illness <input type="checkbox"/> Medical <input type="checkbox"/> Speech/Language <input type="checkbox"/> Behavior <input type="checkbox"/> Separation Anxiety <input type="checkbox"/> Child with no Group Experience <input type="checkbox"/> Development Concerns <input type="checkbox"/> Other _____						

HEAD OF FAMILY INFORMATION (HOF)

<u>HOF Last Name</u>		<u>HOF First Name</u>		<u>Middle Name</u>	Suffix <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> _____	<u>HOF Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Mother's First Name</u>			
<u>HOF Relationship to Student Applicant</u> <input type="checkbox"/> Mom/Guardian <input type="checkbox"/> Dad/Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____		<u>HOF Marital Status</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<u>HOF Vet Status</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>HOF Housing Type</u> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Shelter <input type="checkbox"/> Living with Extended Family	
				<u>HOF Family Type</u> <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Foster <input type="checkbox"/> Grandparent/Child <input type="checkbox"/> Non-Custodial Care Giver			
<u>HOF Date of Birth</u>	<u>HOF Social Security #</u>	<u>US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disability?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>HOF Highest Level of Education</u> <input type="checkbox"/> If less than a high school diploma. Highest grade completed _____ <input type="checkbox"/> High school/GED		<u>HOF Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> HMO <input type="checkbox"/> None	
				<u>Trade school or some college</u> <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Graduate or professional degree			
<u>HOF Average Weekly Work Hrs</u>	<u>HOF Language</u> 1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English			<u>HOF Email Address</u>			

Family Concerns (please place an "x" by ALL concerns)
 English is not primary language Medical/Health Issues Living with extended family Adult Disability History of Chemical Abuse
 Recent Divorce/Loss Homeless/Transitional Transportation Unemployment Teen Parent Parent absent for extended period

ADDITIONAL FAMILY MEMBERS DEMOGRAPHICS

<u>Additional Family Last Name</u>		<u>Additional Family First Name</u>		<u>Middle Name</u>	Suffix <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> _____	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Mother's First Name</u>			
<u>Relationship to Head of Family (HOF)</u> <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____		<u>Marital Status</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<u>Vet Status</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Additional Family Member Language</u> 1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English	
				<u>Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> HMO <input type="checkbox"/> None			
<u>Date of Birth</u>	<u>Social Security #</u>	<u>US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disability?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Highest Level of Education</u> <input type="checkbox"/> If less than a high school diploma. Highest grade completed _____ <input type="checkbox"/> High school/GED		<u>Average Weekly Work Hrs</u>	
				<u>Trade school or some college</u> <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate or professional degree			

Please insert Additional Family Members on Back. Thank you.

I certify there are (1 2 3 4 Other_____) members of my household dependent upon the income I submitted.

I certify the above information is true and correct and that Early Childhood staff may verify the information.

Parent / Guardian Signature

Date

ADDITIONAL FAMILY MEMBERS DEMOGRAPHICS

<u>Additional Family Last Name</u>		<u>Additional Family First Name</u> <input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Middle Name</u>	<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> _____	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
				<u>Mother's First Name</u>			
<u>Relationship to Head of Family (HOF)</u> <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____		<u>Marital Status</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<u>Vet Status</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Additional Family Member Language</u> 1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English	
						<u>Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> HMO <input type="checkbox"/> None	
<u>Date of Birth</u>	<u>Social Security #</u>	<u>US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disability?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Highest Level of Education</u> <input type="checkbox"/> If less than a high school diploma. Highest grade completed _____ <input type="checkbox"/> High school/GED		<input type="checkbox"/> Trade school or some college <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate or professional degree	
						<u>Average Weekly Work Hrs</u>	

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<u>Additional Family Last Name</u>		<u>Additional Family First Name</u> <input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Middle Name</u>	<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> _____	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
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<u>Relationship to Head of Family (HOF)</u> <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____		<u>Marital Status</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<u>Vet Status</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Additional Family Member Language</u> 1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English	
						<u>Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> HMO <input type="checkbox"/> None	
<u>Date of Birth</u>	<u>Social Security #</u>	<u>US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disability?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Highest Level of Education</u> <input type="checkbox"/> If less than a high school diploma. Highest grade completed _____ <input type="checkbox"/> High school/GED		<input type="checkbox"/> Trade school or some college <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate or professional degree	
						<u>Average Weekly Work Hrs</u>	

ADDITIONAL FAMILY MEMBERS DEMOGRAPHICS

<u>Additional Family Last Name</u>		<u>Additional Family First Name</u> <input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Middle Name</u>	<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> _____	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
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<u>Relationship to Head of Family (HOF)</u> <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____		<u>Marital Status</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<u>Vet Status</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Additional Family Member Language</u> 1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English	
						<u>Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> HMO <input type="checkbox"/> None	
<u>Date of Birth</u>	<u>Social Security #</u>	<u>US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disability?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Highest Level of Education</u> <input type="checkbox"/> If less than a high school diploma. Highest grade completed _____ <input type="checkbox"/> High school/GED		<input type="checkbox"/> Trade school or some college <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate or professional degree	
						<u>Average Weekly Work Hrs</u>	

ADDITIONAL FAMILY MEMBERS DEMOGRAPHICS

<u>Additional Family Last Name</u>		<u>Additional Family First Name</u> <input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Middle Name</u>	<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> _____	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
				<u>Mother's First Name</u>			
<u>Relationship to Head of Family (HOF)</u> <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____		<u>Marital Status</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<u>Vet Status</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Additional Family Member Language</u> 1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English	
						<u>Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> HMO <input type="checkbox"/> None	
<u>Date of Birth</u>	<u>Social Security #</u>	<u>US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disability?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Highest Level of Education</u> <input type="checkbox"/> If less than a high school diploma. Highest grade completed _____ <input type="checkbox"/> High school/GED		<input type="checkbox"/> Trade school or some college <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate or professional degree	
						<u>Average Weekly Work Hrs</u>	