Early Childhood Enrollment Application

KOOTASCA Head Start
201 NW 4th St; Suite 130 · Grand Rapids, MN 55744
218.999.0814 · Fax 999-0842

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
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 · Nashwauk-Keewatin School 885.1280 x52101
ISD 363 · Northome 218.897.5275 x152

Thank you for your interest in our Early Childhood Programs.

Please remember, in completing this application, you are applying for all the above programs.
Completing your application does not necessarily mean you have been accepted into any of these programs.

Please complete and return the following items:

Steps	Name of Document to be Completed	Action Required
1.	**Tennessen Warning**	Read carefully, sign, date & return.
2.	**Application for Enrollment**	Print clearly, completely fill-in, use legal names, sign, date & return.
3.	**Income Verification** (*An interview with parent(s) will be conducted*) a) □ **Public Assistance** – provide statement showing cash payments. b) □ **Foster Care** – provide placement letter. c) □ **Supplemental Security Income (SSI)** – provide award letter. d) □ **Homeless** – provide a personal, written letter that is signed and dated. STOP here if any item above (A thru D) is true. Child automatically qualifies for enrollment and will be placed in a classroom when an opening becomes available. e) □ **2019 Income Tax Form** (1-page showing adjusted gross income, OR W-2). f) □ **Pay Stub copies** – provide for last 3 months. g) □ **Unemployment Statement.** h) □ **Child Support / Spousal Support / College Scholarship or Grants** provide documentation. i) □ **Pension / Veteran's Benefits / Private Disability / Social Security** (other than SSI) – provide Award Letter. j) □ **Self Employment** - provide documentation. k) □ **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.	Provide proof of either A thru D; or applicable items E thru K. Parent Aware *After your application is processed, we will contact you. Our Application process can take up to 45 days, or more. Thank you for applying.*
4.	**Physical & Dental Examinations**	If your child receives a slot in our program, current exams will be required.
5.	**Birth Certificate for each applicant**	If your child receives a slot in our program a copy of their birth certificate will be required.
6.	**Early Childhood Screening** (*required for children 3 & older*)	If your child receives a slot in our program an Early Childhood Screening will be required. If one has been completed, please provide a copy.

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

Head Start Enrollment HeadStartAdmin@kootasca.org	877.687.1163 218.999.0800 Fax 999.0842	KOOTASCA Head Start 201 NW 4th St, Suite 130 Grand Rapids MN 55744	Serving residents of KOOTASCA Head Start Region
Invest Early Enrollment investearly@isd6070.org	218.327.5850 Fax 327.5851	Invest Early Project 820 NW 1st Ave Grand Rapids MN 55744	Serving residents of Itasca County

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

Tennessen 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.

Who else may see this information?

A third-party entity will evaluate the effectiveness of the ECE Scholarships program for the Minnesota Department of Education. That entity is bound by Minnesota's data practices and privacy laws and may not share your data with any other private entities but will share its evaluation with the Minnesota Department of Education. We may also give the data you have provided to the Legislative Auditor, the Minnesota Department of Human Services and any law enforcement agency or other agency with the legal authority to access the information, and anyone authorized by a court order.

How else may this information be used?

We can use or release this information only as stated in this notice unless you give us your written permission to release the information for another purpose or to release it to another individual or entity. The information may also be used for another purpose should the United States Congress or the Minnesota Legislature pass a law allowing or requiring us to release the information or to use it for another purpose.

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 long will my data be kept?

Your data will be maintained for up to nine years.

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

Call the ***Invest Early Project 218-327-5850***. Your objection 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 218-999-0814.*** Your objection may also be in writing and sent to ***201 NW 4th Street; Suite 130, 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*

Please SIGN & DATE

Early Childhood • **Enrollment Application**

❑FC ❑Homeless ❑MFIP ❑SSI

Date App Rec'd_____ Age by Sept 1_____yrs _____mo | ← Office Use only → → | IRScore_____ RFScore_____ | Annual Gross Income Verified By_____ Date_____

STUDENT APPLICANT INFORMATION

Student Applicant Last Name	Student Applicant First Name	Middle Name / Mom's 1st Name	Suffix / Dad's 1st Name	Student Race
	❑Male ❑Female		❑Jr ❑Sr ❑___	❑ White ❑ Black ❑ American Indian/Alaskan ❑ Asian ❑ Hispanic ❑Hawaiian/Pacific Islander

Student Street Address	P.O. Box	City	County	State	Zip Code
				MN	

Student Date of Birth	Is Student a US Citizen?	Student has a Disability?	Student Language	Student Health Insurance Type
	❑Yes ❑ No	❑Yes ❑ No	1st Language - ❑English ❑Other_____ 2nd Language - ❑Other_____ ❑English	❑MA-IM Care/MN Care ❑Medicare ❑HMO ❑Indian Health ❑Private ❑None

Does Student have an IEP? ❑Yes ❑No | Does Student receive mental health services? ❑Yes ❑ No

Female Guardian Name:	Home/Cell # / Work/Alternate #	Male Guardian Name:	Home/Cell # / Work/Alternate #

Opt in for text messages? ❑Yes ❑ No Cell #

Additional Contact Person Name	Phone Number	Relationship to Student Applicant

Student Applicant Concerns (please place an "x" by ALL concerns)

❑Premature/Low Birth Weight ❑High Risk Pregnancy ❑Birth Defects/Chronic Illness ❑Medical ❑Speech/Language ❑Behavior
❑Separation Anxiety ❑Child with no Group Experience ❑Development Concerns ❑Other_____

HEAD OF FAMILY INFORMATION (HOF)

HOF Last Name	HOF First Name	Middle Name / Maiden Name	Suffix	HOF Race
	❑Male ❑Female		❑Jr ❑Sr ❑___	❑ White ❑ Black ❑American Indian/Alaskan ❑Asian ❑ Hispanic ❑Hawaiian/Pacific Islander

HOF Relationship to Student Applicant	HOF Marital Status	HOF Vet Status	HOF Housing Type	HOF Family Type
❑Mom ❑Dad ❑Foster Parent ❑Guardian ❑Other Relative ❑Other _____	❑Single ❑Married ❑Separated ❑Widowed ❑Divorced ❑Living Together ❑Never Married	❑Yes ❑No ❑Active Duty	❑Own ❑Rent ❑Homeless ❑Shelter ❑Living with Extended Family	❑Single Person ❑Single Parent/Female ❑Single Parent/Male ❑Two Parent Household ❑Foster ❑Grandparent/Child ❑Non-Custodial Care Giver

HOF Date of Birth	Last 4 Digits of Social Security #	US Citizen?	Disability?	Highest Level of Education	Student Health Insurance Type
		❑ Yes ❑ No	❑ Yes ❑ No	❑ If less than high school diploma highest grade completed _____ ❑ High School Diploma ❑ GED ❑ Some College but no Degree ❑ Trade School ❑ Associate degree ❑ Bachelor's Degree ❑ Master's Degree ❑ Doctoral Degree Degree Currently Pursuing:_____	❑MA-IM Care/MN Care ❑Medicare ❑HMO ❑Indian Health ❑Private ❑None

HOF Employment	HOF Language	Does Family Receive CCAP Funds? (Child Care Assistance Program thru Itasca County)	HOF Email Address
❑ Full Time Average Weekly Hr_____ ❑ Part-Time Average Weekly Hr_____ ❑ Unemployed, Seeking Employment ❑ Unemployed, NOT Seeking Employment ❑ Retired	1st Language ❑English ❑Other_____ 2nd Language ❑Other_____ ❑English	❑Yes ❑ No	Opt in for email messages? ❑Yes ❑ No Email_____

Family Concerns (please place an "x" by ALL concerns)

❑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 ❑Other_____

ADDITIONAL HOUSEHOLD MEMBERS DEMOGRAPHICS

Last Name	First Name	Middle Name / Maiden Name	Suffix	Race
	❑Male ❑Female		❑Jr ❑Sr ❑___	❑ White ❑ Black ❑American Indian/Alaskan ❑Asian ❑ Hispanic ❑Hawaiian/Pacific Islander

Relationship to Student Applicant	Marital Status	Vet Status	Language	Health Insurance Type
❑Mom ❑Dad ❑Foster Parent ❑Guardian ❑Other Relative ❑Sibling ❑Other _____	❑Single ❑Married ❑Separated ❑Widowed ❑Divorced ❑Living Together ❑Never Married	❑Yes ❑No ❑Active Duty	1st Language ❑English ❑Other___ 2nd Language ❑Other_____ ❑English	❑MA-IM Care/MN Care ❑Medicare ❑HMO ❑Indian Health ❑Private ❑None

Date of Birth	US Citizen?	Disability?	Highest Level of Education	Employment
	❑ Yes ❑ No	❑ Yes ❑ No	❑ If less than high school diploma highest grade completed _____ ❑ High School Diploma ❑ GED ❑ Some College but no Degree ❑ Trade School ❑ Associate degree ❑ Bachelor's Degree ❑ Master's Degree ❑ Doctoral Degree Degree Currently Pursuing:_____	❑ Full Time Average Weekly Hr_____ ❑ Part-Time Average Weekly Hr_____ ❑ Unemployed, Seeking Employment ❑ Unemployed, NOT Seeking Employment ❑ Retired

Please SIGN & DATE

I certify there are a total of _____ members of my household dependent upon the income I submitted and that the above information is true and correct and that Early Childhood staff may verify the information.

Parent / Guardian Signature	Date

ADDITIONAL HOUSEHOLD MEMBERS DEMOGRAPHICS

Last Name	First Name	Middle Name	Gender	Race
			□ Male □ Female	□ White □ Black □American Indian/Alaskan □Asian □ Hispanic □Hawaiian/Pacific Islander

Relationship to Student Applicant	Marital Status	Vet Status	Language	Health Insurance Type
□Mom □Dad □Foster Parent □Guardian □Other Relative □Sibling □Other _____	□Single □Married □Separated □Widowed □Divorced □Living Together □Never Married	□Yes □No □Active Duty	1st Language ❑English ❑Other___ 2nd Language ❑Other____ ❑English	□MA-IM Care/MN Care □Medicare □HMO □Indian Health □Private □None

Date of Birth	US Citizen?	Disability?	Highest Level of Education	Employment
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Date of Birth	US Citizen?	Disability?	Highest Level of Education	Employment
	□ Yes □ No	□ Yes □ No	❑ If less than high school diploma highest grade completed _____ ❑ High School Diploma ❑ GED ❑ Some College but no Degree ❑ Trade School ❑ Associate degree ❑ Bachelor's Degree ❑ Master's Degree ❑ Doctoral Degree Degree Currently Pursuing:_____	❑ Full Time Average Weekly Hr_____ ❑ Part-Time Average Weekly Hr_____ ❑ Unemployed, Seeking Employment ❑ Unemployed, NOT Seeking Employment ❑ Retired

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Relationship to Student Applicant	Marital Status	Vet Status	Language	Health Insurance Type
□Mom □Dad □Foster Parent □Guardian □Other Relative □Sibling □Other _____	□Single □Married □Separated □Widowed □Divorced □Living Together □Never Married	□Yes □No □Active Duty	1st Language ❑English ❑Other___ 2nd Language ❑Other____ ❑English	□MA-IM Care/MN Care □Medicare □HMO □Indian Health □Private □None

Date of Birth	US Citizen?	Disability?	Highest Level of Education	Employment
	□ Yes □ No	□ Yes □ No	❑ If less than high school diploma highest grade completed _____ ❑ High School Diploma ❑ GED ❑ Some College but no Degree ❑ Trade School ❑ Associate degree ❑ Bachelor's Degree ❑ Master's Degree ❑ Doctoral Degree Degree Currently Pursuing:_____	❑ Full Time Average Weekly Hr_____ ❑ Part-Time Average Weekly Hr_____ ❑ Unemployed, Seeking Employment ❑ Unemployed, NOT Seeking Employment ❑ Retired