



Kenaitze Kuya Qyut 'anen Early Childhood Center

130 N. Willow St Kenai, AK 99611 Phone (907) 335-7260 Fax (907)283-5898

Website: www.kenaitze.org

Enrollment Application

INSTRUCTION SHEET FOR ENROLLMENT APPLICATION

This page is to help you fill out the application, when the application is completed please send back to Kenaitze Kuya Qyut 'anen Early Childhood Center at 130 North Willow Street in Kenai. Applications will not be processed until all required information is returned.

CHILD'S NAME:

Please use child's legal name as it appears on the birth certificate.

BIRTH CERTIFICATE:

Proof of birth date (copy of birth certificate) is required and must be attached.

Proof of Pregnancy if applying for Self.

IMMUNIZATIONS:

A copy of your child's current immunization record must be attached.

INCOME:

- A. Income must be current. **A child that is homeless, from a family that is receiving public assistance, or a child in foster care is eligible even if the family income exceeds the income guidelines.**
- B. All income must be verified. The following are acceptable for income verification.
- Wages for the previous month can be verified with pay stubs (with company name clearly printed on stub) or a letter from your employer written on company letterhead.
 - Wages for the previous calendar year can be verified with W2's or the previous year's income tax return.
 - Alaska Permanent Fund Dividends are counted.
 - Social Security and SSI can be verified with an award letter.
 - Unemployment can be verified with a printout of payments from the Employment Division, Income Tax or 1099-G.
 - For foster children, a written letter from caseworker can be used for verification.
 - For verification of public assistance, documentation is required.

HOMELESS:

The term 'homeless children and youth' means individuals who lack a fixed, regular, and adequate nighttime residence. KIT ECC staff will assist in this determination with an additional Housing Questionnaire.

ALASKA NATIVE/AMERICAN INDIAN ELIGIBILITY:

The following can be used to verify Alaska Native/American Indian eligibility:

- Certificate of Indian Blood
- Tribal Enrollment Card
- Letter of Tribal enrollment written by Tribal Enrollment Coordinator
- Any of the above in the parent's name can be used for verification (as long as parents name appears on the child's birth certificate).

We must be able to reach you in order to enroll your child. If you move or change your phone number it is your responsibility to notify our office at 335-7260 as soon as possible.

THANK YOU FOR YOUR INTEREST IN OUR PROGRAM!





Kenaitze Kuya Qyut'anen
 Early Childhood Center
 130 N. Willow St., Kenai, AK 99611
 510 Upland St., Kenai, AK 99611
 Phone: (907)335-7260 Fax: (907)283-5898

Please select the program you're applying for:

Head Start (ages 3-5 years) _____
 Early Head Start Home Based (Birth-36 months) _____
 Pregnant Mother _____

APPLICANT/CHILD INFORMATION			
First Name:	Middle Initial:	Last Name:	Nickname:
Ethnicity: Hispanic or Latino origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Race (check one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		
Primary Language:		Secondary Language:	
Disabilities:	Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, diagnosis? _____ Current IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No From what Agency or School District? _____ * Please provide supporting document * Does this child have a suspected disability or concern? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____		
Child Care Name:		Address:	Phone:
Family Type: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents PRIMARY PARENT/GUARDIAN			
First Name:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address:	Mailing Address:	City/State	Zip:
	Home Phone:	Cell Phone: text <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: emails <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Child:	<input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian		
Education:	<input type="checkbox"/> 9 or below <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College/Vocational School <input type="checkbox"/> Bachelor's or advanced degree		
Ethnicity: Hispanic or Latino origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (check one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		
	Primary Language:	Secondary Language:	
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or in school <input type="checkbox"/> Seasonally Employed-(how many months a year) _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled Provides Financially for Child Yes No Occupation: _____		
SECONDARY PARENT/GUARDIAN			
First Name:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address:	Mailing Address:	City/State	Zip:
Email Address:	Home Phone:	Cell Phone: text <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: emails <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Child:	<input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian		
Education:	<input type="checkbox"/> 9th or below <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College/Vocational School <input type="checkbox"/> Bachelor's or advanced degree		
Ethnicity: Hispanic or Latino origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (check one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		
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FAMILY INFORMATION					
Total Number in Family:			Number of Children in Family:		
First Name:	Middle Name:	Last Name:	Birth date:	Gender	Relationship to Applicant/Child:

Is anyone in the household pregnant? Yes No If yes, estimated due date? _____
Please provide supporting document of pregnancy for Early Head Start
 Did you receive an Alaska Permanent Dividend? Yes No If yes, total number in family that received? _____
 How did you learn about Head Start/Early Head Start: Family/Friend Radio/Newspaper Website
 Fliers Other _____
 Have you had any other children attend Kenaitze Indian Tribe’s Head Start? Name: _____
 Is your family currently receiving ATAP/TANF benefits? Yes No
 Are you or anyone in your family currently receiving Supplemental Security Income (SSI)? Yes No
 Are you or anyone in your family currently receiving WIC? Yes No
 Are you or anyone in your family currently receiving Food Stamps (SNAP)?..... Yes No
 Is this child a foster child placed with you through the State of Alaska, Office of Children Services,
 or Tribal Court? Yes No
 Has either parent ever been a part of the United States Military?..... Yes No
 If yes, what branch? _____ which parent? _____ Veteran or non-veteran? _____
 Is either parent currently on active duty?..... Yes No

Check all that apply: No Insurance Medicaid Denali Kid Care IHS Private

Yes No **Homeless status?**
 Yes No **Are you currently doubled up with another family due to housing expenses?**
 Yes No **Are you living in temporary housing, motel or shelter?**
The term homeless means individuals who lack a fixed, regular and adequate nighttime residence. This includes children and youths who are sharing the housing of other person due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, poor quality trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.

Applications are given priority for certain child and family needs, examples include homelessness, need for food, family separation or divorce, domestic violence history, English as a second language, child or family with disabilities, poor living conditions, death in immediate family, substance abuse issues, or teen pregnancy. Please list your child/family needs or concerns: Yes No
If Yes please explain: _____

I certify that I am the parent or legal guardian of the child applying for Head Start, and that, to the best of my knowledge, all of the information that I have provided is complete and correct.

_____ Parent/Guardian Signature	_____ Print Name	_____ Date
_____ Receiving Staff Signature	_____ Print Name	_____ Date
_____ In Person Interview Signature	_____ Print Name	_____ Date

This application is valid for 6 months.