The Walatowa Head Start Language Immersion Program (WHSLIP) has proudly and successfully served children and families in the Jemez Pueblo Community for over 50 years through the provision of health, education, nutrition and social services.

WHSLIP strives to meet the requirements under the Head Start Performance Standards for eligibility determination, recruitment, selection, enrollment and attendance of Head Start children. A selection criteria approved by Policy and Tribal Council will be used to determine eligibility and identify those children and families that are to be enrolled in the program.

In starting the application process, please understand that your application must be filled out completely. Do not leave blanks and sign all signature lines. If any sections do not apply to you, please write N/A. ***Any applications with missing information, signatures, or required documents will be considered incomplete and will not be accepted, thus putting a stop on the process for determining eligibility into the Head Start Program until corrected.***

The following documents are required **before** eligibility can be determined:

- Birth Certificate
- Certificate of Indian Blood (CIB)
- Public Assistance (TANF or SSI benefits letter)
- Income Verification (1040 Tax Statement, 2019 Tax Return, W2, Pay Stub, Child Support Letter, Declaration of Income-(If you are self-employed or claiming no income, please ask Danielle for a form.)
- Updated Immunization Record (no shots due)

Should you have any questions or concerns regarding filling out this enrollment application, please call Danielle Sando, Family Services Coordinator.

Thank you for your interest in the Walatowa Head Start Language Immersion Program!

Walatowa Head Start Language Immersion Program
PO Box 709 • 139 Canal Street • Jemez Pueblo • New Mexico 87024
• Head Start (575) 834-7366 • Fax (575) 834-0002 •Email Headstart@jemezpueblo.org

CLEAR FORM

Walatowa Head Start Language Immersion Program

Enrollment Application School Year 2020-2021

Part One: Child Information

Child's Legal Name _____

❑ Male ❑ Female Date of Birth_____

Mailing Address: Physical Address:

_____ _____

_____ _____

Parent 1- Telephone Number_____ ❑Primary ❑ Secondary

Parent 2 - Telephone Number_____ ❑ Primary ❑ Secondary

E-mail Address Parent **1.** _____ Parent **2.** _____

Child's Primary Language_____ Secondary Language_____

Child's Tribal Enrollment ❑ Pueblo of Jemez ❑ Other _____

Sources of Health Care Services:

Private Insurance ❑ Yes ❑ No If yes, please specify_____

Jemez Health Clinic ❑ Yes ❑ No Medicaid ❑ Yes ❑ No

WIC ❑ Yes ❑ No

Primary Health Care Provider:

Physician_____ Location_____

Dentist_____ Location_____

Does your child have any of the health conditions listed below? ❑ Yes ***(If yes, please check below)*** ❑ No

❑ Asthma ❑ Seizures ❑ Diabetes ❑ Allergies (Insect Bites) _____

❑ Allergies (Food, Medicine or Seasonal) _____ ❑ Other_____

CLEAR FORM

Part Two: Family Composition

Family Type:

- ❑ Two Parent – Married
- ❑ Two Parent – Living Together-Unmarried
- ❑ Foster/Adoptive Family
- ❑ Single Parent- Mother Only
- ❑ Single Parent – Father Only
- ❑ Grandparent(s)/Guardian

Single Parent Family

Is the mother/father's location known? ❑ Yes ❑ No

Does the mother/father currently have contact with the child? ❑ Yes ❑ No

If no, what are the barriers? _____

Do you communicate regularly with the mother/father about the child? ❑ Yes ❑ No

Does the mother/father have permission to participate in Head Start events? ❑ Yes ❑ No

If yes, please provide the mother/father's contact information:

Name: _____ Phone #: _____

PLEASE READ CAREFULLY

Children and families experiencing homelessness are considered a priority for Head Start. Please review the Mc Kinney-Vento Homelessness Assistance Act to determine homelessness.

Subtitle VII-B of the McKinney-Vento Homeless Assistant Act defines "homeless" as follows:

The term "homeless children and youths"-
(A) Means individuals who lack a fixed, regular, and adequate nighttime residence.
(B) Includes-

(i) Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinary used as a regular sleeping accommodation for human beings.

(iii) Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purpose of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Do you consider yourself homeless based on the definition given above? ❑ Yes ❑ No

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CLEAR FORM

Name of Parent 1: _____

Parent 1 Occupational Status: _____

Has Paying Job

- ❑ Full Time (more than 35 hours weekly)
- ❑ Part Time

Unemployed

- ❑ With past employment history
- ❑ With no previous employment
- ❑ Unable to work due to disability

❑ **Military**

In School

- ❑ Toward high school diploma/GED
- ❑ Toward trade school certificate
- ❑ Toward college degree
- ❑ Toward post college degree

❑ **Other**

- ❑ Homemaker
- ❑ Retired
- ❑ Self-employed
- ❑ Seasonal

Highest Degree in Education: ***(Please check below)***

- ❑ Less than High School Graduate
- ❑ High School Graduate
- ❑ GED
- ❑ BA Degree
- ❑ MA Degree
- ❑ Some College, Vocational School or AA

Name of Parent 2:_____

Parent 2 Occupational Status: _____

❑ **Has Paying Job**

- ❑ Full Time (more than 35 hours weekly)
- ❑ Part Time

❑ **Unemployed**

- ❑ With past employment history
- ❑ With no previous employment
- ❑ Unable to work due to disability

❑ **Military**

❑ **In School**

- ❑ Toward high school diploma/GED
- ❑ Toward trade school certificate
- ❑ Toward college degree
- ❑ Toward post college degree

❑ **Other**

- ❑ Homemaker
- ❑ Retired
- ❑ Self-employed
- ❑ Seasonal

Highest Degree in Education: ***(Please check below)***

- ❑ Less than High School Graduate
- ❑ High School Graduate
- ❑ GED
- ❑ BA Degree
- ❑ MA Degree
- ❑ Some College, Vocational School or AA

CLEAR FORM

Part Three: Income Verification for 1st Year & 3rd Year Only

Please report ONLY the members of the Head Start child's immediate family.

Number of adults in the child's immediate family _____

Number of adults contributing to the child's immediate family income _____

Number of children in the child's immediate family household _____

Source of **Earned** Income and ***please provide documentation***:

❑ Employment ❑ Self-Employment

Source of **Public Assistance** received and ***please provide documentation***:

❑ Social Security Income ❑ TANF (Temporary Aid to Needy Families)

❑ Disabilities ❑ Unemployment

❑ Child Support ❑ Other: _____

The income information I have provided is current and eligibility will be determined by the income documentation I submit.

_____

Parent or Guardian Signature ***Date***

--Office Use Only—

Income Verification:

❑ 1040 Tax Statement ❑ W2 Statement ❑ ___ Pay Stub ❑ ___ Declaration of Income

❑ Child Support Letter ❑ Public Assistance (TANF, SSI, or Unemployment Award Letter)

Income Eligibility:

❑ Income Eligible ❑ Over-Income Eligible

Income documentation has been verified by:

_____

Staff Signature ***Date***

CLEAR FORM

Part Four: Consent and Permission for Services

Name of Child_____ Date of Birth _____

I / We,_____ give our consent to the Walatowa Head Start Language Immersion Program to provide the following services to my child:

- Vision Screenings/Referrals
- Hearing Screenings/Referrals
- Heights and Weights
- Developmental Screenings/Referrals
- Hematocrit or Hemoglobin- Administered by WIC through Five Sandoval Indian Pueblos, INC
- Blood Pressure and Pulse
- Dental Screenings including two fluoride treatments at the dental clinic
- Physical Examinations
- Lead Screenings/Referrals
- Immunizations
- Mental Health Classroom Observations- twice a year
- Emergency Medical Services for 911 related incidences
- Bus Transportation of the child to and from another facility for any of the above services
- Photographing your child: including school picture days and use of child's photograph for non-commercial use such as displays, brochures, pamphlets, and educational purposes.
- Video-recording of classroom and program activities for federal and tribal staff trainings.
- **Permission for the child to go on nature walks and field trips within the Jemez Pueblo boundaries.**
- Permission slips will be provided **only** for field trips beyond the boundaries of Jemez Pueblo.
- Authorization for Release of Records from Health Care Providers.

Exceptions or special instructions_____

_____

_____

Parent or Guardian Signature ***Date***

CLEAR FORM

Child's Name _____

Part Five: Child's Health History

Does your child have frequent:

❑ Sore throat ❑ Cough ❑ Stomach Pain/ Upset Stomach ❑ Vomiting ❑ Ear Infections
❑ Runny Nose ❑ Allergies ❑ Diarrhea ❑ Other Conditions_____

Please explain any checked answers_____

_____

Is the child taking prescribed medication on a regular basis? ❑ Yes ❑ No
If yes, will it need to be given while the child is at Head Start? ❑ Yes ❑ No
List the prescribed medications the child is currently taking: _____

_____

Is the child currently under a physician or dentist's care? ❑ Yes ❑ No
If yes, please explain child's ongoing treatment: _____

_____

Does your child have difficulty seeing (such as squinting, cross-eyed or sitting to close to the TV)? ❑ Yes ❑ No
If yes, please explain_____

_____

Does your child wear or should be wearing glasses? ❑ Yes ❑ No
Does your child have difficulty hearing? ❑ Yes ❑ No
If yes, please explain_____

_____

Is there any medical conditions your child has had that Head Start should be aware of? ❑ Yes ❑ No
If yes, please explain_____

_____

DEVELOPMENTAL MILESTONES

At what age did your child begin to?

Talk (use 1-2 words)	months/years
Feed Self Uses hands to feed-self	months/years
Respond to directions Simple 1 step directions	months/years

Is your child in an early intervention program, such as **NAPPR**? ❑ Yes ❑ No
Do you have any concerns about your child's development? (***Please be specific***.) ❑ Yes ❑ No

_____

_____

CLEAR FORM

Walatowa Head Start Language Immersion Program's Family Partnership Agreement

Student Name: _____ **Date:** _____

Is there a pre-existing plan with another program or agency? ❑ Yes ❑ No **Program/Agency Name:** _____

Please mark an (X) next to your <u>strengths</u> and <u>needs</u> in the following areas:

Areas of Support or Growth	Strength	Need	Explain Specifics
Family Needs			
Clothes for your family			
Ability to support family with basic needs			
Assistance to families of incarcerated individuals			
Parenting & Adult Education			
Relationship Counseling			
Marriage Counseling			
Childcare or Babysitting			
Child Support Assistance			
Establishing a support system with friends & family			
GED			
Scholarships			
Job Training/ Computer Skills			
Child Development/Parenting			
Family Literacy			
Writing			
Higher Education or Post-Secondary Education			
Language & Culture			
Towa Speaker			
Arts and Crafts			
Traditional Singing			
Traditional Cooking			

Areas of Support or Growth	Strength	Need	Explain Specifics
Housing			
Home Improvement/HUD			
Temporary Housing			
Reside outside of Jemez lands, but within service area.			
Medical & Dental Insurance			
Medicaid/Low-Cost Insurance			
Diabetes Resources			
First Aid			
Behavior Services			
Substance Abuse Prevention & Treatment Services			
Child Abuse & Neglect Services			
Domestic Violence Services			
Private & Public Transportation			
Reliable Transportation Services			
Does your child have a car seat or a booster seat? ❑ **Yes** ❑ **No**			
Car/booster seat inspection & resources			
Food			
WIC/SNAP			
Child & Adult Nutrition Education			
OTHER:			
OTHER:			

List three (4) types of topics you would like to gain more knowledge in during the 2020-2021 school year?

1. _____ 3. _____

2. _____ 4. _____

CLEAR FORM

Family Partnership Agreement

FAMILY GOAL- Set a realistic goal for your family to achieve.

IDENTIFY STEPS-Identify the steps needed to achieve the goal.	RESPONSIBILITY	TIMELINE
1.	Parent(s) ☐ / Staff ☐	
2.	Parent(s) ☐ / Staff ☐	
3.	Parent(s) ☐ / Staff ☐	
4.	Parent(s) ☐ / Staff ☐	

IDENTIFY CHALLENGES-What might get in your way of achieving the goals.	**OVERCOME CHALLENGES-** Brainstorm for solutions to overcome obstacles.

SOURCES OF SUPPORT- Identify resources.

My signature affirms my willingness to participate in the Family Partnership Agreement process.

Parent Signature: _____ Date: _____

FAMILY GOAL OUTCOME

Date of Goal Achieved:_____ FSC Signature:_____