



## Tribal Head Start Program

### Pre-enrollment Check List

- Pre-enrollment Application
- Birth Certificate
- Social Security Card
- Health and Physical within one year of enrollment
- Updated Immunization Record
- Copy of Child's Health Insurance Card
- TB Skin Test within one year of enrollment
  - Child
  - Parent
- Verification of Income
  - Income Tax Records, W2
  - Check Stubs
  - Letter from Employer
  - Disability
  - Self-Employment
  - Public Assistance (County Aid or Tribal TANF)
  - Unemployment Insurance
  - Worker's Compensation
  - Child Support
  - Social Security
  - Homeless Documentation
  - Other (specify) \_\_\_\_\_
  - Other (specify) \_\_\_\_\_
- Disabilities and or Individual Education Plan (if applicable)
- Tribal Documentation

The family is:

- Income Eligible
- Categorically Eligible
- Over Income

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**37151 Jose Basin Road – P.O. Box 337 – Auberry, California 93602**

**Phone: 559.374.0066 – Fax: 559.777.4094**



## Tribal Head Start Program

### Pre-enrollment Application

Staff Person Taking Information: \_\_\_\_\_ Date: \_\_\_\_\_

Information Taken By: Phone [ ] Fax [ ] Walk-In [ ] Other [ ] \_\_\_\_\_

### CHILD INFORMATION

Child's Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Current Age: \_\_\_\_\_

Non-Tribal Member: [ ] Tribal Member: [ ] Tribe: \_\_\_\_\_

Does your child have any disabilities or special needs that you are aware of? [ ] YES [ ] NO

If yes please describe: \_\_\_\_\_

### PARENT INFORMATION

Single Parent [ ] Two Parents [ ] Grandparent(s) [ ] Guardian(s) [ ] Foster Parent(s) [ ]

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address: \_\_\_\_\_

P.O. Box

City

State

Zip

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

# of People in Household? \_\_\_\_\_ # of People in Family? \_\_\_\_\_

Father's Income Source: \_\_\_\_\_ Mother's Income Source: \_\_\_\_\_

Father's Monthly Income: \$ \_\_\_\_\_ Mother's Monthly Income: \$ \_\_\_\_\_

Child's Income Source: \_\_\_\_\_ Child's Monthly Income: \$ \_\_\_\_\_

Total Household Monthly Income: \$ \_\_\_\_\_

I certify that this information is true and understand that this information will be held in strict confidence by Big Sandy Rancheria Tribal Head Start Program and will be accessible to me during regular business hours.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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