



Kenaitze Cuya Qyut 'anen Early Childhood Center

130 N. Willow St Kenai, AK 99611 (907) 283-0707 Phone (907)283-5898 Fax

Website: www.kenaitze.org

Enrollment Application

CHILD INFORMATION

Last Name	First Name	Date of Birth	Male/ Female	Nickname

ADULT INFORMATION

Last Name	First Name	Annual Income*	Birth Date	Live in Child's Home (Y/N)	Education Level	Employment Status (Full/Part/Seasonal)

Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code

Home Phone	Work Phone	Cell Phone	Message Phone

Race / Check all that apply:

African American	American Indian	Alaska Native	Asian	Native Hawaiian /Pacific Islander	Caucasian	Biracial/ Multiracial	Other (Please Specify)	Tribal Affiliation

Ethnicity / Please Check One:

Hispanic	Non-Hispanic

What is the primary language your child speaks at home:

- | | | |
|--|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Native Central American, South American & Mexican (e.g., Mixteco, Quichean) |
| <input type="checkbox"/> Caribbean (Haitian-Creole) | <input type="checkbox"/> Middle Eastern & South Asian (Arabic, Hebrew, Hindi, Urdu, Bengali) | |
| <input type="checkbox"/> European & Slavic | <input type="checkbox"/> East Asian (Chinese, Vietnamese, Tagalog) | |
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Pacific Island (Palauan, Fijian) | |
| <input type="checkbox"/> African | <input type="checkbox"/> Other (specify) _____ | |

How well does the child speak English: Very well Well Not well Not at all

FAMILY COMPOSITION

Family Type / Check one:

Two parent	Single parent (mother only)	Single parent (father only)	Foster family	No parent in home	Grandparent	Other family type	Other relative(s) list below

Total number of people in household _____ **Is Mother Pregnant?** Yes _____ No _____ Due Date: _____
 Number of **adults** in household _____ Number of **children** in household (including applicant/student): _____
 Age 0-3 _____ Age 4-5 _____ Age 6+ _____

**Continue on Other Side



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Does your child have a Special Need or Disability?
None Suspected Diagnosed*(please provide proof) Describe: _____
Are you currently Homeless? (Lack a fixed, regular, and adequate nighttime residence)
Are you experiencing any other crisis? Please explain:

Do you have Medical Insurance? Yes ___ No ___ Child's Doctor: _____

Do you have Dental Insurance? Yes ___ No ___ Child's Dentist: _____

Please Check Type of Insurance Below:

Public Assistance	Medicaid	Indian Health Service	Private Health Coverage (Please List)	Other Health Coverage (Please List)

This application will be considered incomplete until all verification is turned in.

Please attach the following documentation with this completed application to determine eligibility:

- Child's Birth Certificate
- Certificate of Indian Blood (Child or Parent, as applicable)
- Complete Income Verification for last 12 months (or previous years' Income Taxes) *
(Pay stubs, TANF printout, Unemployment Compensation, Social Security, Alaska Permanent Fund Dividends, etc.)
- Immunization Record
- Documentation of Disability (* if applicable)

***If you have questions, please call the Center at 283-0707 and ask for the Enrollment Coordinator**

The information on this form will help us to determine your child's eligibility for the Early Childhood Center and to prioritize your application. All information supplied will be held in strict confidence within the agency and is accessible during normal business hours. Early Childhood Center does not discriminate against children or families based upon race, color, national origin, or disability.

Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action.

Parent/Guardian Signature _____ Date _____

Receiving Staff _____ Date received: _____



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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 Cuya 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.

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 immediately previous 12 months 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, written 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 283-0707 as soon as possible.

THANK YOU FOR YOUR INTEREST IN OUR PROGRAM!

