

Kenaitze Cuya Qyut 'anen Early Childhood Center

130 N. Willow St Kenai, AK 99611-0988 (907) 283-0707 phone (907) 283-5898 fax

Enrollment Application

Head Start After-school Preschool ANE Summer Other _____

CHILD INFORMATION

Last Name	First Name	Date of Birth	Male/Female

ADULT INFORMATION

Last Name	First Name	Employment Status	Education Level	Lives in Child's Home

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

Home Phone	Work Phone	Cell Phone	Mess. Phone

Race / Check all that apply:

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

Ethnicity / Please Check One:

Hispanic	Non-Hispanic

What is the primary language your child speaks at home:

English Spanish Native Central American, South American & Mexican (e.g., Mixteco, Quichean) Caribbean (Haitian-Creole)
 Middle Eastern & South Asian (Arabic, Hebrew, Hindi, Urdu, Bengali) East Asian (Chinese, Vietnamese, Tagalog)
 Native American/Alaska Native Pacific Island (Palauan, Fijian) European & Slavic African 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)	Single parent (mother only) living with partner	Single parent (father only) living with partner	Foster family	No parent in home	Other family type	Other relative(s) list below

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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

Does your child have a Special Need or Disability?			
None	Suspected	Diagnosed (please provide proof)	Describe:
Any Specific Family Need or Crisis? If yes, 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:

ATAP	Medicaid	Indian Health	Private Health Coverage	Other Health Coverage (Please List)	Insurance #

I would like bus service to Early Childhood Center provided **if possible:** ↑ Yes ↑ No
 Pick up location (area) _____ Drop of location (area) _____

The 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's or Parent's)**
- **Complete Income Verification for last 12 months**
(Pay stubs, TANF printout, Unemployment Compensation, Social Security, Alaska Permanent Fund Dividends, etc.)
- **Immunization Record**
- **Documentation of Disability (if current disability)**

***If you have questions concerning this application, please call the center at 283-0707 and ask for Katy**

The information on this form will help us to determine your child's eligibility for 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** _____

Do Not Write Below

Date received _____	Family size _____	Income _____	Age as of 9/01: _____ yr. _____ mos.
Verifications: ↑ Imm.	↑ B/C	↑ CIB	↑ Income
Staff Signature	Date	↑ Parent Signature	↑ Referral _____
		↑ Accepted	↑ Wait
			↑ Info Needed

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INSTRUCTION SHEET FOR ENROLLMENT APPLICATION
(PLEASE PRINT ALL INFORMATION)

This form 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:

Use legal name as it appears on the birth certificate.

BIRTH CERTIFICATE:

Proof of birth date (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.

B. All income must be verified. The following are acceptable for income verification.

- Wages 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 with a copy of previous years income tax return.
- Alaska Permanent Fund Dividends
- 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.
- Childcare assistance can be verified with a copy of subsidy documentation.
- For foster children, a written letter from caseworker can be used for verification.

NATIVE AMERICAN / ALASKA NATIVE ELIGIBILITY

The following can be used to verify Native American / Alaska Native 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 (parents name must appear on the child's birth certificate).

MEDICAL INSURANCE:

A copy of current insurance (i.e., Medicaid, Denali Kid Care, Private, None)

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.