

**LKSD Early Learning Centers
ENROLLMENT APPLICATION FORM
2014/2015**

LKSD Staff use only	Date:
The following forms are required for a completed enrollment	Emergency Information Card (yellow form)
	Preschool Enrollment Form (for Student Records Dept.)
	Immunizations record or certified Exemption Form
	Payment/Discipline policy signed
	Copy of birth certificate
	Copy of tribal card (if apply)
Facility:	<input type="checkbox"/> DO <input type="checkbox"/> KLA <input type="checkbox"/> M. E. Preschool
Notes:	

INSTRUCTIONS

This form can be filled on your computer and then printed, please only type on the gray spaces, when finish sign on the required spaces. Otherwise please print clearly, using black ink or typewriter.
Remit your filled application to LKSD Preschool to the address below, or bring it to 1004 Ron Edward St. (green building left side), you can set up a visit of the facility as your desire.

General Information

Child Information:		
Name:		Nickname:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN:	
Ethnicity (Please mark all that apply):		
<input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific/Hawaiian <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other:		
Date of Birth:	Child's Age on 9/1/14:	

Primary Sponsor:	
Name:	Relationship:
Mailing Address:	Home Phone:
Physical Address:	Work Phone:
Employer:	Cell Phone:
Email Address:	PIN: 4-6 digits for password

Secondary Sponsor:	
Name:	Relationship:
Mailing Address:	Home Phone:
Physical Address:	Work Phone:
Employer:	Cell Phone:
Email Address:	PIN: 4-6 digits for password

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Contacts (Person to be called in case of an EMERGENCY when parents cannot be reached)	
Name:	Relationship:
Address:	Phone:
Authorized Persons to take child from Child Care: <input type="checkbox"/> yes <input type="checkbox"/> No	
Name:	Relationship:
Address:	Phone:
Authorized Persons to take child from Child Care: <input type="checkbox"/> yes <input type="checkbox"/> No	
Name:	Relationship:
Address:	Phone:
Authorized Persons to take child from Child Care: <input type="checkbox"/> yes <input type="checkbox"/> No	

Household Income

If you are applying for the tuition free program we need the following information, acceptance is income based.
Please report for all member of the household

Type of Income	Job 1	Job 2	No Income
1. Gross Monthly Earnings: wages, salary, commissions			<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony			<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security			<input type="checkbox"/>
4. Monthly Dividends or Interest on Savings			<input type="checkbox"/>
5. Monthly Worker's Compensation, Unemployment, Strike			<input type="checkbox"/>
6. Other Monthly (SSI, VA, Disability, Farm, other)			<input type="checkbox"/>
Totals for Columns Job 1 and Job 2			

Family Type:	
<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other:	
Number of Children Ages 0-4:	Number of Children Ages K-12 grade :
Parental Status: <input type="checkbox"/> One <input type="checkbox"/> Two	Total Number in Family:
Does your child have an IEP: <input type="checkbox"/> No <input type="checkbox"/> Yes	FIT Services: <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any other school-aged children receiving free or reduced-price lunch?: <input type="checkbox"/> No <input type="checkbox"/> Yes	

This section must be completed by a school official

Please check all that apply:	
<input type="checkbox"/>	Free Lunch (2 points)
<input type="checkbox"/>	Reduce Lunch (1 point)
<input type="checkbox"/>	English Language Learner (1 point)
<input type="checkbox"/>	IEP or FSP (1 point)
<input type="checkbox"/>	Single Parent Household (1 point)
Total Rank:	

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Child History	
Do you receive assistance with the payment of your bill? If yes, which program assist you?	<input type="checkbox"/> yes <input type="checkbox"/> No
Adopted/Foster/Step Children: If the child is adopted, foster child, step child or if the parents are divorced please provide any information regarding the child's past history or custody arrangements that will be helpful to our staff.	
Languages spoken at home:	
Nap/Quiet Time (All children will participate in quiet time)	
Does the child take an afternoon nap?	<input type="checkbox"/> yes <input type="checkbox"/> No
If so, approximate length:	
Potty Training (child must be potty trained at 3yrs old)	
Is the child fully responsible for his/her own toileting?	<input type="checkbox"/> yes <input type="checkbox"/> No
If not, is your child in the potty training process?	<input type="checkbox"/> yes <input type="checkbox"/> No
Medical Care	
Child's usual source of medical care:	
Dr. 's Name:	Phone:
Medication/Medical Treatment:	
Is there any medication/medical treatment required by your child?	<input type="checkbox"/> yes <input type="checkbox"/> No
If yes, explain:	
Allergies (if your child have allergies, please contact the preschool leader for more information)	
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Treatment:	
Child's Special Needs (Chronic illness, bottle using, pacifier, fears, etc.)	
Does your child have special needs?	<input type="checkbox"/> yes <input type="checkbox"/> No
Please explain:	
Previous Child Care Information: (Please include home care, family day care, preschools, etc.)	
Has your child had previous childcare?	<input type="checkbox"/> yes <input type="checkbox"/> No
How many children is the child accustomed to being around?	
Has the child been asked to leave another center or home day care?	<input type="checkbox"/> yes <input type="checkbox"/> No
If so, why?	
Please tell us about your Child (likes, dislikes or any information that will be helpful to our staff)	

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Acknowledgement

This is to verify that we _____ and _____ parent/guardian of _____ have received, read, and fully understand the LKSD Preschool Parent Handbook and agree to comply with the policies and procedures stated.

Name (please print) _____

Relationship: _____

Name (please print) _____

Relationship: _____

Signatures: _____

Date: _____

Photo Release

I certify that I am the parent and/or guardian of _____, a student of the Lower Kuskokwim School District (LKSD). I give my permission as parent or guardian, for both LKSD to publish photographic pictures of the above named student, to be used for educational purposes in the LKSD newsletters, posters, or any other material that will represent the district in a positive and beneficial way.

Parent Signature: _____

Date: _____

Migrant Education Survey

Program descriptions: Providing free books and services for Migrant Education students including family literacy nights, after school program, & other related activities.

Your child may be eligible if he/she is:

****Baby to 19 yrs***

****Family members fished while camping, egging, berry picking or hunting.***

This includes jigging, net fishing, or rod and reel fishing. (Child did not have to fish). Family did not have to catch any fish.

****Camped out for one week during the last year 20 miles or more away from home.***

****Stay at least 1 night / 2 days at a time adding up to 7 nights-8 days or more within a year***

If your family met one or more of the above please complete rest of this survey.

1. Who did your child go to fishing site with _____ relationship _____
2. What is the name of your fishing site or where did you go? _____

3. Write in the most recent date of
Departure _____ return _____
4. List below names of the children that have gone to fishing site:

_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have any questions contact Ross Boring @543-4865 or Eva Lake 543-4932.

Parent name _____ home phone _____
work phone _____ Cell phone _____

P.O. Box _____ City _____ AK, Zip code _____

Physical address _____

This form is informational to begin the process for qualifying/non qualifying for migrant education. There is no Income test for eligibility under this program. Thank you for taking this time to complete this survey.

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, Including Alaska Native State Recognized Terminated Organized Indian Group Meeting #5 of the Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.