

Date stamp received:



The *Where every child shines like a star!*

Children's Learning Center

650 N.E. A Street, Madras, Oregon 97741
Phone (541)475-3628 Fax (541)475-2583
website: www.madrastclc.org

THIS APPLICATION DOES NOT ENSURE ENROLLMENT. YOU WILL BE NOTIFIED REGARDING THE STATUS OF YOUR APPLICATION AS SOON AS POSSIBLE.

Please mark program desired:

-  **OPK-Head Start** (State funded 3-5 years)
-  **Early Head Start** (State funded 6wks-3 years)
- Preschool Program** (Private pay 3-5 years)
- Childcare Program** (Private pay 6wks-5 years)

Please fill out the application completely and accurately. All information is kept confidential. If you have any questions about this application, or need any help in completing it, please call us for assistance we will be glad to help!

Child Name: _____ Date of birth: _____ Male Female

First Name
Middle
Last Name

Race (Check all that apply): American Indian or Alaskan Native Asian Black or African American White
 Native Hawaiian or Other Pacific Islander Other: _____

Ethnicity (Mark one): Hispanic or Latino Origin Non-Hispanic or Latino Origin

Primary language at home: Spanish English Other: _____

Does child have a documented disability or health impairment? Yes No If yes, what type: _____

Is child receiving services from ESD (Early Intervention): Yes No

Does child have any medical conditions that will require classroom accomodation? Yes No

If yes, what type: _____

Child's Doctor _____ Child's Dentist _____

Name
Location/Office
Name
Location/Office

Family Living Address: _____

Street
City
State
Zip

Mailing Address (if different): _____

Street
City
State
Zip

Check one: Two Parent Family Single Parent Family Foster Family Grandparents other: _____

Adult 1: _____ DOB: _____ Relationship to child: _____

First Name
Middle
Last Name

Custody: Yes No Lives with family: Yes No Language/s: _____

Phone number: _____ Work: _____ Email: _____

Adult 2: _____ DOB: _____ Relationship to child: _____

First Name
Middle
Last Name

Custody: Yes No Lives with family: Yes No Language/s: _____

Phone number: _____ Work: _____ Email: _____

**Preschool/Childcare applicants: Answer "How did you hear about our program" & Sign below
Head Start Applicants: Complete the application & Sign below**

Is this application for a Foster Child? Yes No Does anyone in your household receive SSI? Yes No
 Is your family currently receiving TANF benefits (Cash)? Yes No Do you have permanent housing? Yes No
 If not, please describe your current housing situation: _____

Family Size- List all other people living in your household that are supported by your income:

	Name	Relationship to child	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Adult 1: Highest grade completed: Masters BA Degree AA Degree GED or HS Diploma 9 or less Other _____
Employment status: At home by choice Full-time Part-time Retired/Disabled Training/School Unemployed Military Seasonal

Adult 2: Highest grade completed: Masters BA Degree AA Degree GED or HS Diploma 9 or less Other _____
Employment status: At home by choice Full-time Part-time Retired/Disabled Training/School Unemployed Military Seasonal

To help us determine if your family is eligible for Head Start, we need to know your gross income. Please include income documentation that best reflects your current income situation. Federal guidelines require that all income be verified at the time of enrollment.

Pay Stubs Tax Returns 1040 Unemployment Insurance Written Statement from Employer W-2 Forms SSI Benefits
 Child Support Information TANF Cash assistance Foster Documentation Other: _____

Is your family being served by another agency? (Please check all that apply): SNAP Oregon Health Plan DHS
 ERDC Bestcare Services Low Income Housing WIC ID #: _____ Other: _____

Family circumstances which have occurred in the last year:

Child Abuse or neglect Mental health services Divorce Serious Family Health Problem Domestic Violence Drug or Alcohol Abuse
 Parent Presently in Jail Parent/guardian active military Referred by a child welfare agency: _____

Other Comments/Special Circumstances: If you would like to be considered for Head Start even though you may not otherwise qualify, please describe the special challenges and circumstances of your family. _____

How did you hear about our program?

Returning Family Family/Friends Website Flyer Fair WIC Health Department Doctor DHS Week of the Young Child
 Bestcare Early Intervention Juniper Junction Relief Nursery Other: _____

I have read this application form and understand it. I certify that the above information, including financial if included, is to the best of my knowledge, true and complete.

Parent/Guardian Signature

Date

TCLC has permission to access immunization records using the Oregon Alert System.

Parent/Guardian Signature

Date

Head Start: I authorize TCLC to verify my family income and circumstances with the Oregon Department of Human Services (DHS), with my employer, and by contacting third parties, if necessary.

Parent/Guardian Signature

Date

"The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form, found online at www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complain form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov
 Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."