

Oglala Lakota College Head Start/Early Head Start Program P.O. Box 490 Phone (605) 455-6114 Fax (605) 455-6116



Student Application

What is Head Start/Early Head Start?

Head Start and Early Head Start are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs, and have the overall goal of increasing the social competence of young children in either low-income and homeless families or both. By "social competence" is meant the child's everyday effectiveness in dealing with either his or her present environment and later responsibilities in school and life. Social competence takes into account the interrelatedness of social, emotional, cognitive, and physical development.

What is Oglala Lakota College Head Start Program?

Our goal is to provide a full range of services to meet the needs of Lakota children from 0-5 and their families addressing cognitive, emotional, physical, nutritional, mental health, and Lakota language and culture development of the children and the development needs of families.

How to apply for Head Start/Early Head Start?

Please read this eligibility application carefully and fill it out completely. It contains important information that is used to determine if your child is eligible for Head Start/Early Head Start services based on the federal requirements and the OLC selection criteria is located on page 4 of the attached Student Application.

Who is age eligible to participate in the pre-school head start services (3-5 year olds)?

To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located, except in cases where the Head Start program's approved grant provides specific authority to serve younger children. Examples of such exceptions are programs serving children of migrant families and Early Head Start programs.

What Happens Next?

When we receive your eligibility application, it will be reviewed and you will be contacted if we need more information or if your family does not qualify for services. Once your family has been determined eligible you will receive additional documents to fill out to complete the registration process.

Checklist

Т	hese documents must	be cubmitted	with the	attachad	aligibility	annlication
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☐ Completed Eligibility Application (required for determining eligibility)
☐ Family's Proof of Income (required for determining eligibility)
☐ Child's Birth Record (required for determining eligibility)
☐ Immunization Record (current for age as required by SD school immunization law 13-28-7.1)
☐ Dental Examination ☐ Physical Examination
☐ Copy of Medical Insurance
☐ Child Health History
☐ Allergy Form ☐ MD Slip
☐ Attendance Policy
☐ Parental Permission to Participate
☐ Program Request Form ☐ Program Release Form
☐ WIC Release Form
☐ Fluoride Varnish Administrating Consent ☐ Lead/Hemoglobin Screening Consent
☐ Cavity Prevention Consent
☐ CACFP Form
Circle of Smiles Registration





Oglala Lakota College Head Start/Early Head Start Program



Date Intake/Application Completed: ______(Office Use Only)

Eligibility Application

Center Applying for:								
ELIGIBLE CHILD DEMOGR	APHICS:							
First:	Middle:	Lega	Last Name:					
DOB:/	SSN: Rac	ce:	Ethnicity:					
Gender (Circle): Male / Female	Language (Check): English \[\] 1 st / [☐ 2 nd Lakota ☐ 1 st /	\square 2 nd Spanish \square 1 st / \square 2 nd Other \square					
FAMILY MEMBERS DEMOC	RAPHICS:							
#1 Parent/Guardian – First:		Middle Initial:	Last Name:					
DOB:/	Race:	Marital Sta	atus (Circle): Single / Separated / Married / Divorced					
Gender (Circle): Male / Female	Language (Check): English \[\] 1 st	$/ \square 2^{\text{nd}} \underline{\text{Lakota}} \square 1^{\text{s}}$	$^{\text{st}} / \square 2^{\text{nd}}$ Spanish $\square 1^{\text{st}} / \square 2^{\text{nd}}$ Other \square					
Living Address:		_ Mailing Address: _						
City:	State: Zip C	Code:	Mobile Phone:					
#1 Home Phone:	#2 Home Phone:	Work Ph	one:					
Role in Household (Check One B			onship Details (Check One Below): mergency Contact Authorized to Receive Child					
	No Longer a Family Member Family Member Residing at Different	_	To Contact Allowed					
Occupation (Check One Below):	Tuning Monitor Residing at Different		o contact, please provide documentation					
	l Part-time School Full-time	Unemployed \[\subseteq N/A	Occupation Start Date://					
☐ In-school Full-time/Employed	l Part-time	Other In Jo	b Training Program					
Education (Check One Below): Elementary - 4 th / 5 th / 6 th / 7 th / 8 th High School - 9 th / 10 th / 11 th / 12 th No Diploma Other CDA High School Diploma or Equivalent Degree - AA / BS / MA / PHD / Some College - No Diploma Education Start Date: / / Applicant currently pregnant? (Circle One): Yes / No Due Date: / /								
#2 Parent/Guardian – First:		Middle Initial:	Last Name:					
DOB:/	Race:	Marital Sta	atus (Circle): Single / Separated / Married / Divorced					
Gender (Circle): Male / Female	Language (Check): English 1st	/ 2nd Lakota 1	st / \square 2 nd Spanish \square 1 st / \square 2 nd Other \square					
Living Address:		_ Mailing Address: _						
			Mobile Phone:					
#1 Home Phone:	#2 Home Phone:	Work Ph	one:					
Role in Household (Check One B Mother/Mother Figure	<u>Below):</u> No Longer a Family Member		onship Details (Check One Below): mergency Contact Authorized to Receive Child					
	Family Member Residing at Different	Address	To Contact Allowed					
Occupation (Check One Below):		*** <u>If n</u>	o contact, please provide documentation					
* *	l Part-time School Full-time							
☐ In-school Full-time/Employed	Part-time Employed	Other In Jo	b Training Program					
•	valent Degree – AA / BS /		/ ☐ 12 th No Diploma ☐ <u>Other</u> ☐ <u>CDA</u> ome College – No Diploma					
Applicant currently pregnant? (C	ircle One): Yes / No Due Date:	//						

CHILD INFORMATION:							
Concerns about child's overall health and development (Circle One): Yes / No Describe concerns:							
Concerns expressed by (Check One): EHS Staff / HS Staff / Family Member / Medical Provider / Other Person or Age	ency						
Child to be care for by someone other than the Head of Household (Check Appropriate Boxes Below): Adult relative in child's own home Relative Public School Pre-K program							
☐ Older sibling age 12 or older ☐ Unrelated adult in child's own home ☐ Child Care Center							
FAMILY INFORMATION:							
Head of Household (Check One Below): #1 Parent/Guardian Family Type (Check One Below): Foster Parent Single Parent (Mother Figure Only)							
☐ #2 Parent/Guardian ☐ Two Parent Family ☐ Single Parent (Father Figure Only)							
Family Housing Type (Check One Below): Apartment Community Shelter House Other							
☐ BIA School Housing ☐ Mobile Home/Trailer ☐ OSLA Housing							
Housing Payment Type (Check One Box): Own Housing / Rent Housing / Make No Payment for Housing / Other							
Length of Time at Current Address (Check One Box): 1-2 Years / 6-12 Months / Less than 6 Months / More Than 2 Years							
During the enrollment year was the Family homeless? (Circle): Yes / No Family Acquired Housing During Enrollment Year (Circle): Yes / No							
Family Currently has Means of Transportation (Circle): Yes / No # of Adults in Family? (Check) - 1 / 2 / 3 / 4 / 5 / 5	+						
Transportation Used (Check One Below): Private Vehicle (car,truck,van) – \square Primary / \square Secondary # of Adults Contributing to the Income? (Check) – \square 1 / \square 2 / \square 2+ # of Children in Family? (Check) – \square 1 / \square 2 / \square 3 / \square 4 / \square 5 / \square	5.1						
Parent Transport - Primary / Secondary) +						
Friend's or Relative's Vehicle – Primary / Secondary Referral Source (Check One Below):							
School Bus – Primary / Secondary Child Welfare Agency Hospital/Health Clinic Self I	Referral						
Other – Primary / Secondary							
INVOLVED ADULTS / EMERGENCY CONTACTS:							
#1 Adult – First: Middle Initial: Last Name:							
#1 Adult – First: Middle Initial: Last Name: DOB: / / Race: Gender (Circle): Male / Female							
DOB:/ Race: Gender (Circle): Male / Female							
DOB:/ Race: Gender (Circle): Male / Female Language (Check): English							
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DOB:/ / Race: Gender (Circle): Male / Female Language (Check): English 1st / 2nd Lakota 1st / 2nd Spanish 1st / 2nd Other Living Address: Mailing Address: City: State: _ Zip Code: Mobile Phone: #1 Home Phone: #2 Home Phone: Work Phone: #2 Adult - First: Middle Initial: Last Name: DOB: / / Race: Gender (Circle): Male / Female Language (Check): English 1st / 2nd Lakota 1st / 2nd Spanish 1st / 2nd Other Living Address: Mailing Address: Mobile Phone:							
DOB:/ Race: Gender (Circle): Male / Female Language (Check): English							
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DOB:							
DOB:							