



**PLEASE
COMPLETE ALL
AREAS OF THIS
APPLICATION.**

OAHE CHILD DEVELOPMENT CENTER

Child Application

Early Head Start / Head Start

2307 E. Capitol Pierre, SD 57501

Phone: 605-224-6603 Fax: 605-224-0850

OFFICE USE ONLY

Date Received: _____

EHS: _____ HS: _____

NEW _____ RETURN _____ TRANSF _____

IMMUNES: _____ 1/2 DAY _____ FULL DAY _____

ENCODED _____ County _____

Applicant Information (Child)

First Name _____ MI _____ Last Name _____	Date of Birth: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Has the applicant been enrolled in a Head Start/Early Head Start program before? _____ If so, where? _____ When? _____
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Living Address

Street: _____

Town/City: _____ State: _____ Zip Code: _____

County: _____

Mailing Address

Street/PO Box: _____

Town/City: _____ State: _____ Zip Code: _____

School District: _____

Applicant lives with: (check all that apply)

☐ Mother ☐ Stepfather
☐ Father ☐ Stepmother
☐ Grandparent(s) ☐ Foster Parent
☐ Other (specify) _____ ☐ Other Relative _____

Language(s) spoken in the child's home?

Primary: _____

Secondary: _____

How well does the applicant speak English?

***Race Key

Applicant	_____
Primary Guardian	_____
Secondary Guardian	_____

***Race Key: American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, White, Multiracial and/or Multiethnic, or Unspecified

Primary Parent/Guardian

First Name _____ Middle Name _____ Last Name _____

Date of Birth: _____ Relationship to Child: _____

Telephone Number Information:
Home/Cell _____ Work: _____

E-mail: _____

Secondary Parent/Guardian

First Name _____ Middle Name _____ Last Name _____

Address: _____

Date of Birth: _____ Relationship to Child: _____

Telephone Number Information:
Home/Cell: _____ Work: _____

E-mail: _____

Additional Information:

Is anyone in your household currently pregnant?

☐ No ☐ Yes

If yes, would you like an EHS application?

☐ Yes ☐ No

Custody Orders:

Are there special visitation orders we should be aware of?

☐ No

☐ Yes, please mark and provide us with a copy

____ Foster Care/Custody of State of South Dakota

____ Court ordered Agreements

____ Restraining Orders

Please list all OTHER persons living in the home

First Name	Last Name	Date of Birth	Relationship to Child	Race

OPTION AND CANNOT GUARANTEE ANY ENROLLMENT SLOT.

- _____ AM ½ day class Monday-Thursday, (8am-11:30am)
- _____ PM ½ day class Monday-Thursday, (11:45am-3:15pm)
- _____ Full day class Monday-Thursday and some Fridays (8am-3pm)
- _____ EHS Option with a home visitor

_____ Are you interested in the After School Program that operates 3:00pm-5:15pm Monday-Thursday and some Fridays?

Primary Parent/Guardian Employment and Education		Secondary Parent/Guardian Employment and Education	
Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed Employer Name: _____ Are you attending job training? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? _____ Are you active in any branch of the United States Military? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Are you a Veteran of the United States Military? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Highest level of education completed: <input type="checkbox"/> 9th or less <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> College Degree/Training Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Advanced <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____		Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed Employer Name: _____ Are you attending job training? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? _____ Are you active in any branch of the United States Military? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Are you a Veteran of the United States Military? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Highest level of education completed: <input type="checkbox"/> 9th or less <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> College Degree/Training Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Advanced <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	
Family Resources Information:		Income Verification:	
<i>Does your family receive any of the following types of services or financial assistance? (Please indicate all that apply):</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC <input type="checkbox"/> Public Assistance – TANF </div> <div style="width: 45%;"> <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> None Listed </div> </div>		<i>I understand that my income must be verified and have attached or emailed to Hannah.Carda@oahechild.com:</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Foster Care Verification <input type="checkbox"/> 1040 or W-2 <input type="checkbox"/> Unemployment </div> <div style="width: 45%;"> <input type="checkbox"/> Proof of SNAP/TANF/SSI <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Other: _____ </div> </div>	
Are there any other concerns or family situations that we should be aware of to help meet your child's needs? (Such as a recent divorce, move, parental health, counseling, parent absent due to incarceration or military duty, etc.) <div style="text-align: right;">If yes, please explain: _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> No <div style="width: 60%;"></div> <input type="checkbox"/> Yes </div>			
How Did You Hear About Us:		Were You Referred by Another Agency:	
<input type="checkbox"/> OCDC Website <input type="checkbox"/> Facebook /Social Media <input type="checkbox"/> Newspaper <input type="checkbox"/> Personal Contact <input type="checkbox"/> TV/Radio announcement		<input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Public School/EC Program <input type="checkbox"/> Health care provider/dentist <input type="checkbox"/> Other _____ <input type="checkbox"/> WIC Office/County Health	
Special Needs/Services:			
Does the applicant have any special needs? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please describe: _____ _____	
Is the applicant receiving any special services or currently on an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan)? (Examples: medical, speech therapy, physical therapy, occupational therapy, counseling, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe and provide name and address of service provider: _____ Provider: _____ Phone: _____ Address: _____			
Does your family receive (or is certified for), daycare assistance?		<input type="checkbox"/> No <input type="checkbox"/> Yes	

BEFORE ACCEPTANCE INTO OUR PROGRAM, INCOME MUST BE VERIFIED BY AUTHORIZED OCDC STAFF
Head Start Performance Standards require your child to have an up-to-date well child, dental exams, & immunizations.

My signature gives permission for staff to access my child's immunization records.
The statements and information on this application are true and accurate to the best of my knowledge.

Parent/Guardian

Date

Parent/Guardian

Date

This institution is an equal opportunity provider