



# Oahe Child Development Center, Inc.

2307 E. Capitol Avenue  
Pierre, South Dakota 57501

Phone: (605) 224-6603  
Fax #: (605) 224-0850

## APPLICATION

We are pleased that you are applying for our program! Oahe Child Development Center (OCDC) provides a comprehensive program that includes early childhood education, health, mental health, nutrition, family partnerships, and advocacy services for enrolled families.

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To complete the application process, OCDC Head Start/Early Head Start will need the following information:

- COMPLETED APPLICATION**
- FAMILY'S PROOF OF INCOME (one of the following)**
  - 1040, pay stubs, and/or W-2
  - Proof of SSI, TANF, or SNAP
  - Paperwork showing DSS placement, Kinship placement, etc
- CHILD'S BIRTH RECORD**
- IMMUNIZATION RECORD (Please see back side of this page for program requirements.)**

**PLEASE NOTE: CHILD MUST BE UP-TO-DATE ON ALL IMMUNIZATIONS TO BE CONSIDERED FOR FULL DAY CLASS ENROLLMENT AS PER SD CHILDCARE LICENSURE REQUIREMENTS.**

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Once your application has been returned and **income has been verified**, you or your child will be placed on a waiting list. We will start accepting income eligible children in the middle of May. Over income families will be notified starting the third week in July. If you do not receive notification during this time, you or your child will remain on the wait list until an opening occurs. During the school year, all applications will be reviewed at the time of an opening.

**If you have any questions, please call me at 605-224-6603 or 280-8262.**

Hannah Carda

## Recommended Immunization Schedule

Vaccine	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	19-23 Mo	4-6 Yr
Hepatitis B (Hep B)	#1	#2			#3					
Diphtheria, Tetanus, Pertussis (DTP)			#1	#2	#3		#4			#5
Haemophilus influenzae Type b (Hib)			#1	#2	#3*	#4				
Inactivated Poliovirus			#1	#2	#3					#4
Measles, Mumps, Rubella (MMR)						#1				#2
Varicella						#1				#2
Hepatitis A						#1 & #2 (6 months apart)				
Pneumococcal (PVC)			#1	#2	#3	#4				
		= Immunization is to be given within this range of time								

### IMMUNIZATION REQUIREMENTS – effective September 2016

**Combination Vaccines Often Seen on Immunization Records:**

- Pediarix = DTaP, Hep B, Polio
- Pentacel = DTaP, Hib, Polio
- Kinrix = DTaP, Polio
- MMRV = Varicella, MMR

\* NOTE: The Pedvax or ComVax Hib is 3 doses, with the 6-month immunization not required. All other Hib series are 4 doses using the schedule above.

## Recommended well child exams and dental exam Schedule

**Head Start federal guidelines require your child to be up to date on well child exams.**

**You need to determine if your child is up to date. Obtain copies of most current exams and lab results and bring with you to your enrollment or turn them in with the application.** If your child is not up to date you will need to make an appointment ASAP with your child’s medical provider/dentist to stay on track per guideline below:

- **Well-Child Exam**-Well child exams are normally done at 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 &/or 18 months, 2 year, 3 year, 4 year and 5 year.
- **Dental Exam**- First dental exam required by 12 months of age and then every year.
- **Blood lead level**- required at 12 and 24 months of age. If you do not have record of results or child was not tested, Head Start requires a level be drawn between 36 to 72 months of age.
- **Hemoglobin level**-required at 12 months of age.



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? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a <b>Veteran</b> of the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest level of education completed: <input type="checkbox"/> 9th or less <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some college <input type="checkbox"/> BS/BA <input type="checkbox"/> Associate's Degree <input type="checkbox"/> 2 year college <input type="checkbox"/> Master's <input type="checkbox"/> Advanced <input type="checkbox"/> Vocational <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? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a <b>Veteran</b> of the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest level of education completed: <input type="checkbox"/> 9th or less <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some college <input type="checkbox"/> BS/BA <input type="checkbox"/> Associate's Degree <input type="checkbox"/> 2 year college <input type="checkbox"/> Master's <input type="checkbox"/> Advanced <input type="checkbox"/> Vocational <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	
<b>Family Resources Information:</b>		<b>Income Verification:</b>	
<i>Does your family receive any of the following types of services or financial assistance? (Please indicate all that apply):</i> <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> WIC <input type="checkbox"/> None Listed <input type="checkbox"/> Public Assistance – TANF		<i>I understand that my income must be verified and have attached or emailed to Hannah.Carda@oahechild.com:</i> <input type="checkbox"/> Foster Care Verification <input type="checkbox"/> Proof of SNAP/TANF/SSI <input type="checkbox"/> 1040 or W-2 <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____	
<i>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.)</i> If yes, please explain: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>How Did You Hear About Us:</b>		<b>Were You Referred by Another Agency:</b>	
<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	
<b>Special Needs/Services:</b>			
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: _____			
<b>Does your family receive (or is certified for), daycare assistance?</b>		<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**