

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.

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.)

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

Once your application has been returned and <u>income has been verified</u>, 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

	Birth	1	2	4	6	12	15	18	19-23	4-6
Vaccine		Мо	Мо	Мо	Мо	Мо	Мо	Мо	Мо	Yr
Hepatitis B (Hep B)	#1	#2				#3	3			
Diphtheria, Tetanus, Pertussis (DTP)			#1	#2	#3		#	4		#5
Haemophilus influenzae Type b (Hib)			#1	#2	#3*	#	4			
Inactivated Poliovirus			#1	#2		#3	3			#4
Measles, Mumps, Rubella (MMR)						#	1			#2
Varicella						#	1			#2
Hepatitis A						#1 &	#2 (6	month	s apart)	
Pneumococcal (PVC)			#1	#2	#3	#	4			
		= Im	muniz	ation is	s to be	given	withir	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

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.
- <u>Blood lead level</u>- 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.
- <u>Hemoglobin level</u>-required at 12 months of age.

^{*} 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.



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

Applicant Information (C	hild)											
Applicant information (C	illia)						Lloo the a	annliagnt been enre	م: اممال			
			<u>Da</u>	Date of Birth:			Has the applicant been enrolled in a Head Start/Early Head Start program					
First Name MI	Last Na	 me					before?					
				⊓Male	ere?							
Living Address			Ma	iling Addr	□Female ess							
Street:			Stre	eet/PO Box:								
Town/City:	State:	Zip Code	: Tov	wn/City: State: Zip (ip Cod	e:		
County:			Sch	nool District:								
Applicant lives with: (check at	ll that apply)	Language	(s) spoken	in the child	's home?		Race	Key Listed Below	1			
	☐ Mother ☐ Stepfather							Race Circle one				
·			Applic			ant	Hispanic?	Υ	N			
☐ Grandparent(s) ☐ Fo	randparent(s)				Primary				.			
☐ Other (specify) ☐ Of	ther Relative	-					lian	Hispanic?	Υ	N		
				·	Seco			Hispanic?	Υ	N		
Primary Parent/Guardian				Seconda	Guardian Secondary Parent/Guardian							
-		ast Name		First Name	•		Name	Last Nam	e			
Date of Birth: Relationship to Child:				Address:								
Telephone Number Information:			Date of Birth: Relationship to Child									
Home/Cell Work:				Telephone Number Information: Home/Cell: Work:								
E-mail:				E-mail:								
Additional Information	:			Custod	y Orders:							
					e special visit	tation or	ders we s	hould be aware	of?			
Is anyone in your house	hold currently pr	regnant?		□ No								
□ No	□ Yes			☐ Yes, please mark and provide us with a copy Foster Care/Custody of State of South Dakota								
If yes, would you like an				Foster Care/Custody of State of South DakotaCourt ordered Agreements								
□ Yes	□ N	0		Restraining Orders								
Please list all OTHER per	sons living in the	e home										
First Name Last Name Date of E			Birth Relationship to Child			hild	Race					
PLEASE RANK YOUR					E A CERTA	AIN NU	MBER C	F SLOTS FOR	EAC	H		
OPTION AND CANNOT												
	day class Monda day class Monda				n)							
PM ½ day class Monday-Thursday, (11:45a Full day class Monday-Thursday and some												
EHS Option with a home visitor					- 1/							
Are you interested in the After School Program that operates 3					Opm-5:15pm	Monday	/-Thursda	y and some Frid	ays?			
***Race Key: American Indian (A		_	-			-		-	•			

Primary Parent/Guardian Employment and Education	Secondary Parent/Guardian Employment and Education					
Employment:	Employment:					
□ Full time □ Part time □ Seasonal □ Unemployed	□ Full time □ Part time □ Seasonal □ Unemployed					
Employer Name:	Employer Name:					
Are you attending job training? ☐ Yes ☐ No	Are you attending job training? □ Yes □ No					
Are you in school?	Are you in school? □ Yes □ No					
If yes, Where?	If yes, Where?					
Are you active in any branch of the United States Military?	Are you active in any branch of the United States Military?					
☐ Yes ☐ No	☐ Yes ☐ No					
Are you a Veteran of the United States Military?	Are you a Veteran of the United States Military?					
☐ Yes ☐ No	☐ Yes ☐ No					
Highest level of education completed:	Highest level of education completed:					
☐ 9th or less ☐ 10 th ☐ 11 th ☐ HS Graduate	☐ 9th or less ☐ 10 th ☐ 11 th ☐ HS Graduate					
☐ Some college ☐ BS/BA ☐ Associate's Degree	☐ Some college ☐ BS/BA ☐ Associate's Degree					
☐ 2 year college ☐ Master's ☐ Advanced ☐ Vocational ☐ Doctorate ☐ Other	☐ 2 year college ☐ Master's ☐ Advanced ☐ Vocational ☐ Doctorate ☐ Other					
Family Resources Information:	Income Verification:					
Does your family receive any of the following types of	I understand that my income must be verified and have attached or					
services or financial assistance? (Please indicate all that apply):	emailed to Hannah.Carda @oahechild.com:					
□ SNAP (Food Stamps) □ Supplemental Security	☐ Foster Care Verification ☐ Proof of SNAP/TANF/SSI					
□ WIC Income (SSI)	□ 1040 or W-2 □ Pay Stubs					
☐ Public Assistance – TANF ☐ None Listed	☐ Unemployment ☐ Other:					
Are there any other concerns or family situations that we sho	uld be aware of to belo meet your child's needs? (Such as a					
recent divorce, move, parental health, counseling, parent abs	, ,					
· · · · · · · · · · · · · · · · · · ·	ase explain:					
<u> </u>	35c explain.					
□ No □ Yes						
How Did You Hear About Us:	Vere You Referred by Another Agency:					
	/ere You Referred by Another Agency: Child Welfare Agency Rublic School/FC Program					
□ OCDC Website □ Facebook /Social Media	□ Child Welfare Agency □ Public School/EC Program					
 □ OCDC Website □ Newspaper □ Personal Contact 	 □ Child Welfare Agency □ Health care provider/dentist □ Other 					
 □ OCDC Website □ Newspaper □ TV/Radio announcement □ TV/Radio announcement 	□ Child Welfare Agency □ Public School/EC Program					
□ OCDC Website □ Facebook /Social Media □ Newspaper □ Personal Contact □ TV/Radio announcement Special Needs/Services: □ No □ Ye	 □ Child Welfare Agency □ Health care provider/dentist □ WIC Office/County Health 					
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