

Must be checked for valid application. If applying for Early Head Start circle either Center or Home base (check all that apply)

Head Start Childcare Early Head Start (Center or Home) Pre-School

Section VII - Child to be enrolled

| | | | |
|---|-----------------------------|---------------------|---|
| Last Name: | First Name: | Middle IN: | Preferred Name: |
| Date of Birth: | Gender: | Tribal Affiliation: | <input type="checkbox"/> PBP Enrolled Tribal Member <input type="checkbox"/> PBP Tribal Descendent <input type="checkbox"/> Member of Another Tribe <input type="checkbox"/> Native American Descendent <input type="checkbox"/> Non Native |
| Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other | Language(s) spoken in home: | CDIB #: | |

Pregnancy History of Mother:

While pregnant, did the child's mother have any of the following:

| | | | | | |
|---------------------|-----|----|-------------------------------|-----|----|
| German Measles | Yes | No | Vaginal infection or Bleeding | Yes | No |
| Anemia | Yes | No | Have a high fever | Yes | No |
| Diabetes | Yes | No | Smoke cigarettes | Yes | No |
| Kidney Problems | Yes | No | Drink alcohol | Yes | No |
| High Blood Pressure | Yes | No | Use drugs | Yes | No |

Were there any other complications or unusual circumstances during pregnancy? (describe)

What medications did the mother take during pregnancy? (include vitamins and iron)

Please list all Health Professionals working with the child:

- | | |
|---|---|
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Occup. Therapist |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> IHS | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Speech/Lang. Therapist | <input type="checkbox"/> Other (Specify): |

Child's Birth History:

Was child born early? How early? Late? On Time
 Was child born C-Section? Yes No If yes, please give reason:

How much did child weigh when he/she was born? _____ Length of child? _____

What was child's birth condition?

Child's General Medical History:

Has he/she ever had the following?

| | | | | | |
|-------------------------|-----|----|------------------------|-----|----|
| Ear or Hearing Problem | Yes | No | Eye or vision Problems | Yes | No |
| Allergies | Yes | No | Asthma | Yes | No |
| Convulsions | Yes | No | Meningitis | Yes | No |
| Exposure to lead | Yes | No | Anemia | Yes | No |
| Vomiting Spells | Yes | No | Frequent diarrhea | Yes | No |
| Frequent colds-coughs | Yes | No | Head Injury | Yes | No |
| Frequent ear infections | Yes | No | High fevers(over 104) | Yes | No |
| Dental problems | Yes | No | Sore throats | Yes | No |
| Chicken Pox | Yes | No | Measles | Yes | No |
| Mumps | Yes | No | Boils | Yes | No |
| Hives | Yes | No | Eczema | Yes | No |
| Constipation | Yes | No | Headaches | Yes | No |
| Bladder infections | Yes | No | Stomach aches | Yes | No |

Other: (please explain)

Does the child take medication on a regular basis? Y N Please list medications and reason for taking:

****Please circle one number in each category in one or all programs that your child is applying for. unless otherwise noted****

| Prairie Band Potawatomi Head Start | | | |
|--|----|--|---------------------------|
| Child Eligibility Priority Criteria | | | |
| Tribal Affiliation | | Residence Location | |
| PBP Enrolled Tribal Member | 50 | Reservation | 15 |
| PBP Tribal Descendent | 30 | Off Reservation | 5 |
| Member of Another Tribe | 20 | Income Status | |
| Native American Descendent | 10 | Income Eligible | 50 |
| Non-Native American | 5 | Over Income | 5 |
| Age of the Child | | Continuity of Care | |
| 4-Year-Old | 20 | Past Head Start Family | 10 |
| 3-Year-Old | 10 | Early Head Start Transition | 40 |
| Special Circumstances (select all that apply) | | NOTE: Child must be 3 years old before September 1 of current year to attend Head Start. | |
| Special Needs (IEP) | 50 | | |
| Homeless OR Foster Care | 50 | | |
| Other: **please specify** | 10 | | |
| (single parent, teenage parent, other: _____) | | | |
| **Office Use Only | | Application No. _____ | Total Points _____ |

| Prairie Band Potawatomi Early Head Start | | | |
|--|----|-----------------------------------|---------------------------|
| Child Eligibility Priority Criteria | | | |
| Tribal Affiliation | | Parental Status | |
| PBP Enrolled Tribal Member | 50 | Teenage Expectant Parent | 50 |
| PBP Tribal Descendent | 30 | Teenage Parent | 40 |
| Member of Another Tribe | 20 | Single Parent | 10 |
| Native American Descendent | 10 | Two Member Household | 5 |
| Non-Native American | 5 | Residence Location | |
| Age of the Child | | Reservation | 15 |
| Prenatal to 1 Year | 30 | Off Reservation | 5 |
| 1-2 Year Old | 20 | Income Status | |
| 2-3 Year Old | 10 | Income Eligible | 50 |
| Special Circumstances (select all that apply) | | Over Income | 5 |
| Special Needs (IFSP) | 50 | Center Based Consideration | |
| Homeless OR Foster Care | 50 | Attending Work School or Training | 10 |
| Other Consideration *specify* | 10 | (_____) | |
| **Office Use Only | | Application No. _____ | Total Points _____ |

| Prairie Band Potawatomi Child Care | | | |
|---|----|--|---------------------------|
| Child Eligibility Priority Criteria | | | |
| Tribal Affiliation | | Residence Location | |
| Enrolled Tribal Member | 50 | Reservation | 15 |
| Descendent of a Tribe | 30 | Off Reservation | 5 |
| Non- Native American | 10 | Income Status | |
| Parental Status | | Income Eligible | 15 |
| Teenage Parent | 10 | Over Income | 5 |
| Single Parent | 10 | Special Circumstances (select all that apply) | |
| Two Member Household | 5 | Special Needs (IFSP/IEP) | 30 |
| | | Homeless or Foster Child | 30 |
| **Office Use Only | | Application No. _____ | Total Points _____ |

TC Approved: 7/15/13

Parent's Consent/Cooperation

Field Trips

I give my consent for my child _____ to participate in field trips supervised by authorized staff of the Prairie Band Potawatomi Early Childhood Education Center. All precautions to ensure the health and safety of my child will be taken.

Parent/Guardian's Initial: _____

Parent/Guardian's Initial: _____

Publicity

I give my consent for my child's picture and name to be used in promotional ways to acquaint the community with the PBP ECEC (newspaper, newsletter, video recordings, website, and or parent lists).

Parent/Guardian's Initial: _____

Parent/Guardian's Initial: _____

Health & Dental

I agree to cooperate with PBP ECEC Staff in taking my child for a complete health assessment and dental exam. I further agree to cooperate for follow-up care as appropriate.

Parent/Guardian's Initial: _____

Parent/Guardian's Initial: _____

Authorization to Treat Minor Injuries or Accidents

I hereby authorize faculty of PBP ECEC to administer medical treatment and/or first aid for any minor injury or accident while my child is in their care.

Parent/Guardian's Initial: _____

Parent/Guardian's Initial: _____

Child Protection Services Acknowledgement

In the event that PBP ECEC Staff has reason to suspect the occurrence of physical, sexual, or emotional abuse, neglect, or exploitation of a child, PBP ECEC will, as required by law, report the incident immediately by telephone or writing to the appropriate agency (PBP Social Service Program or Social and Rehabilitation Services).

Parent/Guardian's Initial: _____

Parent/Guardian's Initial: _____

Confidentiality

Children's records shall be confidential. Staff shall not disclose or discuss personal information regarding my child with any person not authorized. Each child's records shall be made available to the child's parent/guardian on request during normal working hours.

Parent/Guardian's Initial: _____

Parent/Guardian's Initial: _____

Child Development

I hereby give my permission for the PBP ECEC Staff to evaluate my child's development. The information will be used to provide my child with individual assistance when necessary.

Parent/Guardian's Initial: _____

Parent/Guardian's Initial: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Staff's Signature: _____ Date: _____

Permission to Release Confidential Information

Child's Name: _____ DOB: _____

I hereby authorize the release and/or exchange of information between the Prairie Band Potawatomi Early Childhood Education Center and the individual/agencies listed below. Parent/Guardian must **initial** appropriate item. Information requested from/to:

| Individual/Agency | Examples of Information |
|---|---|
| <input type="checkbox"/> Royal Valley USD #337 | *education, screening results, Transportation, and/or health information, kindergarten transition information |
| <input type="checkbox"/> Holton Special Ed Coop. | |
| <input type="checkbox"/> Infant/Toddler Prgm/Part C | |
| <input type="checkbox"/> Parents as Teachers Prgm | |
| <input type="checkbox"/> Even Start | |
| <input type="checkbox"/> FACE-Family and Child Education | *verification of DOB, TANF, food stamps, medical care, and other related information |
| <input type="checkbox"/> EHS Early Head Start | |
| <input type="checkbox"/> SRS-Social & Rehabilitation Services | |
| <input type="checkbox"/> Haskell Dental | *dental exam, treatment plan, and follow-ups |
| <input type="checkbox"/> Indian Public Health Services | *medical, health assessment, immunizations, and other related information |
| <input type="checkbox"/> WIC | |
| <input type="checkbox"/> Native American Family Services | |
| <input type="checkbox"/> PBP Family Health Center | |
| <input type="checkbox"/> Jackson County Health Dept. | *health and developmental screening results and/or Healthy Start visits |
| <input type="checkbox"/> Other | |

Comments: _____

I understand the information obtained will not be transmitted to another party without specific written consent, or as otherwise permitted by federal regulation (42 D.F.R. Part 2). I understand I have the right to revoke this permission at any time.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Staff Member Signature: _____ Date: _____