Dear Parent/Guardian:

Thank you for your interest in Early Head Start and Head Start at BECEP! Our programs are designed to develop the academic, social, emotional, and health needs of children from birth to 5 years old, and their families. Staff support school readiness by helping children possess the skills, knowledge, and attitudes necessary for success in school and for later learning in life. The Head Start approach to school readiness means that children are ready for school, families are ready to support their children's learning, and schools are ready for children. Children with disabilities are encouraged to apply.

Our programs are federally funded. Eligibility is determined by using income guidelines established by the federal government. Ninety percent of families enrolled are below the federal poverty level, are homeless, in foster care and/or receive public assistance. Families who are within the 130% guidelines may be served after all families who meet the 100% poverty guidelines have been served, if space is available.

Your application must be complete before we can determine eligibility.

### Early Head Start (EHS)
- Serves a total of 12 expectant families, infants, and toddlers under the age of 3, in their homes over a 12 month period (48 weeks) July through June.
  - Prenatal – Expectant families receive a home visit one time a month or as needed to support them during their pregnancy.
  - Birth to 3 – Parent services are provided and focus on child development and parent education through weekly home visits. The home visitor supports the parents' ability to enhance their child's development through child-focused activities and experiences. Parent-child play groups are provided to promote socialization experiences for children.

### Head Start (HS)
- Provides preschool to 119 children ages 3-5 years over a 9 month period from Aug. / Sept. through May / June. Classroom instruction is provided for 6.25 hours (8:15-2:30) Monday through Thursday. If parents/guardians are working or enrolled in school, they would be eligible to apply for classroom instruction for 6.25 hours (8:15-2:30) Monday through Friday, which is available on a limited basis. (If applying for this option, family members are asked to attach work or school schedules to their application.) Each classroom is staffed by at least one teacher and one instructional aide. Each family will receive a minimum of 2 home visits. Families come to the center for open house and two conferences. Transportation to and from school is available on a limited basis.

**2020 Federal Poverty Guidelines**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Family Yearly Income 100%</th>
<th>Family Yearly Income 130%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,760</td>
<td>$16,588</td>
</tr>
<tr>
<td>2</td>
<td>$17,240</td>
<td>$22,142</td>
</tr>
<tr>
<td>3</td>
<td>$21,720</td>
<td>$28,236</td>
</tr>
<tr>
<td>4</td>
<td>$26,200</td>
<td>$34,060</td>
</tr>
<tr>
<td>5</td>
<td>$30,680</td>
<td>$39,884</td>
</tr>
<tr>
<td>6</td>
<td>$35,160</td>
<td>$45,708</td>
</tr>
<tr>
<td>7</td>
<td>$39,640</td>
<td>$51,532</td>
</tr>
</tbody>
</table>

For each additional person, add $4,480 add $5,824
### Application Checklist:

**Step 1 Complete the Application process to BECEP.** (To avoid any delays in processing your application, complete all of the items in step 1 of the application process.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Person Interview</td>
<td>Call to schedule an in-person appointment at 701-323-4400</td>
</tr>
<tr>
<td>Proof of Age</td>
<td>State-Certified Birth Certificate. Child must be age eligible to enroll.</td>
</tr>
<tr>
<td>Proof of Residency</td>
<td>One Primary Proof of Residence (Examples indicated below.) One Secondary Proof of Residence (Examples indicated below.)</td>
</tr>
<tr>
<td>Note:</td>
<td>If you live in transitional housing (motel, campsite, car, shelter, or shared housing), you do not need to complete this item. Tell staff you are in transitional housing.</td>
</tr>
<tr>
<td>Driver’s License or Photo ID of LEGAL guardian (proof of court appointed guardianship)</td>
<td>The person registering the student must be the legal parent or court-appointed guardian. Court appointed guardians must provide legal papers.</td>
</tr>
<tr>
<td>Student Registration Form</td>
<td>(Attached)</td>
</tr>
<tr>
<td>Family Residency Form</td>
<td>(Attached)</td>
</tr>
</tbody>
</table>

To complete the application for Head Start and determine if your child is eligible, you must submit the following documents:

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Income</td>
<td>Submit income from ONE of the following sources: • 2019 Tax Statement • Pay stubs for past 12 months • TANF, Supplemental Security Income (SSI), or Foster Care Income</td>
</tr>
<tr>
<td>Early Head Start (EHS)/ Head Start (HS) Application</td>
<td>Review the application to make sure all questions are completed.</td>
</tr>
<tr>
<td>Note:</td>
<td></td>
</tr>
</tbody>
</table>

One Primary Proof of Residence (Examples: Home mortgage, builder’s agreement, purchase agreement, homeowner’s insurance policy, Burleigh County property tax statement, or lease/rental agreement that lists the names of parents/guardians living in the rental unit, plus the manger’s name and phone number.)

One Secondary Proof of Residence (Examples: bill for heat/ lights, garbage/water, or cable TV dated within the last 30 days, or document from the Department of Social Services.)

Unacceptable Proof of Residents: US mail, post office change of address, credit card/ bank statement, personal taxes, medical bills, payroll checks, insurance policy, or any proof older than 30 days.

**Step 2 Orientation Meeting.** New enrollees, may be requested to complete a developmental screening and accompany the parent/guardian to the appointment. **The following documents will be needed following the Orientation appointment:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td>Current physical exam (including hearing and vision screening, hemoglobin, and blood lead screening) through a provider such as: your family physician, Health Tracks, or Public Health Unit</td>
</tr>
<tr>
<td>Dental Exam</td>
<td>Current dental exam</td>
</tr>
<tr>
<td>Immunization Record</td>
<td>Up-to-Date immunization record</td>
</tr>
</tbody>
</table>
### Applicant & Family Member Information

#### Applicant 1 (Child 3-5, Child 0-3, & Pregnant Women Applicants)

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>Applicant Applying For</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Early Head Start (Child Birth to 3 Yrs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Head Start (Child 3-5 Yrs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Early Head Start - Expectant Mother</td>
</tr>
</tbody>
</table>

**Race**
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other: ______________

**Hispanic/Latino**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**English Proficiency**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Other Language**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Other Language Proficiency**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Primary Health Coverage**
- ☐ Children’s Health Insurance Program (CHIP)
- ☐ Combined Medicaid/CHIP
- ☐ Medicaid
- ☐ No Insurance
- ☐ Private Health Insurance
- ☐ State-Only Funded Insurance (Healthy Steps)
- ☐ Other: ______________

**Medicaid Eligibility**
- ☐ Not Eligible
- ☐ On Medicaid
- ☐ Potentially Eligible

**Doctor/Medical Home**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Dentist/Dental Home**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Dental Coverage**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

#### Applicant 2 (Child 3-5, Child 0-3, & Pregnant Women Applicants)

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>Applicant Applying For</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Early Head Start (Child Birth to 3 Yrs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Head Start (Child 3-5 Yrs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Early Head Start - Expectant Mother</td>
</tr>
</tbody>
</table>

**Race**
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other: ______________

**Hispanic/Latino**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**English Proficiency**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Other Language**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Other Language Proficiency**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Primary Health Coverage**
- ☐ Children’s Health Insurance Program (CHIP)
- ☐ Combined Medicaid/CHIP
- ☐ Medicaid
- ☐ No Insurance
- ☐ Private Health Insurance
- ☐ State-Only Funded Insurance (Healthy Steps)
- ☐ Other: ______________

**Medicaid Eligibility**
- ☐ Not Eligible
- ☐ On Medicaid
- ☐ Potentially Eligible

**Doctor/Medical Home**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Dentist/Dental Home**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Dental Coverage**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

#### Applicant 3 (Child 3-5, Child 0-3, & Pregnant Women Applicants)

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>Applicant Applying For</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Early Head Start (Child Birth to 3 Yrs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Head Start (Child 3-5 Yrs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ Early Head Start - Expectant Mother</td>
</tr>
</tbody>
</table>

**Race**
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other: ______________

**Hispanic/Latino**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**English Proficiency**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Other Language**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Other Language Proficiency**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Primary Health Coverage**
- ☐ Children’s Health Insurance Program (CHIP)
- ☐ Combined Medicaid/CHIP
- ☐ Medicaid
- ☐ No Insurance
- ☐ Private Health Insurance
- ☐ State-Only Funded Insurance (Healthy Steps)
- ☐ Other: ______________

**Medicaid Eligibility**
- ☐ Not Eligible
- ☐ On Medicaid
- ☐ Potentially Eligible

**Doctor/Medical Home**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Dentist/Dental Home**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Dental Coverage**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

### Primary Adult

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Race**
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other: ______________

**Hispanic**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**English Proficiency**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Other Language**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

**Other Language Proficiency**
- ☐ Yes
- ☐ No
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient
### Secondary Adult in the Home

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic</th>
<th>English Proficiency</th>
<th>Other Language</th>
<th>Other Language Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>No</td>
<td>None</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Black</td>
<td>No</td>
<td>None</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>White</td>
<td>No</td>
<td>None</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Other:</td>
<td>No</td>
<td>None</td>
<td>No</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Grade Completed</th>
<th>Employment Status</th>
<th>Child's Relationship</th>
<th>Custody</th>
<th>Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's</td>
<td>Grade 10</td>
<td>Full Time</td>
<td>Yes</td>
<td>Lives with Family</td>
</tr>
<tr>
<td>Bachelor's</td>
<td>Grade 11</td>
<td>(35+ hrs/ wk)</td>
<td>No</td>
<td>Provides Financial</td>
</tr>
<tr>
<td>Bachelor's</td>
<td>Grade 12</td>
<td>Part Time</td>
<td>No</td>
<td>Support</td>
</tr>
<tr>
<td>Bachelor's</td>
<td>&lt; Grade 9</td>
<td>Seasonal</td>
<td>Yes</td>
<td>Teen Parent</td>
</tr>
<tr>
<td>Training</td>
<td>HS Graduate</td>
<td>Unemployed</td>
<td>No</td>
<td>If teen parent, subsidized? Yes No</td>
</tr>
<tr>
<td>GED</td>
<td>Master's</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Grade Completed</th>
<th>Employment Status</th>
<th>Child's Relationship</th>
<th>Custody</th>
<th>Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate's</td>
<td>Grade 10</td>
<td>Full Time</td>
<td>Yes</td>
<td>Lives with Family</td>
</tr>
<tr>
<td>Associate's</td>
<td>Grade 11</td>
<td>(35+ hrs/ wk)</td>
<td>No</td>
<td>Provides Financial</td>
</tr>
<tr>
<td>Associate's</td>
<td>Grade 12</td>
<td>Part Time</td>
<td>Yes</td>
<td>Support</td>
</tr>
<tr>
<td>Associate's</td>
<td>&lt; Grade 9</td>
<td>Seasonal</td>
<td>No</td>
<td>Teen Parent</td>
</tr>
<tr>
<td>Training</td>
<td>HS Graduate</td>
<td>Unemployed</td>
<td>No</td>
<td>If teen parent, subsidized? Yes No</td>
</tr>
<tr>
<td>GED</td>
<td>Master's</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Adult in the Home

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic</th>
<th>English Proficiency</th>
<th>Other Language</th>
<th>Other Language Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Yes</td>
<td>None</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>Black</td>
<td>No</td>
<td>Little</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>White</td>
<td>No</td>
<td>Moderate</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>Other:</td>
<td>No</td>
<td>Proficient</td>
<td>Yes</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Grade Completed</th>
<th>Employment Status</th>
<th>Child's Relationship</th>
<th>Custody</th>
<th>Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's</td>
<td>Grade 10</td>
<td>Full Time</td>
<td>Yes</td>
<td>Lives with Family</td>
</tr>
<tr>
<td>Bachelor's</td>
<td>Grade 11</td>
<td>(35+ hrs/ wk)</td>
<td>No</td>
<td>Provides Financial</td>
</tr>
<tr>
<td>Bachelor's</td>
<td>Grade 12</td>
<td>Part Time</td>
<td>Yes</td>
<td>Support</td>
</tr>
<tr>
<td>Bachelor's</td>
<td>&lt; Grade 9</td>
<td>Seasonal</td>
<td>Yes</td>
<td>Teen Parent</td>
</tr>
<tr>
<td>Training</td>
<td>HS Graduate</td>
<td>Unemployed</td>
<td>No</td>
<td>If teen parent, subsidized? Yes No</td>
</tr>
<tr>
<td>GED</td>
<td>Master's</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Grade Completed</th>
<th>Employment Status</th>
<th>Child's Relationship</th>
<th>Custody</th>
<th>Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate's</td>
<td>Grade 10</td>
<td>Full Time</td>
<td>Yes</td>
<td>Lives with Family</td>
</tr>
<tr>
<td>Associate's</td>
<td>Grade 11</td>
<td>(35+ hrs/ wk)</td>
<td>No</td>
<td>Provides Financial</td>
</tr>
<tr>
<td>Associate's</td>
<td>Grade 12</td>
<td>Part Time</td>
<td>Yes</td>
<td>Support</td>
</tr>
<tr>
<td>Associate's</td>
<td>&lt; Grade 9</td>
<td>Seasonal</td>
<td>Yes</td>
<td>Teen Parent</td>
</tr>
<tr>
<td>Training</td>
<td>HS Graduate</td>
<td>Unemployed</td>
<td>No</td>
<td>If teen parent, subsidized? Yes No</td>
</tr>
<tr>
<td>GED</td>
<td>Master's</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Table Cells with options for races, highest grade completed, employment status, child's relationship, custody, and check all that apply options]
### Additional Child(ren) in Home (Non-Applicant) *

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>Living in Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>___yes ___no</td>
</tr>
</tbody>
</table>

#### Race
- [ ] Asian
- [ ] Black
- [ ] White
- [ ] Other: __________

#### Hispanic/Latino
- [ ] Yes
- [ ] No

#### English Proficiency
- [ ] None
- [ ] Little
- [ ] Moderate
- [ ] Proficient

#### Other Language
- [ ] None
- [ ] Little
- [ ] Moderate
- [ ] Proficient

© Adapted from 2019 Management Information Technology USA, Inc. 6/3/15
# Family Information

## Family Living Address

<table>
<thead>
<tr>
<th>Started Living At Date</th>
<th>Living Address</th>
<th>ZIP</th>
<th>City</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Family Mailing Address

<table>
<thead>
<tr>
<th>Same as living?</th>
<th>Started Using Date</th>
<th>Mailing Address</th>
<th>ZIP</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Phone Number(s)

- **Type (check one)**
  - [ ] Cell
  - [ ] Home
  - [ ] Work
  - [ ] Other ___________

- **Note (extension or best time to call)**
- **Opt In for Text Messages**
  - [ ] Yes
  - [ ] No

#### Parental Status

- **Primary Language at Home**
  - [ ] Yes
  - [ ] No

- **Homeless Family**
  - [ ] Yes
  - [ ] No

- **Active Duty Military**
  - [ ] Yes
  - [ ] No

- **Military Veteran**
  - [ ] Yes
  - [ ] No

- **Referred by Child Welfare Agency**
  - [ ] Yes
  - [ ] No

- **Receiving SNAP**
  - [ ] Yes
  - [ ] No

- **WIC**
  - [ ] Yes
  - [ ] No

---

The BECEP Early Head Start/Head Start Program serves children and their family’s birth to age 5. The educational program is tailored to children’s individual strengths and needs. It fosters self-esteem and develops cognitive, language, motor, and social skills. The comprehensive development program includes medical and dental screenings and follow-up treatment along with classroom experiences that emphasize a variety of preventive health practices. Nutritious meals and snacks are eaten in family-style settings. As the primary resource and educators of their children, parents are an integral part of the success of HEAD START. They are welcomed to volunteer and to participate in activities to help support their child’s growth and development. They also have opportunities for leadership in the program by serving on the Policy Council and/or on Parent Committees. HEAD START offers support for parents by supporting opportunities for self-sufficiency. HEAD START staff and parents work together to develop parent partnership agreements that build on family strengths to realize short-term and long-term family goals.

### Fees:

HEAD START is funded through the United States Department of Health and Human Services, Administration for Children, Youth, and Families, Head Start Bureau. The program is free to those families who meet the established federal eligibility income guidelines.

I agree to cooperate with the policies and procedures of the Early Head Start/Head Start Program. I understand that at the beginning of the year I will be provided with a parent handbook, which includes relevant policies and procedures. I certify that information provided is correct to the best of my knowledge and is subject to verification. I am also aware that I may be subject to termination from the program if the information verified disqualifies me from eligibility.

---

Parent/Guardian Signature __________________________________________  Date ______________________________

Parent/Guardian Printed Name _________________________________________

---

© Adapted from 2019 Management Information Technology USA, Inc. 07.18.2019
# Bismarck Public School District
## Student Registration Form (revised 12/2016)

### FOR OFFICE USE ONLY:
- School ________________________  Student # ____________________  Reg. ID # __________
- Transportation Requested: Yes ____  AM Only  PM Only  AM/PM  No ____

<table>
<thead>
<tr>
<th>Student’s Legal Last Name</th>
<th>First Name</th>
<th>Middle Name/Initial</th>
<th>Preferred Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Grade</td>
<td>Gender</td>
<td>Student Cell Phone No.</td>
</tr>
<tr>
<td>Has this student previously attended a Bismarck Public School (including BECEP)?</td>
<td>Yes ____  No ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has this student ever been suspended?</td>
<td>Yes ____  No ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has this student ever been expelled?</td>
<td>Yes ____  No ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this student a registered offender?</td>
<td>Yes ____  No ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic Category: Is this child Hispanic/Latino?</td>
<td>Yes ____  No ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please choose all that apply to child’s race:</td>
<td>African American  American Indian/Alaskan Native  Asian  Caucasian/White  Native Hawaiian/Other Pacific Islander</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical/Emergency Information
- In the case of a medical emergency and I cannot be reached, I give my child’s doctor or any attending physician permission to administer medical treatment. Yes ____  No ____
- Physician’s Name
- Physician’s Phone No.
- Bismarck Public Schools (BPS) may give my child’s Medicaid number to BPS health care providers so that the providers can bill Medicaid for services they provide my child. Medicaid No. __________
- Do not share my child’s Medicaid number with the school. Does not apply – my child is covered by another insurance. My child is not currently covered by any insurance. ___

### Health Information (Check ALL that apply)
- No known health problems
- Contacts/Glasses
- Hearing Aids
- Ear Tubes
- Frequent Ear Infections
- Wheelchair
- Life threatening allergies (list)
- Other allergies (list)
- Student requires Epi-pen at school? Yes ____  No ____
- Student requires rescue inhaler at school? Yes ____  No ____
- Asthma (___Inhaler Dependent)  Diabetes (___Insulin Dependent)  Seizure/Epilepsy (___Medication Required)
- Student needs to take medication at school? Yes ____  No ____
- Student has a medical condition school should be aware of? Yes ____  No ____ (Please list) __________

### Special Programs
- Does this student have a current Individual Education Plan (IEP) through Special Education? Yes ____  No ____
- If yes, please indicate primary disability __________
- Does this student have a 504 Accomodation Plan (for such things as diabetes management, ADHD, etc)? Yes ____  No ____
- Did this student participate in a Gifted and Talented Program at their last school? Yes ____  No ____
- Home Language (please indicate) ___English  ___Other: __________

### Emergency Contacts – additional to parent/guardian
- Contact #1 (Last, First Name)  Relationship to Child  Contact Phone No. __________
- Contact #2 (Last, First Name)  Relationship to Child  Contact Phone No. __________
- Contact #3 (Last, First Name)  Relationship to Child  Contact Phone No. __________

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

My relationship to the student is: ___Parent  ___Legal Guardian (Documentation Needed)  ___Person having lawful Court Order (Order Needed)  ___Other: __________

Printed Name: __________

Signature: __________  Date __________
### Parent/Guardian Contact Information

<table>
<thead>
<tr>
<th>Student Resides With (X)</th>
<th>Name of Parent/Guardian</th>
<th>Employer</th>
<th>Daytime Phone</th>
<th>Cell Phone (receive text messages)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother’s Email</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Father’s Email</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guardian’s Email</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guardian’s Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is this a single-parent household? Yes ____ No ____

Is parent/step parent/guardian a registered offender? Yes ____ No ____

Name:

### Primary address where child(ren) live/reside:

- **Physical Address**
  - Street
  - Apt #
  - City
  - State
  - Zip

### Address where school information should be mailed: (if different than physical address)

- **Mailing Address**
  - Street
  - Apt #
  - City
  - State
  - Zip

Where is your child/family currently living (Federal law NCLB mandates that we ask this question) – Please check the appropriate box:

- Single family permanent residence in Bismarck (house, apartment, condo, etc.)
- Living in a temporary residence while building or looking for a home
- Unaccompanied Youth
- Doubled-Up (sharing housing with another families/individual due to economic hardship)
- Motel/Hotel
- In a shelter or transitional housing program
- Unsheltered (Car/Campsite)
- Foster Home
- Awaiting Foster Care Placement
- Other: ____________________________________________

### Child(ren) ages birth to 21 living in home other than parent/guardian

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship to You</th>
<th>Name of School (if enrolled)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that all the information provided on this form is true and complete to the best of my knowledge. I understand that providing false information on this form or in conjunction with this form may result in the Bismarck Public School District withdrawing my child’s enrollment in the Bismarck Public Schools.

Signature of Parent or Legal Guardian

Date