

Blackfeet Early Childhood Center 2020-2021

P.O. Box 528, Browning, MT 59417

Phone: (406) 338-7370 Fax: (406) 338-7030



Childs Name _____

Names of other children within the center _____

0-3 Years Old Center

____ New

____ Returning

Preferred center for 0-3 Year Olds:
Circle One

Browning Heart Butte Seville

3-5 Years Old Center

____ New

____ Transition from EHS 0-3

____ Returning

Preferred center for 0-3 Year Olds:
Circle One

Browning Heart Butte Seville

East Glacier Babb Starr School

ENROLLMENT CHECKLIST

Office Use Only

PARENT/GUARDIAN NEED TO PROVIDE THE FOLLOWING DOCUMENTATION:

The following items will need to be brought in with your application before the application will be processed. If your application is incomplete it will not be entered on the ChildPlus waitlist

____ Income Verification for past 12 months Income: Eligible ____ Over Income ____

All Staff Must CALCULATE INCOME AND SIGN _____

Enrollment/Indian Desent Verified: For the Child

____ Blackfeet ____ Descendant ____ Other Tribes

____ Birth Certificate

____ Immunization Record (Current and needs to be turned in with application)

____ Child's Physical (Must be for current year and turned in within 45 days of initial enrollment)

____ Verification of Health Coverage

Custody Court Paper
or
Notarized Letter of Custody

DOCUMENTATION IS NEEDED FOR
CUSTODY.

Date Turned In: ____/____/____

COMMENTS: _____

Application Received and Checked by: ALL Staff's Signature (also sign for verified income)

Date

BECC Staff Signature: When in Application is Complete

Date

Intake Information Entered on Child Plus: Staff Signature

Date

**BLACKFEET EARLY CHILDHOOD CENTER 2020-2021***Please circle one: Eligible child or Pre-Natal***Section 1: Child**

First Name: _____	MI: _____	Last Name: _____
DOB: _____ Gender: <input type="radio"/> Male <input type="radio"/> Female Language Spoken: English ___ Spanish ___ Blackfeet ___ Other _____	Race: <input type="radio"/> American Indian: Enrolled Blackfeet ___ Descendant Blackfeet ___ Other Tribe _____ <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Other: _____	

Section II: Parent / Guardian

Mother/Guardian Name: _____ Relationship to child _____		
DOB: _____ Gender: <input type="radio"/> Male <input type="radio"/> Female		
Marital Status: ___ Married ___ Single ___ Separated ___ Divorced ___ Widowed		
Occupational Status: _____		Language spoken: English ___
Educational Level Completed: _____		Other: _____
Home Phone: _____	Mobile Phone: _____	Message Phone: _____

Father/Guardian Name: _____ Relationship to child _____		
DOB: _____ Gender: <input type="radio"/> Male <input type="radio"/> Female		
Marital Status: ___ Married ___ Single ___ Separated ___ Divorced ___ Widowed		
Occupational Status: _____		Language spoken: English ___
Educational Level Completed: _____		Other: _____
Home Phone: _____	Mobile Phone: _____	Message Phone: _____

Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Living Address: _____		
City: _____	State: _____	Zip Code: _____

Section III: Child Data

Do you have concerns about your child's overall health and development? <input type="radio"/> Yes <input type="radio"/> No	
Describe concern: _____	
Concerns expressed by Whom: _____	
Disabilities:	
Does your child have an IEP ? ___ Yes ___ No	Does your child have an IFSP ? ___ Yes ___ No
Child previously enrolled in Early/Head Start? <input type="radio"/> Yes <input type="radio"/> No	

Blackfeet Early Childhood: Family Information Form



Family Name: _____

Number of Adults contributing to the income: _____ # of Adults: _____ # of Child(ren): _____

1 family type (Check only One) <input type="radio"/> Biological Family <input type="radio"/> Foster Family <input type="radio"/> Other Family Type: <input type="radio"/> Other Relative(s): _____	2 Parent type (check only one) <input type="radio"/> Two parent family <input type="radio"/> Single Parent Family (Mother figure Only) <input type="radio"/> Single Parent Family (Father figure Only) <input type="radio"/> Single Parent Family (mother figure) with Partner <input type="radio"/> Single Parent Family (father figure) with partner	3 Parent status (check only one) <input type="radio"/> Two parent: Both working or Student <input type="radio"/> Two parent: Neither working or Student <input type="radio"/> Two parent: One Working or Student <input type="radio"/> Single parent: Working or Student <input type="radio"/> Single parent: Not working or Student
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4. Types of services or financial services received (check all that apply)

<input type="radio"/> No services	<input type="radio"/> Food Stamps	<input type="radio"/> Medical Financial Assistance	<input type="radio"/> Public Assistance/Welfare
<input type="radio"/> Child Support/Alimony	<input type="radio"/> WIC	<input type="radio"/> Public Housing Assistance	<input type="radio"/> Supplemental Security Income
<input type="radio"/> Energy Program Assistance	<input type="radio"/> Foster Care	<input type="radio"/> Unemployment Insurance	<input type="radio"/> Other (Specify) _____

Family Housing type: (check only one)

<input type="radio"/> Apartment	<input type="radio"/> Homeless/No Housing	<input type="radio"/> House	<input type="radio"/> Mobile Home/Trailer
<input type="radio"/> Community Shelter	<input type="radio"/> Hotel/Motel Room	<input type="radio"/> Migrant Housing	<input type="radio"/> Other: _____

Family Housing Payment Type (check only one)

<input type="radio"/> Exchange	<input type="radio"/> Rent	<input type="radio"/> Receive Subsidized housing
<input type="radio"/> Make no payment for housing	<input type="radio"/> Own housing	<input type="radio"/> Other _____

Family is Homeless: Yes No
 Length of time homeless (date From): _____ (date To): _____
 Family Acquired Housing During Enrollment year: Yes No

Family Currently has means of Transportation: Yes No | Family member in the military service? Yes No

OFFICE USE ONLY:

OVER INCOME: _____ **INCOME ELIGIBLE:** _____

Eligibility Determination statement: I hereby do certify that the family is eligible to participate in the BECC Program. Furthermore, I attest that I have examined the documents (checked) below and certify that the family is eligible in accordance with Head Start regulations and Eligibility-Recruitment-Selection-Attendance (ERSEA) policies.

Documents Reviewed (Check all that apply):

<input type="checkbox"/> 1040 Form	<input type="checkbox"/> W-2 Statement	<input type="checkbox"/> Pay Stubs	<input type="checkbox"/> Income Declaration	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Public Assistance (TANF, ect)	<input type="checkbox"/> SSI	<input type="checkbox"/> Social Security	<input type="checkbox"/> Grants/Scholarships	<input type="checkbox"/> Foster/Adoption Care
<input type="checkbox"/> Child Support/Alimony	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Documentation of No income (Form completed): yes ___ No ___		
<input type="checkbox"/> Written Statements from Employer	<input type="checkbox"/> Other: _____			

_____ STAFF Signature	_____ Date	Update if Needed:
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I certify that information provide 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 Signature	_____ Date
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**BLACKFEET TRIBE EARLY CHILDHOOD CENTER
PROGRAM OPTION SURVEY**

(Please check only one Yes and other four with No)



The Blackfeet Tribe Early childhood center may hold classes the way we have them now, or we may change them to suit the parents wishes. If you are satisfied with the way the program is or would like to see it changed, please mark this form to indicate which option you would like.

1. **Standard Model**-With this program, children attend 5 days a week, however on days when training for staff is scheduled, there will be no classes for the children. **We are currently using this model.**

Yes No

2. **Home Based**- Home based program, Teachers conduct classes on an individual basis in the child's home. The teacher shows the parent how to use development in the home and how to reach the child. This is done through a weekly home visit. The children are brought into the classroom one day a week.

Yes No

3. **Variation in Attendance**-The children come into the center 4 days a week. The fifth days is used for staff training, making home visits, holiday, or getting classroom work caught up.

Yes No

4. **Double Sessions**-This is scheduling of classes each morning and each afternoon. The child attends only one session; a morning class may be held from 9:30 a.m. to 11:30 a.m. and an afternoon class may be held from 1:00 p.m. to 4:30 p.m.

Yes No

5. **Locally Designed**-Local programs may design their own program which suits their needs best and also propose other program options which might meet the needs of the individual child and family as well as the community in the best possible way.

Example: Schedule class from 8:00 am to 3:00 pm Monday - Thursday and 8:00 am to 2:00 pm Fridays. We can also extend the classes into June.

Yes No

This survey is to determine whether or not we are operating a Program which is most beneficial to the families we serve.

Parent Signature _____ **Date** _____