



Barrow Early Learning Center
Enrollment Application
2018-2019

PO Box 69
 4470 Northstar Street
 Barrow, Alaska 99723
 P: (907) 852-0340
 F: (907) 852-0412

Child Information					
Child is transitioning from: <input type="checkbox"/> Early Learning Program <input type="checkbox"/> Family Child Care <input type="checkbox"/> None					
Full First Name	Full Middle Name	Full Last Name	Suffix		
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (last 4 numbers)			
Ethnicity/Race: (Choose all that apply) <input type="checkbox"/> Alaska Native / American Indian <input type="checkbox"/> African American / Black <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander / Native Hawaiian <input type="checkbox"/> Other: _____					
Child Primary language: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Child Secondary language: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			
Parent / Guardian Information					
Primary Legal Guardian: (First, Last Name)		Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race / Ethnicity	Primary language
Education level Gr: ____ GED HSG COL AA BA MA		Employment status PT FT SEAS RT UN	In school <input type="checkbox"/> Yes <input type="checkbox"/> No	In job training <input type="checkbox"/> Yes <input type="checkbox"/> No	In skills training <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent (attach letter) <input type="checkbox"/> Other: _____					
Secondary Legal Guardian: (First, Last Name)		Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race / Ethnicity	Primary language
Education level Gr: ____ GED HSG COL AA BA MA		Employment status PT FT SEAS RT UN	In school <input type="checkbox"/> Yes <input type="checkbox"/> No	In job training <input type="checkbox"/> Yes <input type="checkbox"/> No	In skills training <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent (attach letter) <input type="checkbox"/> Other: _____ Lives with family <input type="checkbox"/> Yes <input type="checkbox"/> No					
Family Information					
Parental status: <input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Teen Parent <input type="checkbox"/> Foster Parent					
Do you live in a shelter, motel, vehicle or move frequently between homes of relatives or friends: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your family referred for services by a child welfare agency? (Office of Children's Services, CYS, NVB, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child currently receive:					
Child Care Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No		SNAP/Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No		WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Services <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Contact Information					
Physical Address:			Mailing Address:		
City: _____ AK Zip Code _____			City: _____ AK Zip Code _____		
Primary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			Alternate Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
E-mail: _____					

Child's Name:(First, Middle, Last) _____ Birth Date: _____

Family Income (Parent(s)/Guardian(s) Only)

Does either parent/ guardian currently receive: TANF/ATAP Supplemental Security Income None

Type of Income verified: Tax Return W-2 Supplemental Security Income Check Stubs (Previous 12 months)
 TANF / ATAP Unemployment Statements Adult PFD (Parent / Guardian PFD's only)
 Social Security Income Other: _____
 * No Income: If you have no income, please provide a written statement complete with a signature.

Total annual income of family \$ _____

Child Health Information

Primary Health Coverage: Denali Kid Care / Medicaid Private Other: _____ None

Doctor/ Medical Clinic Name: _____ Phone: _____

Dentist/ Dental Clinic Name: _____ Phone: _____

Does your child have any diagnosed food* or medical allergies? No *Yes If yes, please explain:

* If your child has a food allergy, a completed "Medical Statement for Food Substitution" or other documentation, MUST be provided before we can make food substitutions.

Do you have any health or developmental concerns about your child? No Yes If yes, please explain:

Child Disability Information

Is your child currently being evaluated for an Individualized Family Service Program (IFSP)? Yes No

Does your child have a current Individualized Family Service Plan (IFSP)? Yes No

If yes, please attach copies of the : IFSP **and** Signed Release of Information Form

Enrollment Agreement

I certify that this information is true and correct. I agree to promptly update my child and family's information during my child's enrollment with the Barrow Early Learning Center. I agree to review this information every year. I agree to allow Barrow Early Learning Center to share my child's information within NSB Health Department programs. All information is kept strictly confidential and I may access it during normal business hours.

Parent/Guardian signature : _____ Date _____

Barrow Early Learning Staff signature: _____ Date _____

Central Office Staff Use Only

Priority	Income	Parent Status	Age	Transition	Disability	Other	Total Points
Code							
Points							
Concern Status		Primary Condition		IFSP Date		CCPC	
Immunizations <input type="checkbox"/> Complete <input type="checkbox"/> Needs <input type="checkbox"/> Exempt <input type="checkbox"/> Up-to-Date							SS Initials
Classroom	Enroll Status		Top Priority	Effective Date		BELC Initials	
I T	<input type="checkbox"/> Enroll <input type="checkbox"/> Waitlist		<input type="checkbox"/> Yes <input type="checkbox"/> No				