Barrow Early Learning Center
Enrollment Application
2016-2017

BARROW EARLY LEARNING CENTER

Child Information

Child is transitioning from: □ Early Learning Program □ Family Child Care □ None

Full First Name	Full Middle Name	Full Last Name	Suffix

Birth Date	Gender	Social Security Number (last 4 numbers)
	□ Male □ Female	

Ethnicity/Race: (Choose all that apply)
□ Alaska Native / American Indian □ African American / Black □ Caucasian / White
□ Hispanic / Latino □ Asian □ Pacific Islander / Native Hawaiian □ Other:_____

Child Primary language:	Child Secondary language:
□ Little □ Moderate □ Proficient	□ Little □ Moderate □ Proficient

Parent / Guardian Information

Primary Legal Guardian: (First, Last Name)	Birth Date	Gender	Race / Ethnicity	Primary language
		□ M □ F		

Education level Gr: ____ GED HSG COL AA BA MA	Employment status PT FT SEAS RT UN	In school □ Yes □No	In job training □ Yes □No	In skills training □ Yes □No

Relationship to child: □ Parent/Guardian □ Grandparent □ Foster Parent (attach letter) □ Other:_____

Secondary Legal Guardian: (First, Last Name)	Birth Date	Gender	Race / Ethnicity	Primary language
		□ M □ F		

Education level Gr: ____ GED HSG COL AA BA MA	Employment status PT FT SEAS RT UN	In school □ Yes □No	In job training □ Yes □No	In skills training □ Yes □No

Relationship to child: □ Parent/Guardian □ Grandparent □ Foster Parent (attach letter) □ Other:_____ Lives with family □ Yes □No

Family Information

Parental status: □ One Parent Family □ Two Parent Family □ Teen Parent □ Foster Parent

Do you live in a shelter, motel, vehicle or move frequently between homes of relatives or friends: □ Yes □No

Was your family referred for services by a child welfare agency? (Office of Children's Services, CYS, NVB, etc.) □Yes □No

Does your child currently receive:	Child Care Assistance □ Yes □No	SNAP/Food Stamps □ Yes □No	WIC □ Yes □No	Indian Health Services □ Yes □No

Family Contact Information

Physical Address:	Mailing Address:
City: AK Zip Code _____	City: AK Zip Code _____

Primary Phone: □ Home □ Cell □ Work	Alternate Phone: □ Home □ Cell □ 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		SS Initials
☐ Complete ☐ Needs ☐ Exempt ☐ Up-to-Date		

Classroom	Enroll Status	Top Priority	Effective Date	BELC Initials
I T	☐ Enroll ☐ Waitlist	☐ Yes ☐ No		