

2021-2022 Preschool Application

Applying for Center in: Bedford Corning Creston Mt. Ayr Winterset

Please completely fill out each section of the application.

As of 9/15/21

Age 3

Age 4

Student Information					
First	Middle	Last	Nickname	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #
				<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid	
Doctor/Medical Home:		Dental Coverage	Dental Coverage #	Dentist/Dental Home:	

Student: Developmental Delay/Disability Information		
Check all that apply:	What type of delay/disability?	Referred by a Professional?
<input type="checkbox"/> Disability Suspected by Parent <input type="checkbox"/> Disability Diagnosed by Professional <input type="checkbox"/> Has/had an IFSP <input type="checkbox"/> Has an IEP	<input type="checkbox"/> Speech <input type="checkbox"/> Physical <input type="checkbox"/> Behavior <input type="checkbox"/> Other:	<input type="checkbox"/> Learning <input type="checkbox"/> Developmental
		Name: Agency/Occupation:

Primary Adult					
First	Middle	Last	Nickname	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed	Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> HS Graduate <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Training/Certificate <input type="checkbox"/> Some College	<input type="checkbox"/> GED <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent	
Address (if not living w/child):					
Email Address:					

Secondary Adult					
First	Middle	Last	Nickname	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed	Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> HS Graduate <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Training/Certificate <input type="checkbox"/> Some College	<input type="checkbox"/> GED <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent	
Address (if not living w/child):					
Email Address:					

Other Adults in Household					
First	Last	Child's Relationship	Birthday	Gender	Provides Financial Support
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

All Additional Children (Non-Applicant) <i>*If more than one child is applying, please complete a separate application for each child.</i>					
First	Last	Birthday	Related To:	Gender	Same Household?
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Information							
Family Living Address		<input type="checkbox"/> This is our home <input type="checkbox"/> Staying with friends/family		ZIP	City	State	County
Family Mailing Address							
Same as living?	Mailing Address			ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Name:		Phone Number:		Phone Type:		One way communication/announcements:	
				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Opt this # in for one way messaging	
				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Opt this # in for one way messaging	
				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Opt this # in for one way messaging	
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/> English <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Scholarship eligibility is based on a point system and determined only in part by using a family's **past 12 months** of income. A copy of income, such as (but not limited to): a 2020 W2, 1040 tax return, Child Support, FIP, SSI, etc. must be submitted with this application. All copies of income documentation is kept strictly confidential and used only for scholarship eligibility determination.

Family Investment Program (FIP)	Supplemental Security Income (SSI)
FIP Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization For Exchange of Information
<p>This release authorizes a mutual exchange of information between agencies in order to provide the most complete and thorough services available pertaining to funding resources and classroom placement. It does not authorize the release of any other person or agency except those agencies listed below. Unless revoked in writing, this release and exchange of information shall remain in effect for a period of 12 months.</p> <p>Please sign and date indicating consent for all application information to be exchanged between the Community School District, MATURA Head Start, and/or additional providers _____.</p> <p>I also certify that the information provided in this application is true. If any part is false, my participation in this agency's programs may be terminated and may be subject to legal action. I understand that the information in this application will be held in strict of confidence and is accessible to me during normal business hours.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>

How did you hear about this program:
<input type="checkbox"/> Family/Friend <input type="checkbox"/> Brochure/Flyer <input type="checkbox"/> Internet/Website <input type="checkbox"/> Social Media <input type="checkbox"/> AEA <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> other: _____

Please provide copy of **student's birth certificate, current physical, immunization record, income verification & Insurance card**. We will be happy to assist you with making copies or obtaining documentation.

Return application to Central Office: MATURA Head Start, 209 N Elm St, Creston IA 50801 Phone: 641-782-6201