



## PUEBLO OF ACOMA

P.O. BOX 428  
ACOMA, NEW MEXICO

HAAK'U LEARNING CENTER

TELEPHONE: 505/552-6959  
FAX: 505/552-9455

Dear Parent or Guardian:

Thank you for your interest in the Haak'u Learning Center. We are pleased to provide you with an application for enrollment into the Head Start Program.

For us to determine your eligibility, we need to receive the following information as soon as possible:

- **Application** – *(Completed and signed)*  
*Please write in your child's social security number on the application where indicated - required*
- **Proof of child's age** *(NM or State birth certificate only) - required:*  
*The child must be between 3 and 4 years of age.*
- **Proof of current income of Parent(s)/Guardian(s) of child:** *(one of the following)*  
*Submit current pay stub; signed 1040 tax form (1st page); TANF, public assistance letter; Social Security Income; unemployment/self-employment verification notarized (Notary located at POA Tribal Courts); or verification of your wages.*
- **Proof of medical insurance** *(Medicaid, TriCare or private insurance) – copy required:*

***If your child has been diagnosed with a disability:***

*Submit the child's current Individualized Education Plan (IEP); Individual Family Service Plan (IFSP) or recent information regarding special needs.*

**These documents must be submitted to us before your application can be processed. Please submit COPIES only. If you are unable to provide copies, the program staff can make copies for you.**

**Acceptance into the program is determined by priority based on a point system. You will be notified whether your child is accepted or placed on a waiting list as soon as possible.**

**Return Application To: Haak'u Learning Center located at 15 Turtle Shell Road**

We look forward to receiving your Head Start application. If you need any assistance or clarification regarding the enrollment process, please call (505) 552-6959.





**The Haak'u Learning Center**  
Head Start Enrollment Application  
**SY 2020-2021**



Date Application Rec'd:	Date of Acceptance:	Date of Entry:
-------------------------	---------------------	----------------

**Parent/Guardian Signatures**

I certify that all information I have provided is true and correct and that all income is reported. I understand that this information is being given to determine eligibility for a federal program and will be verified for accuracy. If any part is false, my participation with the Haak'u Learning Center may be terminated. **I understand that the information I provided in this application will be held in strict confidence by the Haak'u Learning Center staff and is accessible to me during normal business hours.**

**\*I understand that completing this application does not guarantee my child's enrollment into the program**

**I have enclosed the following required documents (copies)**

- |   |  |
|---|--|
| <input type="checkbox"/> State Birth Certificate, SS# and health insurance for my child<br><input type="checkbox"/> Proof of Income for Primary Parent/Legal Guardian of child<br><input type="checkbox"/> Proof of Income for Secondary Parent/Legal Guardian of child | <input type="checkbox"/> Staff Initial (copy made)<br><input type="checkbox"/> Staff Initial (copy made)<br><input type="checkbox"/> Staff Initial (copy made) |
|---|--|

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Factors** (check all that apply)

<input type="checkbox"/> One parent home	<input type="checkbox"/> Legal Temporary Custody (Guardian)	<input type="checkbox"/> Lack of stable housing	<input type="checkbox"/> Teen Parent	<input type="checkbox"/> Referred by another agency.
<input type="checkbox"/> Two parent home	<input type="checkbox"/> Incarcerated Parent	<input type="checkbox"/> Previously in Head Start	<input type="checkbox"/> Foster Care	

**Child's Residency Questionnaire**

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 USC 11435.  
The answers to this residency information help determine the services the student may be eligible to receive.

Is your current address a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this temporary living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**If you answered YES to the above questions, please explain your situation. (please complete)**

**Public Assistance**

<b>Non-Cash</b> Food Stamps/SNAP <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cash</b> Are you receiving Child Care Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No TANF (NM Works)/AFDC? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**Child's Information**

Last Name	First Name	Middle Name
-----------	------------	-------------

Date of Birth	Social Security Number - <b>required</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Lives with: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both
---------------	--	--	---

<b>Race</b> (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____	<b>Ethnicity</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic or Latino	Is English the primary language of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
	<b>Tribe:</b>	Is another language spoken by child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Dental Information	Physician Information	Hospital Information
--------------------	-----------------------	----------------------

Dentist:	Doctor:	Hospital:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Date of Last Exam:	Date of Last Exam:	

Does child have medical insurance?  Yes  No If yes, what type of health Insurance?  Medicaid  TriCare  Private (provide copy)

Insurance Name: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Do you use IHS services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what services do you use? Please list:	Does child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does your child have any of the following <input type="checkbox"/> IFSP <input type="checkbox"/> IEP (Please provide a copy) What is IFSP or IEP for?
---	---

**Mother's Information**

<input type="checkbox"/> In home <input type="checkbox"/> Not in home	Name	Mailing Address
--	------	-----------------

Date of Birth	Physical Address
---------------	------------------

Preferred daytime contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/Msg	Home Phone	Cell or Message	Email Address
--	------------	-----------------	---------------

Employer	Address	Work Phone
----------	---------	------------

If not in home, do we have permission to contact / mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a court order affecting your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide a copy Details of order-
---	--

Mother's Education Level Detail	Mother's Employment Detail
---------------------------------	----------------------------

Less than high school diploma	Employed full time
High school diploma or GED	Employed part time
Some college, vocational, AA/AS degree	Seasonal employment
Bachelor or advanced college degree	Unemployed
	Seeking employment
Interested in GED classes	In job training or school
Interested in Higher Education	Disabled
Interested in Parenting classes	Retired

**Father's Information**

<input type="checkbox"/> In home <input type="checkbox"/> Not in home	Name	Mailing Address		
Date of Birth		Physical Address		
Preferred daytime contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/Msg		Home Phone	Cell or Message	Email Address
Employer		Address		Work Phone
If not in home, do we have permission to contact / mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a court order affecting your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide a copy Details of order-		

Father's Education Level Detail		Father's Employment Detail	
<input type="checkbox"/>	Less than high school diploma	<input type="checkbox"/>	Employed full time
<input type="checkbox"/>	High school diploma or GED	<input type="checkbox"/>	Employed part time
<input type="checkbox"/>	Some college, vocational, AA/AS degree	<input type="checkbox"/>	Seasonal employment
<input type="checkbox"/>	Bachelor or advanced college degree	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>		<input type="checkbox"/>	Seeking employment
<input type="checkbox"/>	Interested in GED classes	<input type="checkbox"/>	In job training or school
<input type="checkbox"/>	Interested in Higher Education	<input type="checkbox"/>	Disabled
<input type="checkbox"/>	Interested in Parenting classes	<input type="checkbox"/>	Retired

**Other Adult in Home:**  Guardian  Step Parent or  Significant Other (please check one)

Name		Physical Address		
Date of Birth		Mailing Address		
Preferred daytime contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/Msg		Home Phone	Cell or Message	Email Address
Employer		Address		Work Phone

**Other Family Member Supported by Primary Adults** (please do not list child or adults already mentioned)

Name	Relationship	Date of Birth	Name	Relationship	Date of Birth

**Emergency Contact and Permission to Release** (do not list parents/guardians - must be over 18)

Name	Relationship	Primary Phone #
#2 Phone	#3 Phone	Note:
Name	Relationship	Primary Phone #
#2 Phone	#3 Phone	Note:
Name	Relationship	Primary Phone #
#2 Phone	#3 Phone	Note: