

## **Rugby Early Learning Center**

Partnership between Rugby Public  
Schools & Early Explorers Head Start



Dear Parent/Guardian:

Rugby Public Schools and Early Explorers Head Start developed a partnership to offer pre-kindergarten services in the fall of 2014. We will continue to offer this service during the 2018-2019 school year. Two classrooms will be located on the campus of the Rugby High School in the vocational arts building next to the football field. The classrooms will operate Monday–Thursday from 8:30am – 3:00pm.

The two classrooms will be blended with children who are Head Start or Pre-K slots. The goal of the partnership is to target children who are at risk or have the greatest need for school readiness services. The program is not first come, first served. School district slots are reserved for children who turn four by August 1, 2018 (the year prior to kindergarten). Head Start will enroll children ages 3-5.

Families interested in enrollment in the Rugby Early Learning Center must complete the attached enrollment form and provide documentation for the following:

Proof of income (income tax 1040, W-2, check stubs,  
TANF documentation, SSI, etc.)

Birth Certificate

Based on factors such as income, age, risk factors, referrals, etc., children will be selected for either Head Start or Pre-K slots. The center has not finalized all of the details for paid slots and will provide the information later. The first round of child applications is due to Ely Elementary, Rugby High School or Head Start by April 13, 2018.

|   |                                       |
|---|---------------------------------------|
| <b>Rugby Early Learning Center</b><br><b>Enrollment Application</b> | <b>Program Year: <u>2018-2019</u></b> |
|---|---------------------------------------|

### Applicant Information

| Child's Name | Date of Birth | Sex |
|--------------|---------------|-----|
|              |               |     |

| Race/Ethnicity: <i>(check all that apply)</i> |  |                                     |                          |
|---|--|-------------------------------------|--------------------------|
| African American                              | <input type="checkbox"/>                       | Native American                     | <input type="checkbox"/> |
| Asian   | <input type="checkbox"/>                       | Native Hawaiian or Pacific Islander | <input type="checkbox"/> |
| Caucasian                                     | <input type="checkbox"/>                       | I prefer not to specify             | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> <i>please specify</i> |                                     |                          |
| Bi-racial                                     | <input type="checkbox"/> <i>please specify</i> |                                     |                          |

| Hispanic/Latino:   |  |              |                          |
|--|--|--------------|--------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, check all that apply)</i> |  |              |                          |
| Central American   | <input type="checkbox"/>                       | Cuban        | <input type="checkbox"/> |
| Mexican/Chicano  | <input type="checkbox"/>                       | Puerto Rican | <input type="checkbox"/> |
| I prefer not to specify  | <input type="checkbox"/>                       |              |                          |
| Other  | <input type="checkbox"/> <i>please specify</i> |              |                          |

|                            |  |
|----------------------------|--|
| <b>Primary Language:</b>   |  |
| <b>Secondary Language:</b> |  |

**Has this applicant ever been enrolled in Early Head Start/Head Start?**    ☐ Yes    ☐ No

If yes, when and where: \_\_\_\_\_

**Does your child currently have medical coverage?**    ☐ Yes    ☐ No

If yes, please give your type: \_\_\_\_\_

**Are there concerns about the child's overall health & development?**    ☐ Yes    ☐ No

If yes, please describe those concerns below

|                               | Suspected                | Diagnosed                |                        | Suspected                | Diagnosed                |
|-------------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|
| Visual Impairment             | <input type="checkbox"/> | <input type="checkbox"/> | Learning Disability    | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Impairment            | <input type="checkbox"/> | <input type="checkbox"/> | Autism                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Orthopedic Impairment         | <input type="checkbox"/> | <input type="checkbox"/> | Traumatic Brain Injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech or Language Impairment | <input type="checkbox"/> | <input type="checkbox"/> | Non-categorical Delay  | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Impairment             | <input type="checkbox"/> | <input type="checkbox"/> | Other:                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mentally Impaired             | <input type="checkbox"/> | <input type="checkbox"/> |                        |                          |                          |
| ADD/ADHD                      | <input type="checkbox"/> | <input type="checkbox"/> |                        |                          |                          |

## Family Information

### Physical Address: *(Where applicant is living)*

Street

City

State

Zip

### Mailing Address: *(If different)*

Street/PO Box

City

State

Zip

### Telephone Numbers:

Home:

Work (Mom):

Work (Dad):

Cell:

Message:

Other:

### Which of the following best describes the applicant's family?

☐ Two parent family

☐ Single parent

☐ Single parent living with partner

☐ Foster family

☐ Teen parent living with parents

☐ Other *(please explain)*

### Head of Household *please print*

| Name  |  | Date of Birth                                     |  | Relation to Child                                   |  |
|---|--|---|--|---|--|
|   |  |   |  |   |  |
| <b>Education – Highest Completed</b>                                  |  |   |  |   |  |
| <input type="checkbox"/> Less than High School                        | <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Some College (no degree) | <input type="checkbox"/> Associates Degree               | <input type="checkbox"/> Bachelors Degree or higher |  |
| <b>Current Employment/School Status</b>                               |  |   |  |   |  |
| <input type="checkbox"/> Full Time (32 hours/week or more)            | <input type="checkbox"/> Part Time               | <input type="checkbox"/> Unemployed               | <input type="checkbox"/> Retired                         | <input type="checkbox"/> Disabled                   |  |
| <b>Are you currently attending school?</b>                            |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| <b>Are you a member of the United States military on active duty?</b> |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| <b>Are you a veteran of the United States military?</b>               |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

### Other parent/guardian living in the home *please print*

| Name  |  | Date of Birth                                     |  | Relation to Child                                   |  |
|---|--|---|--|---|--|
|   |  |   |  |   |  |
| <b>Education – Highest Completed</b>                                  |  |   |  |   |  |
| <input type="checkbox"/> Less than High School                        | <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Some College (no degree) | <input type="checkbox"/> Associates Degree               | <input type="checkbox"/> Bachelors Degree or higher |  |
| <b>Current Employment/School Status</b>                               |  |   |  |   |  |
| <input type="checkbox"/> Full Time (32 hours/week or more)            | <input type="checkbox"/> Part Time               | <input type="checkbox"/> Unemployed               | <input type="checkbox"/> Retired                         | <input type="checkbox"/> Disabled                   |  |
| <b>Are you currently attending school?</b>                            |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| <b>Are you a member of the United States military on active duty?</b> |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| <b>Are you a veteran of the United States military?</b>               |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

Please list all the applicant's siblings:

| Name | Gender | Date of birth | Does the child live in the home? | Has this child ever been enrolled in EHS or HS? If yes, when & where |
|------|--------|---------------|----------------------------------|--|
|      |        |               |                                  |  |
|      |        |               |                                  |  |
|      |        |               |                                  |  |
|      |        |               |                                  |  |

|  |  |   |
|--|--|---|
| Number of adults (18 years or older) in the household:                 |  |   |
| Number of children (under 18 years) in the household:                  |  |   |
| Do you use or need child care?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Who provides child care for the child when he/she is not in preschool? |  |   |

Many families receive service or financial assistance from one or more programs or agencies. Does your family receive services from any of the following services:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Medical Assistance     | <input type="checkbox"/> Public Assistance/TANF/TEAM  | <input type="checkbox"/> Food Stamps                        |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Public Housing Assistance    | <input type="checkbox"/> Energy Assistance                  |
| <input type="checkbox"/> WIC                    | <input type="checkbox"/> Health Tracks                | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Child Care Assistance  | <input type="checkbox"/> Foster Care/Adoption Subsidy | <input type="checkbox"/> Other: _____                       |

Is your family experiencing crisis or unmet family needs at this time? ☐ Yes ☐ No

If yes, please  
explain: \_\_\_\_\_

Were you referred to the Head Start/Early Head Start/Pre-K Program? ☐ Yes ☐ No

If yes, by whom: \_\_\_\_\_

I give my permission that:

\_\_\_\_\_ Any photographs or news film may be used in newspapers, television, displays, bulletin boards or other publications.

\_\_\_\_\_ For Early Explorers Head Start/Rugby Public Schools to release my child's name, my name, address and telephone number to the county social services office, county public health services office or local clinic or dentist. My child's name and information is being released for sole purposes to schedule and complete my child's health screening as required by Head Start Federal Regulations.

\_\_\_\_\_ For center based services: By signing this application you give permission for the enrollment coordinator to verify your employment or education status. You must be working full-time or attending school full-time to qualify for full-time classroom. (Head Start only)

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

In granting consent, I understand that all information will remain confidential and will be used solely for the benefit of our child and family. I release Head Start, Rugby Public Schools and all staff from any legal liability for disclosing and acquiring information which I have permitted by signing this form. I also release the above named person from any legal liability for giving information to the Head Start Program and Rugby Public Schools.