



Sault Sainte Marie Tribe of Chippewa Indians
Early Childhood Education Programs
4 Ice Circle Drive
Sault Sainte Marie, MI 49783
Phone 906-635-7722 or Fax 906-635-4779



Head Start serves low-income families, pregnant women and children with disabilities who meet federal guidelines.

Program options please mark all that apply:

Head Start: 3-5yrs. old

Sault: Extended Day/Part Year _____

Sault: Full Day/Full Year _____

St. Ignace: Extended Day/Part Year _____

Early Head Start:

Sault: Full Day/ Full Year 0-3 _____

Child's Name _____ Date of Birth ____/____/____ Sex _____

Race _____ Primary language _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother/Guardian's Name _____ Birthdate ____/____/____ Race _____

Father/Guardian's Name _____ Birthdate ____/____/____ Race _____

Email Address _____

Please indicate any services you are receiving:

☐ DHS Child Care Assistance

☐ Sault Tribe CCDF child care

☐ DHS Cash Assistance (FIP)

☐ Food Assistance (SNAP)

☐ Medicaid # _____

☐ DHS Case # _____

☐ WIC _____

Please indicate if child (documentation needed):

☐ has a Diagnosed Disability

☐ is a Foster Child

☐ is Homeless (signed form)

Family: Please check:

☐ Two Parent Family

Number of adults (18 or older) in family _____

☐ One Parent Family

Number of children (under 18) in family _____

☐ Foster Family

Family Income Monthly Amount:

☐ No-Income (signed form)

Mother's Work\$ _____

Social Security\$ _____

Unemployment\$ _____

Father's work \$ _____

Public Assistance\$ _____

SSI\$ _____

Child Support \$ _____

Other forms of cash assistance \$ _____

Total Monthly Income (gross) \$ _____

Please indicate any issues which have occurred with this child or immediate family:

☐ **Current Head Start/EHS/CCC Child**

☐ Sibling of Currently Enrolled Child

Developmental Concerns

☐ Developmental Delays

☐ Nutritionally Deficient

☐ Speech & Language Concerns

☐ Child has long term Chronic Illness

Household

☐ One Parent

☐ Parent's divorced

☐ Parent Serving Military or Veteran

☐ Parent Serving Active War Time Duty

☐ Parent Incarcerated/Disabled

☐ Parent/Guardian/Sibling Loss by Death

☐ Teen Parent

Early Head Start Only

Mother:

☐ Pregnant Teen

☐ No Prenatal Care

☐ Prenatal Complications

☐ Multiple Birth anticipated

☐ Currently pregnant over 35 yrs old

Child:

☐ Low Birth Weight

☐ Premature Birth

Current Concerns:

☐ Home Safety Concerns (lead)

☐ Homes Safety Concerns (fire)

☐ Other Home Safety Concerns

☐ Substance Abuse/Addiction (drugs/alcohol)

☐ Housing in Rural Area

☐ Lack of Stable Housing

☐ Lack of Health Care

☐ Long-term chronic illness-immediate family

☐ Large # People living in household

☐ Lack of child care

Hours of care needed _____ to _____

Historical Concerns-immediate family

☐ History of Neglect

☐ History of Physical Abuse

☐ History of Sexual Abuse

☐ History of Domestic Violence

☐ History of Substance Abuse/Addiction
(drug and/or alcohol problems)

☐ History of High School drop out

☐ History diagnosed family problems

☐ Family History of Destructive/Violent temper

If parents are attending school, please indicate where and attach a copy your current schedule:

Name of college/school

Course of study

Full time/ Part time

How did you hear about our program?

Current/Past Head Start Parent _____ Web site _____ Mail _____ Newspaper _____

Friend/Family _____ Community Event _____ Other _____

**A Copy of Enrollee's or Parent's Tribal Identification
MUST be submitted in order to process this application.**

Acknowledgments:

Please be advised the information in this document does not automatically qualify your child for enrollment in the Sault Tribe Head Start/Early Head Start Program. This application form is for evaluation purposes only.

I certify the information provided is accurate and truthful to the best of my knowledge. I understand enrollment is not based on a first come first served basis, but is based on the highest need. I understand I will be required to provide further documentation prior to enrollment to confirm eligibility.

Date: _____

X _____
Signature of Parent/Guardian or Enrollee

Program Use Only

Date Application Received: _____ By Whom: _____

Proof of Income _____ Risk Factor Points _____

Proof of Tribal Identification Attached _____

Interview: ☐ In-person _____ ☐ Telephone _____ ☐ Email _____
Initial/Date Initial/Date Initial/Date