

**FAMILIES FIRST OF MINNESOTA IN PARTNERSHIP WITH
THREE RIVERS INFANT TODDLER CENTER**

Application for Early Head Start Childcare Partnership in Rice County

| Home Address for Family | | | Home Phone Number | | | | | |
|---|-----------|---|---|--|---------------------------|---------------------|------------------------------|--|
| City | | State | Zip Code | | Cell Phone Number | | | |
| Email Address (please print clearly) | | | | Phone Number of other person if we cannot contact you | | | | |
| Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Language spoken at home _____ | | | | | | |
| How well? None Little Average Very Well | | Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Is your family expecting a baby? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date: _____ | | | | Number of People living in your Home _____ | | | | |
| | | | | Number of People in your Family _____ | | | | |
| Marital Status (choose one): <input type="checkbox"/> Married <input type="checkbox"/> Married but living apart <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single Living with Partner <input type="checkbox"/> Single | | | Type of medical insurance for each applicant: <input type="checkbox"/> Blue Plus <input type="checkbox"/> Ucare <input type="checkbox"/> None <input type="checkbox"/> Other _____ | | | | | |
| Mother/Guardian-Employment status: (Check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/On-Call <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Military <input type="checkbox"/> Unemployed: Date Last Worked: _____ | | | Father/Guardian-Employment status: (Check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/On-Call <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Military <input type="checkbox"/> Unemployed: Date Last Worked: _____ | | | | | |
| Name of employer(s) _____ Date started: _____ | | | Name of employer(s) _____ Date Started: _____ | | | | | |
| Mother/Guardian-Highest level of Education: <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> No Education <input type="checkbox"/> Completed Grade _____ <input type="checkbox"/> Masters or higher | | | Father/Guardian-Highest level of Education: <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> No Education <input type="checkbox"/> Completed Grade _____ <input type="checkbox"/> Masters or higher | | | | | |
| Preferred Schedule at Childcare Center | | | | | | | | |
| Days of the week (check 4-5): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Hours: _____ to _____ | | | | | | | | |
| Fill out all information for EACH person living in your home. Please print clearly. | | | | | | | | |
| EHS = Early Head Start (for infants and toddlers up to age 3 who are enrolled in participating childcare centers) | | | | | | | | |
| FIRST NAME | LAST NAME | BIRTH DATE | SEX | RACE (use code below) | ETHNICITY (Circle ONE) | RELATIONSHIP TO YOU | RELATIONSHIP TO OTHER PARENT | Applicants only— circle program applying for: |
| 1. Mother/ Parent Guardian (If living in home) | | / / | M F | | Hispanic Non-Hispanic | | | |
| 2. Father/ Parent Guardian (If living in home) | | / / | M F | | Hispanic Non-Hispanic | | | |
| 3. | | / / | M F | | Hispanic Non-Hispanic | | | EHS |
| 4. | | / / | M F | | Hispanic Non-Hispanic | | | EHS |
| 5. | | / / | M F | | Hispanic Non-Hispanic | | | EHS |
| 6. | | / / | M F | | Hispanic Non-Hispanic | | | EHS |
| 7. | | / / | M F | | Hispanic Non-Hispanic | | | EHS |
| 8. | | / / | M F | | Hispanic Non-Hispanic | | | EHS |
| ENTER CODE FOR RACE: NA/AN= American Indian or Alaska Native A = Asian B = Black or African American NH/PI = Native Hawaiian or Other Pacific Islander W= White M = Multi-racial | | | | | | | | |

(Continued on back)

Please check below ALL items affecting your family. This helps us to understand your family's needs and priority for enrollment. Please explain items you check.

| | |
|--|---|
| Foster child or child in custody of a relative | Family member(s) with no health insurance |
| Child with a special need, IFSP or IEP (child name) _____ | Abuse of alcohol or drugs by either parent |
| Child separated from parent due to jail/prison, military deployment or deportation | Refugee status in last five years |
| Death of a child's parent or sibling | Family member with a mental health concern |
| Family violence or domestic abuse or order of protection | Moved many times |
| Serious medical condition or disability of child's parent or sibling | Other difficulties causing great stress (please explain): |
| Child Protection Involvement | |
| Significant decrease in family income within last 12 months | NONE of these items are affecting my family |

CHECK BELOW ALL CHILD SUPPORT & PUBLIC ASSISTANCE AND ALL INCOME THAT YOUR FAMILY RECEIVES.

Check any of the following your family receives:

- MFIP (cash only)
- Child Care Assistance
- SSI (Supplemental Security Income)
- DWP (Diversionary Work Program)
- Refugee Match Grant
- None of these

From what County do you receive these?

Please answer the following:

- Total monthly income before taxes: \$ _____
- Does anyone in your family receive child support? Yes No
- If Yes, what county? _____
- Has anyone filed for child support? Yes No
- If Yes, what County? _____
- Who has custody of the child applicant(s)? _____
- Has anyone received Financial Aid Grants or any Scholarships in the last year?
 Yes No
- Has anyone received payments from Unemployment, Workers Comp, or Social Security in the last year? Yes No

What is your current living situation? (check ONE)

| | |
|---|--|
| Own, Rent or Share housing by choice | Living in a hotel, motel, campground, car, etc. |
| Sharing housing due to loss of housing or economic hardship | Home in foreclosure or getting evicted. Eviction date: _____ |
| Staying at a shelter or Transitional Housing | Other (please explain) _____ |

Name of childcare center that your child attends: _____

What days of the week does your child attend? Monday Tuesday Wednesday Thursday Friday

Hours that your child attends childcare: _____

Who referred you to our programs? (check All that apply)

| | | |
|---|-----------------------------------|--------------------------------|
| Adult Basic Education or other Adult Literacy Program | Early Childhood Special Education | Social or Human Service Agency |
| Child Care Program | Rice County Public Health | Friends or Family |
| Early Childhood Screening | Health Care Provider | Other (please specify) |

For the Early Head Start Partnership – I am giving permission to exchange my child/family information which may include health, school, work, attendance, parent share, developmental and enrollment information with the early childhood program my child may or currently attends.

I give permission to Families First of Minnesota Head Start to verify my income and any materials related to my eligibility or enrollment. This includes authorization to verify any public assistance or child support that I may receive from the county I'm working with. To the best of my knowledge the information I have given is accurate and true.

Parent/Guardian Signature _____ Print Name _____ Date _____

Did someone help you fill out this application? Yes No If yes, name of person helping you _____

May we contact this person regarding your application? Yes No Phone # _____

Providing Free or Low Cost Quality Early Childhood Services in Rice County

Please keep this page for your records

Application Instructions

1. Please fill out the front and back page of the application in black or blue ink, and please print clearly.
2. Be sure to sign and date the application
3. Attach proof of CCAP approval, income or scholarship award
4. Return to: Three Rivers Infant Toddler Center, Northfield Community Resource Center (NCRC), 1651 Jefferson Pkwy, Northfield, MN 55057

Children and families with the greatest need will have the highest priority for enrollment. The program will do its best to enroll your child, but space is limited.

IMPORTANT: We will contact every family who applies for the program. Please tell us if your phone number or address changes.

Infant/Toddler Center is an Early Childhood Center in Partnership with Early Head Start

Early Head Start Information:

- For infants and toddlers up to age 3 who are enrolled
- If accepted, the program will be no additional cost to your family other than Childcare Assistance copays and late fees
- This is a year-round program
- Monthly parent groups
- Services provided for children with special needs

First Day Information

Required to hold your child's spot:

1. Application
2. Proof of CCAP approval, income, or parent aware scholarship

Bring only if desired:

1. Pacifier
2. Sippy cup
3. Swaddle

Required to attend first day:

1. Food Program form
2. Immunization record
3. Health Care Summary
4. 3 changes of clothes
5. 3 bottles or pre-portioned breastmilk
6. Shoes (12 mo & older)
7. Blanket/Pillow (16 mo & older)

Provided:

1. Infant formula
2. Infant cereal
3. Baby food
4. Meals
5. Enrichments
6. Diaper wipes
7. Sunscreen
8. Toothpaste
9. Toothbrush
10. Art supplies
11. Bibs/burp cloths
12. Diapers

Tuition

Infants \$270/week

Toddlers \$260/week

Tuition fees are subject to increases yearly in January

Additional Fees

- A charge of \$20 per 15 minutes will be charged in the event an authorized individual does not pick up the child after Center closing time
- A \$30 fee will be charged for each NSF check returned. After a second NSF check, the program has the right to only accept cash.
- Payments are due in the drop box outside of the Center Manager's office by Friday at 10am for the week to follow. If they are not received by this time, a \$30 fee will automatically be due with your next tuition

Schedules

- Schedule of attendance must be stated on the enrollment for prior to first day of care. A schedule of attendance allows the program to staff according to students in attendance. Due to state licensing regulations on ratio of teacher to students, this schedule is of high importance.
- Schedule changes must be approved with 2 weeks' notice, and the program reserves the right to not allow schedule changes in the event the change affects our capacity. Schedules may not be altered the weeks of holidays or due to illnesses.
- Any change of hours, either permanent or one time only, will require notice given to the Center Manager.

Holiday, Vacation, Sick Time, & Discounts

- The center is closed: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, and Christmas Day. The program will be paid normal contract rates.
- If a holiday falls on a Saturday, the Center will be closed the Friday before, and if the holiday falls on a Sunday, the Center will be closed the Monday after.

Withdrawal Notice

- We require a minimum of two weeks' notice to the Center Manager if you wish to withdrawal your child. Any payments not received by the program will be presented to our lawyer for collection, and late fees apply as stated above.
- If the program's staff or participants are harmed, threatened, or safety becomes a concern in any manner, the program has the right to ban an individual from the facility, give written explanation, and two weeks' notice with the same guidelines as stated above.
- In the event the Center Manager cannot contact a client and the student does not attend care for 5 consecutive days, the program considers this withdrawal from the program.

DATA PRIVACY RIGHTS OF APPLICANTS

Most of the information we collect about you will be classified as private. This means you and the agency collecting the data can see it; others cannot. Occasionally, statistics and other anonymous data will be taken from the information we collect about you or your family. This is public and open to anyone, but it will not identify you in any way.

In a few cases, information we collect is classified as confidential. Confidential data is not open to anyone (not even you) except the government agencies that need it. Data in this category deals with civil or criminal investigation, some medical data, and the names of persons who report child or vulnerable adult abuse.

The information you are asked to provide will be used to determine eligibility, to coordinate the services between programs, to verify program services being provided, and to provide us with a mailing list. This list will be used to update you on upcoming programs and program changes and to inform you of eligibility for programs within the program. Only appropriate staff whose jobs require access to this information, as well as Federal or State Auditors, may have access to your information.

Access by you. You can see all public and private records about yourself and your children. To see your file, call the program during agency hours and make a request to review your files within five working days by contacting the program from which you are receiving service. Review will take place on site during working hours.

Access by agency. Employees of this agency will have access to information about you anytime their work requires it. By law, some other government and contractor agencies will also have access to certain information about you if they provide a service to you or if they provide a service to this agency that affects you and requires access to your records. This may include school districts, public health, social services, and financial assistance.

Please contact 507-664-3781 with any questions