Date stamp received:

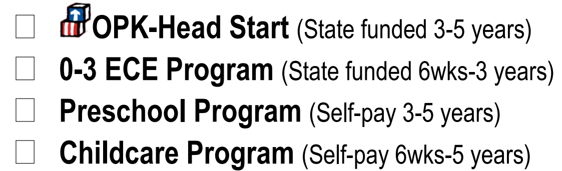
The Children's Learning Center

Where every child shines like a star!

650 N.E. A Street, Madras, Oregon 97741
Phone (541)475-3628 Fax (541)475-2583
website: www.madrastclc.org

THIS APPLICATION DOES NOT ENSURE ENROLLMENT. YOU WILL BE NOTIFIED REGARDING THE STATUS OF YOUR APPLICATION AS SOON AS POSSIBLE.

Please mark program desired:



- ☐ **OPK-Head Start** (State funded 3-5 years)
- ☐ **0-3 ECE Program** (State funded 6wks-3 years)
- ☐ **Preschool Program** (Self-pay 3-5 years)
- ☐ **Childcare Program** (Self-pay 6wks-5 years)

Please fill out the application completely and accurately. All information is kept confidential. We are glad to assist you in filling out this application if needed.

How did you hear about our program? ______________________ Referring Agency: ______________________

Child Applicant Information (Child applying for services):

First Name	Middle Name	Last Name	Date of Birth	Gender
				☐Male ☐Female

1. Child's Primary language at home: ☐ English ☐ Spanish ☐Other: ______________________________
2. Does child have a documented disability or health impairment? ☐ Yes ☐ No If yes, what type:______________________
3. Is child receiving services from High Desert ESD (Early Intervention)? ☐Yes ☐ No *(ROI required for HDESD or provider)*
4. Is their a referral in process with Early Intervention or another community partner? ☐Yes ☐ No *(ROI required for HDESD or provider)*
5. Do you have any concerns for your child's development or do you suspect a disability for you child? ☐Yes ☐ No
6. Does child have any medical conditions that will require classroom accomodation? ☐Yes ☐No

If yes, what type:____

Family Status: ☐ Two Parent ☐ Single Parent ☐ Foster ☐ Grandparents/Non-Parent ☐ Teen Parent (under 18 years at birth of child)

Primary Parent/Guardian - Living in the home with child applicant:

First Name	Middle Name	Last Name	Date of Birth	Gender
				☐Male ☐Female

Relationship to child: ____________________ Custody: ☐Yes ☐No ☐Shared ☐Other: ______________________

Physical Address: ____
Street City State Zip

Mailing Address (if different):____
Street City State Zip

Phone/Cell: ______________________ Text Ok? ☐Yes ☐No Email: ______________________________

Secondary Parent/Guardian Information:

First Name	Middle Name	Last Name	Date of Birth	Gender
				☐Male ☐Female

Relationship to child: ____________________ Custody: ☐Yes ☐No ☐Shared ☐Other: ______________________

Lives with family: ☐Yes ☐No If no, your address: ______________________________________
Street City State Zip

Phone/Cell: ______________________ Text Ok? ☐Yes ☐No Email: ______________________________

(Last updated Nov.2020)

Self-Pay Applicants: Go to #7-Signature
Head Start Applicants: Please answer the following questions to the best of your knowledge

To help us determine if your family is eligible for Head Start we must collect proof of income for the relevant time period and other family information. **All information is kept confidential.**

LIST OTHER FAMILY MEMBERS IN YOUR HOUSEHOLD THAT ARE SUPPORTED BY PARENT/GUARDIAN INCOME:

Full Name	Gender	Date of Birth	Relationship to Applicant
	☐Male ☐Female		
	☐Male ☐Female		
	☐Male ☐Female		
	☐Male ☐Female		
	☐Male ☐Female		

1. **Is the parent/guardian active U.S. Military/National Guard? ☐Yes ☐No Veteran? ☐Yes ☐No**

2. **Are you in a single family home of standard conditions and permanent status? ☐Yes ☐No**
If the answer is no, please check your current housing situation:

❑ Living with family/friends due to economic hardship ❑ Migratory children living in any of the above situations	❑ In transitional housing program ❑ Shelter (Family/Domestic Violence-Safe house) ❑ Temporary Foster Care Placement	❑ In a motel or campground ❑ In a car, park, or public space without water/heat ❑ Other:

3. **Does any of the following apply to you? ☐Yes ☐No If Yes, please provide documentation**

❑ Families experiencing homelessness ❑ Children in Foster Care	❑ TANF (Cash Assistance) ❑ SNAP (Food Stamps)	❑ SSI (Supplemental Security Income)

4. **If question #3 does not apply, please provide documentation of any the following:**

❑ Tax Returns/W2 (Last Calendar Year) ❑ Pay Stubs ❑ Military Income ❑ Unemployment Income	❑ Child Support/Alimony ❑ Written Statement from Employer or Self-employed **(Fill out Statement Form provided at school)**	❑ No Income Statement. Parent/Guardian has not received income in the last 12 months**. (Fill out Statement of No Income provided at school)**

5. **What services does your family receive? (Check all that apply):**

❑ ERDC (Childcare Subsidy)	❑ OHP (Oregon Health Plan)	❑ WIC	❑ Subsidized Low Income Housing	❑ Other:

6. **Family Circumstances: check all that apply to child and their immediate family**

Child applying:		**Parents/Immediate Family:**	
❑ Completed Early Head Start ❑ Receiving mental health services ❑ Exposed to substance abuse during pregnancy ❑ Foster care within last 2 years	❑ Experienced homelessness within last 2 years ❑ Affected by divorce/ separation ❑ Has chronic health or life threatening condition ❑ Concerns about behavioral/mental health	❑ Active case for child abuse/ neglect ❑ Family affected by domestic violence ❑ Family currently affected by substance abuse/treatment ❑ Family affected by substance abuse/treatment in last 2 years ❑ Parent incarcerated/parole/ probation ❑ Parent receiving mental health services	❑ Parent with chronic health or life threatening condition ❑ Death in the immediate family within last 5 years ❑ Parent enrolled in school ❑ Parent does not have high school diploma/GED ❑ Parent has difficulty reading & writing ❑ Family is non-English speaking

If you would like to be considered for Head Start even though you may not otherwise qualify, please describe the special challenges and circumstances of your family. ____

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7. I certify that the above information in this application, including financial if included, is to the best of my knowledge, true and correct. I authorize TCLC to access immunization records for my child using the Oregon Alert System.

Parent/Guardian Signature X______________________________ **Date** ____________________

"This institution is an equal opportunity provider"