



# Grand Ronde Head Start Preschool Aftercare Program

The Grand Ronde Head Start Preschool After-care program operates from **2:00-5:00 pm Tuesday-Friday**. Children must be picked up by 5:15.

**TO APPLY:** Complete an application and provide verification of income and work/school status.

## **ELIGIBILITY:**

- 1. Parents** are working/in training/attending school **OR** the family is engaged in protective services
- 2. Child is Currently** enrolled in the Grand Ronde Head Start Preschool **AND**
- 3. Enrolled** member of the Grand Ronde Tribe or a child/grandchild of a Grand Ronde Tribal member or enrolled in a federally recognized Tribe

**FEES:** This program is fee-based on a sliding scale. You will be required to pay for these services unless your income is within 200% of the federal poverty level.

## **DEFINITIONS**

**HOUSEHOLD:** The residence in which the child lives with a parent, guardian, or individual acting in loco parentis for the majority number of nights per year. In the case of 50/50 custody arrangements, each parent's household income and family size will be averaged to determine eligibility.

**EMPLOYED:** Engaged in legal employment for a minimum of 25 hours per week verified through pay stubs or a statement from employer (if first check has not been received). Must be "on-the-clock" or in transit to access services after 2:00 pm. Self-employment must be documented through tax forms, bank statements and written document of hours worked. Parents that work shifts that fall primarily between the hours of midnight and 8:00 am are eligible for services until 2:00 pm daily to allow for sleep time. Parents that become unemployed while enrolled in the program remain eligible for up to three months (for services until 2:00 pm daily) **if** they are engaged in job search (documented through "timesheets") at least 2 hours per day Monday-Friday.

**JOB TRAINING:** Parents engaged in Adult Vocational Training, NEW Program or other training at a community college or a private training institute for at least 25 hours per week. Registration and verification of attendance required. Must be on-the-clock or in transit to access services after 2:00 pm.

**IN SCHOOL:** Enrolled in 12 or more credits per term and complete a minimum of 36 credits per year in any accredited community college or university. Services to full time students will be limited to 5 calendar years. Part-time students are eligible if they work at least 20 hours per week. In the case of GED/High School completion, total class time and travel time must be at least 25 hours per week or a combination of work and class time that is at least 25 hours per week. Students must maintain good standing with the college or university and provide verification of attendance via class registration and unofficial transcripts or statement from the provider verifying regular participation. Must be "on-the-clock" or in transit to access services after 2:00 pm.

**PROTECTIVE SERVICES:** Any age-eligible child who is in the custody of State or Tribal Foster Care by court order or engaged in protective services through the Tribal Child and Family Services Division. Children born to teen parents and children of participants living in the Tribe's Post Treatment Services Halfway Houses are also eligible under protective services.

**AT RISK:** Children considered at-risk are given a higher priority when it is necessary to establish a waiting list for services. At-risk is defined as those that are living in a foster home, or with in loco parentis, born to teen parents, have parents who are incarcerated or in addictions treatment or mental health rehabilitation centers and families who are homeless.

**INCOME:** The parents' or guardians' total monthly gross cash receipts plus unearned income.

\*Unearned income does not include Tribal per capita, Tribal timber distribution, Tribal Elders pension, foster care payments, scholarships or child support.

Grand Ronde Head Start Preschool  
Aftercare program Application

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The Child Care Development Fund (CCDF) limits the Aftercare program to children enrolled in the Confederated Tribes of Grand Ronde, children whose parents or grandparents are enrolled members of the Confederated Tribes of Grand Ronde, or children enrolled in other federally recognized tribes.

Is your child an enrolled member or descendant of a federally recognized Indian tribe? Yes No

Please specify Tribe \_\_\_\_\_ Enrollment number \_\_\_\_\_

Parent/Guardian employment

**Parent/Guardian #1**

Place of employment: \_\_\_\_\_ Address: \_\_\_\_\_

Work schedule (days & hours): ☐ Tuesday \_\_\_\_\_ to \_\_\_\_\_ ☐ Wednesday \_\_\_\_\_ to \_\_\_\_\_

☐ Thursday \_\_\_\_\_ to \_\_\_\_\_ ☐ Friday \_\_\_\_\_ to \_\_\_\_\_

☐ My work schedule varies. I will provide a current work schedule at the beginning of every week.

☐ I am enrolled in school. I will provide a current copy of my school schedule at the beginning of every term.

**Parent/Guardian #2**

Place of employment: \_\_\_\_\_ Address: \_\_\_\_\_

Work schedule (days & hours): ☐ Tuesday \_\_\_\_\_ to \_\_\_\_\_ ☐ Wednesday \_\_\_\_\_ to \_\_\_\_\_

☐ Thursday \_\_\_\_\_ to \_\_\_\_\_ ☐ Friday \_\_\_\_\_ to \_\_\_\_\_

☐ My work schedule varies. I will provide a current schedule at the beginning of every week.

☐ I am enrolled in school. I will provide a current copy of my school schedule at the beginning of every term.

\_\_\_\_\_ I understand the Aftercare program is only available to my child during the hours that I am working, in job training, searching for work, or attending school. I will not utilize the Aftercare program during hours I am not engaged in these activities.

## Emergency contact information

The Aftercare program operates from 2:00 pm – 5:00 pm, Tuesday– Friday. **Children must be picked up by 5:15 pm.**

\_\_\_\_\_ I understand that my child will not be released to any person not on their emergency contact list. Written permission to release a child must be signed by a parent/guardian. Authorized persons must be at least 14 years old. If someone other than the established emergency contacts will be receiving your child, you must notify a staff member prior to sign out time. Adults not familiar to staff will be asked to show picture ID.

**Your child already has an authorized emergency contact list located in their current student file.**

- ☐ I would like to use my child's existing emergency contact list.
- ☐ I would like to update my child's existing emergency contact list with the following changes:

**The following people are authorized to receive my child:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

**Parent/ Guardian signature** \_\_\_\_\_

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

## Aftercare program tuition

The Aftercare program is funded through the Child Care Development Fund (CCDF) to provide quality child care for low income children whose parents are working, in job training, searching for work, or attending school. Tuition for the Aftercare program is calculated based on household income.

\_\_\_\_\_ I understand I will be charged a fee for enrollment in the Aftercare program. If I have questions about the program's tuition or how it is calculated I will contact the Grand Ronde Head Start Preschool Program ERSEA Coordinator, Amber Wright, at 1-503-879-1434.

\_\_\_\_\_ I understand that my child **cannot** participate in the Aftercare program until I have provided the necessary documentation and signed fee agreement.

## Enrollment

Once your application is complete you will be notified of enrollment, or placed on the waiting list for a future opening.

Preferred starting date: \_\_\_\_\_

**Parent/ Guardian signature** \_\_\_\_\_

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

### OFFICE USE ONLY

☐ Verification of work/school schedule

☐ Verification of income

☐ Verification of tribal enrollment

☐ Signed tuition agreement