

Grand Ronde Head Start Preschool

Teaching and supporting families in the Grand Ronde community

Enrollment Application

Thank you for your interest in enrolling your child in Grand Ronde Head Start Preschool. We would like to learn more about your family! Please fill in the following information. Once this application is completed a Head Start Preschool staff member will contact you to schedule an interview.

Child's name: Ch	nild's date of birth:	
Address:		
Telephone number:		
Parent/Guardian name(s):		
Is your child an enrolled member or descendant of a federally recognized Indian	tribe? Yes No	
Please specify tribe Er	rollment number	
Are you interested in the Chinuk language immersion program for your child?	Yes No	
Expectant mothers/Infants 0-2: Are you interested in home based program ser	vices? Yes No	
Are you interested in after care services (child care from 2pm to 5:15pm)	Yes No	

□ I give my permission for Grand Ronde Head Start Preschool to share my name and contact information with other Head Start/EHS programs, Grand Ronde Tribal resources, Grand Ronde Health & Wellness Center, and Yamhill/Polk County resources for the purpose of referral to education, health, & preschool programs.

Parent/Guardian Signature Date
Office use only
Date Received ______ Time Received ______ Staff initials ______



When you are contacted for your Head Start Preschool interview please be prepared to provide:

- 1. Proof of income: paystubs (or a letter from your employer stating your income), unemployment, TANF, SSI, child support, etc.
- 2. Proof of address: drivers license, piece of mail, etc.
- 3. Documentation of your child's tribal enrollment (if applicable)
- 4. Documentation of any diagnosed disability