Karuk Tribal Head Start Application

ear Applicant,
ease complete the attached application, sign and date. You will need to attach the following cuments:
Copy of Child's Birth Certificate
Current Immunization Record
If Claiming Indian Preference **Attach Enrollment Documentation
Proof of Income (must be current)
• Income Tax Form, 1040, W2 Form
Unemployment Insurance Letter
 Current Notice of Action Letter (showing status of Public Assistance,

This information must be provided in order for your child to be considered for enrollment in the Karuk Head Start program.

We are federally funded through the American Indian/Alaska Native Branch of the Office of Head Start. Therefore, preference will be given, but not limited to Native American children. Children with disabilities are also given top priority for our program.

Your application and information is confidential. Please seal information in an envelope and return to the Karuk Head Start as soon as possible.

Screening and selection are an on-going process; we want to replace vacant slots and be at full enrollment throughout the school year.

Parent/guardians of qualified applicants will be notified by letter/phone, to complete the enrollment packets.

Thank You

Karuk Tribal Head Start

1320 Yellowhammer Road Yreka CA 96097

CalWorks/TANF

Phone: (530) 842-9225

632 Jacobs Way

Happy Camp CA 96039

Phone: (530) 493-1490

Fax: (530) 493-1491

Applicant & Family Member Information

Applica	nt				100	11111		F 3, T	Mark Transfer
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^{*} If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

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Emergency Contacts Name Address Phone Number 1 □ Cell □ Home □ Work Name Address Phone Number 1 □ Cell □ Home □ Work Name Address Phone Number 1 Phone Number 2 Phone Number 3 ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work □ Cell □ Home □ Work Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal

action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature

Date _