



Sault Sainte Marie Tribe of Chippewa Indians
Early Childhood Education Programs
4 Ice Circle Drive
Sault Sainte Marie, MI 49783
Phone 906-635-7722
Fax #906-635-4779 & Email: ece@saulttribe.net



Head Start serves low-income families including children with disabilities who meet federal guidelines.

Program options please mark all that apply:

Head Start: 3-5yrs. old:

Sault: Extended Day/Part Year _____

Sault: Full Day/Full Year _____

St. Ignace: Extended Day/Part Year _____

Early Head Start 0-3 yrs. old:

Sault: Full Day/ Full Year _____

Child's Name _____ Date of Birth ___/___/____ Sex _____

Race _____ Primary language _____

Address _____ City _____ Zip _____

Mother/Guardian's Name _____ Birthdate ___/___/____ Race _____

Phone: _____ Email: _____

Father/Guardian's Name _____ Birthdate ___/___/____ Race _____

Phone: _____ Email: _____

Please indicate any services you are receiving:

- DHS Child Care Assistance
- DHS Cash Assistance (FIP)
- Food Assistance (SNAP)
- Medicaid # _____
- DHS Case # _____
- Sault Tribe CCDF child care subsidy

Family: Please check:

- Two Parent Family Number of adults (18 or older) in family _____
- One Parent Family Number of children (under 18) in family _____
- Foster Family

Family Income Monthly Amount:

- No-Income (signed form)
- Mother's Work \$ _____ Social Security \$ _____ Unemployment \$ _____
- Father's work \$ _____ Public Assistance \$ _____ SSI \$ _____
- Child Support \$ _____ Other forms of cash assistance \$ _____

Total Monthly Income (gross) \$ _____

Please indicate any factors which have occurred with this child or immediate family:

Native American Status

- Sault Tribe Member
- Other Tribe Member
- Non-Tribal, Lives on Reservation

Parental/Family Status

- Foster Parent*
- Single Parent Family
- Grandparent or other Relative Care
- Two Parent Family

Disability/Developmental Concerns:

- Diagnosed Disability*
- Suspected by a qualified person
- Suspected by parent

Other Factors:

- Homeless/Lack of Stable Housing*
- Child of Sault Tribe Employee
- Domestic/Family Violence/Sexual Abuse
- Diagnosed Mental Illness
- Substance Abuse/Addiction
- Teen Parent (Under 19 years of age at birth)
- Prenatal Complications
- Loss of parent by Death/Incarceration (within 12 months)
- Parent Serving in Military or Veteran
- WIC

***Documentation Required**

If parents are attending school, please indicate where and attach a copy your current schedule:

Name of college/school	Course of study	Full time/ Part time

How did you hear about our program?

Current/Past Head Start Parent _____ Web site _____ Mail _____ Newspaper _____
 Friend/Family _____ Community Event _____ Other _____

**A Copy of Enrollee's or Parent's Tribal Identification
 MUST be submitted in order to process this application.**

Acknowledgments:

Please be advised the information in this document does not automatically qualify your child for enrollment in the Sault Tribe Head Start/Early Head Start Program. This application form is for evaluation purposes only.

I certify the information provided is accurate and truthful to the best of my knowledge. I understand enrollment is not based on a first come first served basis, but is based on the highest need. I understand I will be required to provide further documentation prior to enrollment to confirm eligibility.

Date: _____

X _____
 Signature of Parent/Guardian or Enrollee

Program Use Only		
Date Application Received: _____	By Whom: _____	
Risk Factor Points _____	Proof of Tribal Identification Attached _____	
Interview: <input type="checkbox"/> In-person _____ <input type="checkbox"/> Telephone _____ <input type="checkbox"/> Email _____ Initial/Date Initial/Date Initial/Date 		