



# White Earth Head Start Programs

PO Box 418

White Earth, MN 56591

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**2024-2025**

## Enrollment Information

**Kay LR Sunram, RD LD, B.S.**  
Director

**Mary A. Tenorio**  
AA-ECE & AA-HS  
Assistant Director

**Deb Weaver**  
Administrative Officer

**Kay Sunram RD LD, B.S.**  
Health, Nutrition & Safety  
Coordinator

**Kayla Gordon**  
Mental Health & Disabilities  
Coordinator

**Julie Molacek, B.A.**  
Education Coordinator

**vacant**  
Parent, Family & Community  
Engagement Coordinator

**Terry Dorman, B.S.**  
Transportation Specialist

**Cheyenne Farley**  
Secretary

Dear Parents/Guardians,

Thank you for your interest in enrolling your child in the White Earth Head Start Program for

- 3-5 year olds and /or
- Early Head Start for expectant parents and birth to 3 years old

Complete the application and call (218) 935 6259 to schedule an intake interview or send your complete applications to the email: [Headstart.Applications@whiteearth-nsn.gov](mailto:Headstart.Applications@whiteearth-nsn.gov).

I understand that this application does not automatically “enroll” my child in the White Earth Head Start Programs.

### Intake: Only complete applications will be accepted

#### Bring the following to your appointment

- The completed enrollment application
- Income verification/documentation
- Legal documentation for foster care/relative care/guardian care
- Your child’s physical exam or Well Child Check copy (recently completed within last 12 months)
- Copy of immunization record

### **EARLY ENROLLMENT date ENDS May 15<sup>th</sup>, 2024**

Early enrollment applications with completed intake interview will be processed immediately and will have first consideration.

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Kay LR Sunram, RD LD  
White Earth Head Start/Early Head Start Program Director







## White Earth Head Start Programs

### Parent Privacy Rights

The purpose of the information we collect from you is listed below. Details about the purpose of the information we collect from you are often listed on the forms you are asked to complete. The data we collect may be used for the following purpose:

- Determine your eligibility for services provided by this agency.
- Provide effective care and treatment of medical, social, psychological problems.
- Enable us to collect federal, state and local funds for services
- Determine your ability to pay for medical treatment or other aides and services provided to you or to other people for whom you are responsible.
- Prepare statistical reports and evaluations.
- Conduct program and financial audits.
- Collect reimbursement from other agencies or individuals for services or assistance we give you.

### Legal Requirements

In most cases, you are not legally required to provide the information requested. If you are legally required to supply the information requested, you will be informed of the law which requires it.

### Sharing Information

The information you provide will be shared with other employees or agents of the statewide welfare system only when the programs require access.

The information will also be shared under the following consequences:

- To individuals, persons, agencies, institutions, or organizations you authorize sharing via a valid consent for release of information.
- To court via a court order.
- To administer federal funds or programs.
- To appropriate law enforcement personnel who are acting in an investigation, prosecution, criminal, or civil proceeding relating to administration of a program.
- To appropriate parties in an emergency.

By law, some other government and contractor agencies have access to certain information about you if they provide a service to this agency which requires access to your records. The type of data release and to who depends upon the program affected.

Details about how the information will be shared may be provided on the forms you will be asked to complete. Additional information is also available from the staff person assisting you. You have the right to know and have access to information maintained about you.

I have read this explanation of my Privacy Rights and understand the purpose of giving the information and who is authorized to use it.

Parent/Guardian-Relative/FC: \_\_\_\_\_ Date: \_\_\_\_\_





## Head Start Child/Family Questionnaire

**Your child may be eligible for additional services through the federal McKinney-Vento Assistance Act, such as eligibility priority, which can be determined by completing this questionnaire.**

1. Do you consider yourself with a fixed, regular or adequate residence/home? \_\_\_\_\_ Yes  
If yes, go to the next page.

\_\_\_\_\_ No      *If your answer is "No", please complete the information below.*

2. Where are you and your family currently staying? \_\_\_\_\_

\_\_\_\_\_ Sharing the housing of another family (i.e., doubling up) due to loss of housing, economic hardship or similar reason.

\_\_\_\_\_ Living in a motel, hotel, trailer park, or campground because we cannot afford or find affordable housing.

\_\_\_\_\_ Staying in an emergency or transitional shelter: \_\_\_\_\_

\_\_\_\_\_ Living in a vehicle of any kind; in an abandoned building or substandard housing without running water/electricity; or in a park, bus or train station.

3. Please check all that apply.

\_\_\_\_\_ Child is living with an adult that is not a parent or legal guardian.

\_\_\_\_\_ Child is awaiting foster care placement.

\_\_\_\_\_ None of the Above. Child is my own child.

4. Please list the child(ren) who "lack a fixed, regular, and adequate nighttime residence."

First	Name of Child(ren) Middle	Last	Male/Female	Date of Birth

The undersigned certifies that the information provided above is accurate.

**Print** Parent/Guardian Name/Adult Caring for Child

**Signature**

Address (if available)

City

State

Zip

***Head Start Use Only***

**Head Start Official:** Based on the information from the Intake interview with this family, I attest that to the best of my knowledge that the child is eligible for benefits under the McKinney-Vento Act.

## White Earth Head Start Programs

**\*\*Please Note: This form must have an original parent/guardian signature. Thank you.\*\***



### PERMISSION FORM

#### Screenings/Exams

All children in the White Earth Head Start Programs will undergo the following **MANDATED** screenings/exams or consultation so that the program may fully provide for the individual needs:

**Developmental  
Speech and Language  
Hearing and Vision  
Dental  
Health  
Classroom observation  
Mental health consultation services**

The White Earth Head Start Programs permission to complete the above screening/exam on my child

#### Health records

I give the White Earth Head Start Programs permission to share health records with the school system

#### Field trips

Head Start children participate in field trips and other special events. Your approval is needed for your child to participate on these field trips and/or events sponsored by our program.

#### Newspaper articles

Occasionally, the tribal paper and other local newspapers do feature stories on the children and their activities. We would like permission to have your child in these as the occasion arises.

#### Video-taped/photographed

The children are video-taped and photographed on various occasions. We would like your permission to have your child video-taped or photographed.

I request that my child not be photographed or video-taped: \_\_\_\_\_

Signature

#### Other

Children's names are occasionally included in lists that are sent home for special occasions (i.e., Valentine's Day) and other printed information. We would like permission to include your child's name.

**I approve my child's participation in the areas indicated on this permission form**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Standard/Full Civil Rights Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

(2) **fax:** (833) 256-1665 or (202) 690-7442; or

(3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.





**White Earth Head Start Programs**  
**EMERGENCY CONTACT INFO**

**1<sup>st</sup> Contact:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Contact number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**2<sup>nd</sup> Contact:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Contact number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**3<sup>rd</sup> Contact:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Contact number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT AGREEMENT**

I understand I may be contacted by a White Earth Head Start team member and it is my responsibility when the parent/ guardian is unavailable to:

- Pick-up the child to bring home due to illness/ other
- To be home in case the child may need to be transported home early due to changes in daily programming, such as:
  - Center closing: weather related, unexpected center repair or other
  - When Wrap-around is unavailable for that day

1<sup>st</sup> Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_