LEEP Preschool

Parents:

If your child may be attending the Lamoni LEEP Preschool, please make sure you have turned in the following documents to the Lamoni Elementary Office.

- ☐ Enrollment Application
- ☐ NIFCAP Required Family Information
- ☐ Proof of Income
- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Social Security Card/Number
- ☐ Proof of Residency
- ☐ Physical (Must be completed prior to the start of preschool)
- ☐ Dental Screening (Must be completed prior to the start of preschool)
- ☐ Home Language Survey
- ☐ New Federal Race and Ethnicity Categories Form

Please contact the Lamoni Elementary Office at 641-784-3422 if you have any questions or need any assistance.

LEEP/SCICAP HEAD START ENROLLMENT APPLICATION

Center _____ **School Year** _____-_____

APPLICANT CHILD or PRENATAL ADULT (Circle one)

First Name	Middle Name	Last Name	Nickname

Birthdate	Male / Female	Disability Yes No If yes, list type	Race (Circle) White Black/African American American Indian Asian Native Hawaiian Pacific Islander Hispanic Alaska Native Multi-Race Other _____

Ethnicity (Circle)	English Proficiency (Circle)	Other Language (Circle)	Other Language Proficiency (Circle)
Hispanic/Latino Non-Hispanic/Latino	None Little Moderate Proficient	Russian Ukrainian Spanish Chinese Sign	None Little Moderate Proficient

Primary Health Care Coverage (Circle)	Other Health Care Coverage (Circle)	Doctor/Medical Home
Private Medicaid Hawki Combined Medicaid & Hawki None Other _____	Private Medicaid Hawki Combined Medicaid & Hawki None Other _____	

Primary Dental Care Coverage (Circle)	Other Dental Care Coverage (Circle)	Dentist/Dental Home
Private Medicaid Hawki Combined Medicaid & Hawki None Other _____	Private Medicaid Hawki Combined Medicaid & Hawki None Other _____	

Documentation used to verify birthdate (N/A if prenatal application)
State Issued Birth Certificate Hospital Birth Certificate Other _____

*** ONLY COMPLETE IF PRENATAL APPLICATION ***

Highest Grade Completed	Degree Working Toward	Employment Status (Circle)	Due Date	Current Teen Parent
		Full Time + Training Full Time (at least 35 hours/week) Part Time + Training Part Time (under 35 hours/week) Retired/Disabled Seasonally Training/School Unemployed		Yes No

PRIMARY ADULT

First Name	Middle Name	Last Name	Nickname

Birthdate	Male / Female	Disability Yes No If yes, list type	Race (Circle) White Black/African American American Indian Asian Native Hawaiian Pacific Islander Hispanic Alaska Native Multi-Race Other _____

Ethnicity (Circle)	English Proficiency (Circle)	Other Language (Circle)	Other Language Proficiency (Circle)	Highest Grade Completed	Degree Working Toward
Hispanic/Latino Non-Hispanic/Latino	None Little Moderate Proficient	Russian Ukrainian Spanish Chinese Sign	None Little Moderate Proficient		

Child's Relationship to You (Circle)	Custody	Lives with Family	Provides Financial Support	Current Teen Parent
Biological / Adopted / Stepchild Foster Grandchild Other Relative Other _____	Yes No	Yes No	Yes No	Yes No

Employment Status (Circle)	What is the best way to communicate with you?
Full Time + Training Full Time (at least 35 hours/week) Part Time + Training Part Time (under 35 hours/week) Retired/Disabled Seasonally Training/School Unemployed If unemployed, **long term** (>6 months) or **short term** (<6 months)?	Phone call Email Text Postal mail In what language? English Spanish Other _____

SECONDARY or OTHER ADULT (Circle one)

First Name	Middle Name	Last Name	Nickname

Birthdate	Male / Female	Disability Yes No If yes, list type	Race (Circle) White Black/African American American Indian Asian Native Hawaiian Pacific Islander Hispanic Alaska Native Multi-Race Other _____

Ethnicity (Circle) Hispanic/Latino Non-Hispanic/Latino	English Proficiency (Circle) None Little Moderate Proficient	Other Language (Circle) Russian Ukrainian Spanish Chinese Sign	Other Language Proficiency (Circle) None Little Moderate Proficient	Highest Grade Completed	Degree Working Toward

Child's Relationship to You (Circle) Biological / Adopted / Stepchild Foster Grandchild Other Relative Other _____	Relationship to Primary Adult	Lives with Family Yes No	Custody of Applicant Child Yes No	Current Teen Parent Yes No

Employment Status (Circle) Full Time + Training Full Time (at least 35 hours/week) Part Time + Training Part Time (under 35 hours/week) Retired/Disabled Seasonally Training/School Unemployed If unemployed, **long term** (>6 months) or **short term** (<6 months)?	Provides Financial Support (*ONLY IF* related to the applicant child by blood, marriage or adoption) Yes No NA

SIBLING #1 (Living with applicant AND related by blood, marriage or adoption)

First Name	Middle Name	Last Name	Nickname

Birthdate	Male / Female	Disability Yes No If yes, list type	Race (Circle) White Black/African American American Indian Asian Native Hawaiian Pacific Islander Hispanic Alaska Native Multi-Race Other _____

Ethnicity (Circle) Hispanic/Latino Non-Hispanic/Latino	English Proficiency (Circle) None Little Moderate Proficient	Other Language (Circle) Russian Ukrainian Spanish Chinese Sign	Other Language Proficiency (Circle) None Little Moderate Proficient

SIBLING #2 (Living with applicant AND related by blood, marriage or adoption)

First Name	Middle Name	Last Name	Nickname

Birthdate	Male / Female	Disability Yes No If yes, list type	Race (Circle) White Black/African American American Indian Asian Native Hawaiian Pacific Islander Hispanic Alaska Native Multi-Race Other _____

Ethnicity (Circle) Hispanic/Latino Non-Hispanic/Latino	English Proficiency (Circle) None Little Moderate Proficient	Other Language (Circle) Russian Ukrainian Spanish Chinese Sign	Other Language Proficiency (Circle) None Little Moderate Proficient

SIBLING #3 (Living with applicant AND related by blood, marriage or adoption)

First Name	Middle Name	Last Name	Nickname

Birthdate	Male / Female	Disability Yes No If yes, list type	Race (Circle) White Black/African American American Indian Asian Native Hawaiian Pacific Islander Hispanic Alaska Native Multi-Race Other _____

Ethnicity (Circle) Hispanic/Latino Non-Hispanic/Latino	English Proficiency (Circle) None Little Moderate Proficient	Other Language (Circle) Russian Ukrainian Spanish Chinese Sign	Other Language Proficiency (Circle) None Little Moderate Proficient

SIBLING #4 (Living with applicant AND related by blood, marriage or adoption)			
First Name	Middle Name	Last Name	Nickname

Birthdate	Male / Female	Disability Yes No If yes, list type	Race (Circle) White Black/African American American Indian Asian Native Hawaiian Pacific Islander Hispanic Alaska Native Multi-Race Other _____

Ethnicity (Circle)	English Proficiency (Circle)	Other Language (Circle)	Other Language Proficiency (Circle)
Hispanic/Latino Non-Hispanic/Latino	None Little Moderate Proficient	Russian Ukrainian Spanish Chinese Sign	None Little Moderate Proficient

LIVING ADDRESS			MAILING ADDRESS – Same (Circle)		
Address			Address		
City	Zip Code	County	City	Zip Code	County

Phone Type	Primary Phone?	Phone Number	Notes	Phone Type
				H-Home C-Cell W-Work M-Message

___ Yes, I give SCICAP Head Start/Early Head Start permission to communicate with me using text messages.
___ I do not wish to receive text messages from SCICAP Head Start/Early Head Start.

Documentation used to verify residency:

Email address:

___ Yes, I give SCICAP Head Start/Early Head Start permission to communicate with me through emails.
___ No, I do not wish to communicate by email with SCICAP Head Start/Early Head Start.

Number in family living in household _____ Of that number, how many are children? _____

Adults: 1 2 Biological / Adopted / Stepparent(s) / Foster Is anyone in the home pregnant? _____ Due Date _____

Primary language spoken at home _____ (can only choose one)

Housing Status: Renting _____ Buying _____ Own _____ Homeless _____ Other _____

Military Family? Yes No If yes, are you active military? Yes No Referred by DHS? Yes No

Explain how your family has been affected by drugs, alcohol, or any other addictions currently or in the past _____

Explain how your family has been affected by family violence currently or in the past _____

EMERGENCY CONTACT INFORMATION (Other than parent the child lives with)					
Name	Address		Name	Address	
City	Zip Code		City	Zip Code	
Relationship			Relationship		
Phone Type	Phone #	Notes	Phone Type	Phone #	Notes

INCOME SUPPORT Adult(s) related to the applicant by blood, marriage or adoption who has provided income in the past 12 months					
FIP: YES NO	SSI/Disability: YES NO		WIC: YES NO WIC #		Food Stamps: YES NO
Family Member	Amount	Per	Description	Verification	Notes
Desc. Only use for: Pension Social Security SSI	Verification TR – Tax Return W2 – Form W-2 CS – Check Stub EL – Employment Letter FIP – TANF SSI – SSI Document MIV - Minimal Income Verification 3rd – 3rd Party Verification				

If your family uses childcare because of working or going to school, do you use (Circle)

Registered Home Relative Child Care Center Neighbor/Friend

How is your child care paid for? _____

My signature verifies that I understand this application will be used to determine the acceptance/enrollment into programs receiving Federal/State Funds. The information provided to complete the application is true and accurate. I understand the information in this application will be held in strict confidence within the agency and collaboration (where applicable). This information is accessible to me during normal business hours.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Verifying Staff Signature _____ Date _____

Verifying Staff Position _____

Must be completed by person completing application

___ Verification of income
___ Verification of residency
___ Referred to EHS for younger siblings or pregnant mom
___ Completed and verified application signed by Head Start staff
____ Verification of birth date
____ Application signed by Parent/Guardian/Participant

NIFCAP Required Family Information

Family Name: _____ **Center:** _____

Housing Type:

House Mobile Home Duplex 4 or more apartment Rent a Room

Other _____

Main Source of Heating:

Electric Propane Natural Gas Fuel Oil Wood Coal Other _____

Receive Food Stamps:

YES NO

Farmer:

YES NO

Veteran:

YES NO

Marital Status:

Married Divorced Separated Never been Married

Disability:

NO

YES Physical Mental Both

_____ _____

Parent/Guardian Signature Parent/Guardian Signature

_____

Date

LEEP PRESCHOOL PHYSICAL EXAMINATION

Child's Name _____ Sex _____
Birth date _____ Age ____yrs. _____Mos.
Address _____ City _____ Zip_____
Parent's Name _____

MEDICAL HISTORY - to be completed by parent

Check illnesses your child has had:

Chicken pox____ Ear infection___ Are vaccinations current? yes____ no____
Strep throat_____ Measles_____ If no, please explain_____

Check the following conditions your child has acquired or experienced:

Diabetes____ Epilepsy____ Heart diseases_____ Asthma _____
Surgery(list)_____ ___ Allergies (list)_____
Injuries/Accidents(list)_____

_____
Parent/Guardian Signature Date

PHYSICAL EXAMINATION - **to be completed by a physician**

Child's Height_____ Weight_____

Blood Pressure_____ Hemoglobin_____ Lead_____

Check if normal for age and explain any abnormalities:

	N	A		N	A	Comments
Eyes			Thyroid			
Ears			Lungs			
Nose			Heart			
Mouth			Pulse			
Skin			Hernia			
Throat			Genitalia			
Lymph Nodes			Feet			
Abdomen			Nervous System			

Does this child have any vision or hearing problems?_____
If so, please explain:_____

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time at school?

_____
_____

_____
Physician's Signature Date

Iowa Department of Public Health
CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:	Telephone (home or mobile):	
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: ☐ Male ☐ Female

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

☐ **Requires Dental Care** – tooth decay[1] or a white spot lesion[2] is suspected in one or more teeth, or gum infection[3] is suspected.

☐ **Requires Urgent Dental Care** – obvious tooth decay[1] is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

[1] Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.
[2] White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.
[3] Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):
☐ DDS/DMD ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Center
515-242-6383 • 866-528-4020 • www.idph.state.ia.us/ohds/OralHealth.aspx
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

Lamoni Community School District

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
   If yes, in which state? _____
   If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
   If yes, please provide school name(s), state, and dates attended:
   Name of School _____ State _____ Dates Attended _____
   Name of School _____ State _____ Dates Attended _____
   Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

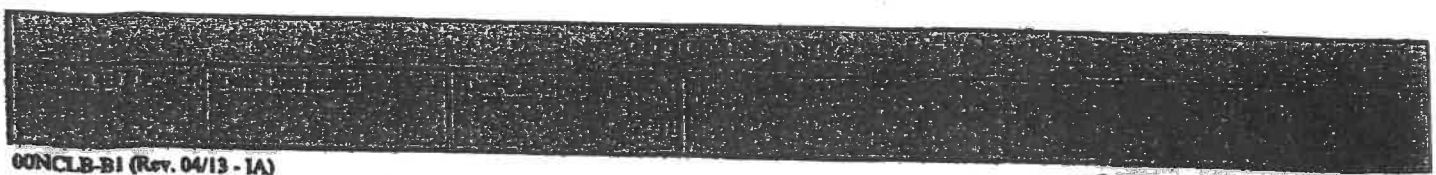
6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? (Father) _____
   (Mother) _____

9. Please describe the language understood by your child. (Check only one)
   A. Understands only the home language and no English.
   B. Understands mostly the home language and some English.
   C. Understands the home language and English equally.
   D. Understands mostly English and some of the home language.
   E. Understands only English.

_____ _____
Parent or Guardian's Signature Date



Por favor responda en inglés

Lamoni Community School District

ENCUESTA DE IDIOMA DOMESTICO

Spanish

Home Language Survey

Nombre del alumno: _____ Fecha de nacimiento: _____ Sexo: ☐ Masculino ☐ Femenino

Nombre de los padres/apoderado: _____

Dirección: _____

Teléfono de la casa: _____ Teléfono del trabajo: _____

Escuela: _____ Grado: _____ Fecha: _____

1. ¿Nació su hijo/a en Estados Unidos? ☐ Sí ☐ No
   De ser así, ¿en qué estado? _____
   De no ser así, ¿en qué país? _____

2. ¿Ha asistido su hijo/a a alguna escuela de Estados Unidos durante tres años cualesquiera de su vida? ☐ Sí ☐ No
   Si la respuesta es afirmativa, indique el nombre de la escuela (o escuelas), estado, y fechas de asistencia:
   Nombre de la escuela _____ Estado _____ Fechas de asistencia _____
   Nombre de la escuela _____ Estado _____ Fechas de asistencia _____
   Nombre de la escuela _____ Estado _____ Fechas de asistencia _____

3. ¿Qué idioma habla usted y su familia con más frecuencia en el hogar? _____

4. Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela? _____

5. ¿Es el idioma primario de su hijo(a) o el que se habla en el hogar distinto al inglés? ☐ Sí ☐ No

Si su respuesta a la pregunta 5 es "Sí", responda las siguientes preguntas:

6. ¿Qué idioma aprendió su hijo cuando recién comenzó a hablar? _____

7. ¿Qué idioma habla en casa su hijo(a) con más frecuencia? _____

8. ¿En qué idioma le habla con más frecuencia a su hijo(a)? (Padre) _____
   (Madre) _____

9. Describa el idioma que su hijo(a) entiende. (Marque sólo uno)
   A. ☐ Entiende solamente el idioma del hogar y no inglés.
   B. ☐ Entiende mayormente el idioma del hogar y algo de inglés.
   C. ☐ Entiende el idioma del hogar y el inglés por igual.
   D. ☐ Entiende inglés mayormente y algo del idioma del hogar.
   E. ☐ Entiende inglés solamente.

_____ Firma del padre o tutor

_____ Fecha

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

New Federal Race and Ethnicity Categories

Changes began in 2009-2010
Allows individuals to more accurately identify themselves

Student Full Legal Name _____

Student Grade Level_____**Date of Birth**_____

You must answer a Two-Part Question

(1) Is this student Hispanic/Latino? (Choose only one)

_____**No, not Hispanic/Latino**

_____**Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer (2) by marking one or more boxes to indicate what you consider your child's race to be.

(2) What is the student's race? (Choose one or more)

_____**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

_____**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____**Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____**Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Parent/Guardian_____

Today's Date_____