



**Red Cliff Early Childhood Center**  
 88385 Pike Rd Hwy 13—89830 Tiny Tot Drive—Bayfield, WI 54814  
 PH: 715-779-5030 FAX: 715-779-5046 or 715-779-3239



**PRE-APPLICATION FORM**

Child's/Prenatal Name:		Child's Date of Birth or Due Date:	Child's Tribal Affiliation:	
Living Address		City:	Zip:	
Mailing Address:		City:	Zip:	Sex: M or F
Parent 1's Name:		Parent 1's Date of Birth:	Parent 1's Tribal Affiliation:	
Parent 2's Name:		Parent 2's Date of Birth:	Parent 2's Tribal Affiliation:	
Number in Household:	Home Phone: _____	Email Address: _____		
	Contact Phone: _____			

(Please Check All That Apply)

- Home Based *Only*    Center Based *Only*    Home Based *and* Center Based    18-36 Months Esiban Classroom  
 Zaagichigaazowin Home Visiting Referral

**Eligibility for Openings is dependent upon VACANCIES AND SCORE.**

**ENROLLMENT CRITERIA**

Please mark all that apply to the family as this information will be used to assist in determining enrollment priority along with income eligibility. This information is confidential and will be used for program purposes only.

***Proof of Age & Proof of Income MUST accompany this pre-application for your child to be considered for enrollment:***

- Homeless (includes living with relatives or friends) Yes or No*  
*Child is in Foster Care Yes or No*  
*On public Assistance (TANF/SSI) Yes or No*

<b>Special Needs Child Prenatal-Age 5 with a diagnosis and verification</b>	Incarcerated Parent	
<b>Do you have a concern that your child has a special need (If yes follow up will be required)</b>	Military Parent Absent from home due to Active Duty	
Serious Health Issues of Child Applicant (Need Physician Documentation)	First Time Parents	
Prenatal Substance Abuse ( <i>Check all that apply</i> ) <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco	Teen Parent/Pregnant Teen	
Parent or Sibling Living in the Household with a Long Term Chronic Illness	No Prenatal Care	
Alcohol & Drug Abuse within Child's Primary Household	Premature Birth (before 35 weeks) or Low Birth Weight(<5lbs 5oz)	
Was mother in the habit of drinking before she knew she was pregnant	High Birth Weight (>10 lbs) With Diabetes(any type) during pregnancy	
Parent Diagnosed with Mental Illness ( <i>Check all that apply</i> ) <input type="checkbox"/> Anxiety <input type="checkbox"/> Bi-Polar <input type="checkbox"/> ADHD <input type="checkbox"/> PTSD <input type="checkbox"/> Depression <input type="checkbox"/> Other	Multiple Births (Twins, Triplets, etc.)	
Domestic Violence within Child's Primary Household	Single Parent	
Child History of Neglect/Abuse	Parent Does Not Have High School Diploma or GED	
Loss of Child's Parent/Sibling by Death	Not working and not in School/Job training	
Elder is Primary Caregiver (55 years or older)	Home Safety Concerns	
Health Insurance:    No _____ Yes _____ (Circle Type):	MA   IHS   Badger   Private	

*When all factors are equal; preference will be given as follows within the service area*

1. Red Cliff Tribal Member on and off reservation 2. Other Tribal Members 3. Non-Tribal Members living on Reservation  
*I certify that the above information is correct to the best of my knowledge and will provide additional documentation if needed*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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<b>All Carry Over 4 year olds (Automatic)</b>
<b>4 year olds income eligible</b>
<b>4 year olds with no Head Start experience</b>
<b>4 year olds over income</b>
<b>3 year olds income eligible</b>
<b>3 year olds over income</b>

Date Application Received: _____	By Whom: _____
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Proof of Income Attached: _____	Income Eligible: _____	Pre-App. Score: _____	CC Score _____	Combined Score _____
Application Status: ACCEPTED: _____	WAITING LIST: _____	Assigned Classroom: _____		
On Reservation _____	Off Reservation _____	Proof of Tribal Identification Attached: _____		