



Oahe Child Development Center, Inc.

2307 E. Capitol Avenue
Pierre, South Dakota 57501

Phone: (605) 224-6603
Fax #: (605) 224-0850

APPLICATION

We are pleased that you are applying for our program! Oahe Child Development Center (OCDC) provides a comprehensive program that includes early childhood education, health, mental health, nutrition, family partnerships, and advocacy services for enrolled families.

To complete the application process, OCDC Head Start/Early Head Start will need the following information:

- ☐ **COMPLETED APPLICATION**
- ☐ **FAMILY'S PROOF OF INCOME (one of the following)**
 - 1040, pay stubs, and/or W-2
 - Proof of SSI, TANF, or SNAP
 - Paperwork showing DSS placement, Kinship placement, etc
- ☐ **CHILD'S BIRTH RECORD**
- ☐ **IMMUNIZATION RECORD (Please see back side of this page for program requirements.)**

PLEASE NOTE: CHILD MUST BE UP-TO-DATE ON ALL IMMUNIZATIONS TO BE CONSIDERED FOR FULL DAY CLASS ENROLLMENT AS PER SD CHILDCARE LICENSURE REQUIREMENTS.

Once your application has been returned and **income has been verified**, you or your child will be placed on a waiting list. We will start accepting income eligible children in the middle of May. Over income families will be notified starting the third week in July. If you do not receive notification during this time, you or your child will remain on the wait list until an opening occurs. During the school year, all applications will be reviewed at the time of an opening.

If you have any questions, please call me at 605-224-6603 or 280-8262.

Hannah Carda

Recommended Immunization Schedule

Vaccine	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	19-23 Mo	4-6 Yr
Hepatitis B (Hep B)	#1	#2			#3					
Diphtheria, Tetanus, Pertussis (DTP)			#1	#2	#3		#4			#5
Haemophilus influenzae Type b (Hib)			#1	#2	#3*	#4				
Inactivated Poliovirus			#1	#2	#3					#4
Measles, Mumps, Rubella (MMR)						#1				#2
Varicella						#1				#2
Hepatitis A						#1 & #2 (6 months apart)				
Pneumococcal (PVC)			#1	#2	#3	#4				
		= Immunization is to be given within this range of time								

IMMUNIZATION REQUIREMENTS – effective September 2016

Combination Vaccines Often Seen on Immunization Records:

Pediarix = DTaP, Hep B, Polio

Pentacel = DTaP, Hib, Polio

Kinrix = DTaP, Polio

MMRV = Varicella, MMR

* NOTE: The Pedvax or ComVax Hib is 3 doses, with the 6-month immunization not required. All other Hib series are 4 doses using the schedule above.

Recommended well child exams and dental exam Schedule

Head Start federal guidelines require your child to be up to date on well child exams.

You need to determine if your child is up to date. Obtain copies of most current exams and lab results and bring with you to your enrollment or turn them in with the application. If your child is not up to date you will need to make an appointment ASAP with your child's medical provider/dentist to stay on track per guideline below:

- **Well-Child Exam**-Well child exams are normally done at 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 &/or 18 months, 2 year, 3 year, 4 year and 5 year.
- **Dental Exam**- First dental exam required by 12 months of age and then every year.
- **Blood lead level**- required at 12 and 24 months of age. If you do not have record of results or child was not tested, Head Start requires a level be drawn between 36 to 72 months of age.
- **Hemoglobin level**-required at 12 months of age.



**PLEASE
COMPLETE ALL
AREAS OF THIS
APPLICATION.**

OAHE CHILD DEVELOPMENT CENTER

Child Application

Early Head Start / Head Start

2307 E. Capitol Pierre, SD 57501

Phone: 605-224-6603 Fax: 605-224-0850

OFFICE USE ONLY

Date Received: _____

EHS: _____ HS: _____

NEW _____ RETURN _____ TRANSF _____

IMMUNES: _____ 1/2 DAY _____ FULL DAY

ENCODED _____ County _____

Applicant Information (Child)

First Name _____ MI _____ Last Name _____	Date of Birth: _____ / _____ / _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Has the applicant been enrolled in a Head Start/Early Head Start program before? _____ If so, where? _____ When? _____
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Living Address Mailing Address

Street: _____	Street/PO Box: _____
Town/City: _____ State: _____ Zip Code: _____	Town/City: _____ State: _____ Zip Code: _____
County: _____	School District: _____

Applicant lives with: <i>(check all that apply)</i> <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other Relative _____	Language(s) spoken in the child's home? Primary: _____ Secondary: _____ How well does the applicant speak English? _____	Race Key Listed Below <table border="1"> <tr> <td>Applicant</td> <td>_____</td> </tr> <tr> <td>Primary Guardian</td> <td>_____</td> </tr> <tr> <td>Secondary Guardian</td> <td>_____</td> </tr> </table>	Applicant	_____	Primary Guardian	_____	Secondary Guardian	_____
Applicant	_____							
Primary Guardian	_____							
Secondary Guardian	_____							

Primary Parent/Guardian Secondary Parent/Guardian

First Name _____ Middle Name _____ Last Name _____	First Name _____ Middle Name _____ Last Name _____
Date of Birth: _____ Relationship to Child: _____	Address: _____
Telephone Number Information: _____	Date of Birth: _____ Relationship to Child _____
Home/Cell _____ Work: _____	Telephone Number Information: _____
E-mail: _____	Home/Cell: _____ Work: _____
	E-mail: _____

Additional Information: Custody Orders:

Is anyone in your household currently pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, would you like an EHS application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there special visitation orders we should be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes, please mark and provide us with a copy _____ Foster Care/Custody of State of South Dakota _____ Court ordered Agreements _____ Restraining Orders
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Please list all OTHER persons living in the home

First Name	Last Name	Date of Birth	Relationship to Child	Race

PLEASE RANK YOUR 1ST, 2ND, AND 3RD CHOICES. WE ONLY HAVE A CERTAIN NUMBER OF SLOTS FOR EACH OPTION AND CANNOT GUARANTEE ANY ENROLLMENT SLOT.

- _____ AM ½ day class Monday-Thursday, (8am-11:30am)
 _____ PM ½ day class Monday-Thursday, (11:45am-3:15pm)
 _____ Full day class Monday-Thursday and some Fridays (8am-3pm)
 _____ EHS Option with a home visitor

_____ Are you interested in the *After School Program* that operates 3:00pm-5:15pm Monday-Thursday and some Fridays?

***Race Key: American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, White, Multiracial and/or Multiethnic, or Unspecified

Primary Parent/Guardian Employment and Education	Secondary Parent/Guardian Employment and Education
Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed Employer Name: _____ Are you attending job training? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? _____ Are you active in any branch of the United States Military? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Are you a Veteran of the United States Military? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Highest level of education completed: <input type="checkbox"/> 9th or less <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some college <input type="checkbox"/> BS/BA <input type="checkbox"/> Associate's Degree <input type="checkbox"/> 2 year college <input type="checkbox"/> Master's <input type="checkbox"/> Advanced <input type="checkbox"/> Vocational <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed Employer Name: _____ Are you attending job training? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? _____ Are you active in any branch of the United States Military? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Are you a Veteran of the United States Military? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Highest level of education completed: <input type="checkbox"/> 9th or less <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some college <input type="checkbox"/> BS/BA <input type="checkbox"/> Associate's Degree <input type="checkbox"/> 2 year college <input type="checkbox"/> Master's <input type="checkbox"/> Advanced <input type="checkbox"/> Vocational <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____
Family Resources Information:	Income Verification:
<i>Does your family receive any of the following types of services or financial assistance? (Please indicate all that apply):</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC <input type="checkbox"/> Public Assistance – TANF </div> <div style="width: 45%;"> <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> None Listed </div> </div>	<i>I understand that my income must be verified and have attached or emailed to Hannah.Carda@oahechild.com:</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Foster Care Verification <input type="checkbox"/> 1040 or W-2 <input type="checkbox"/> Unemployment </div> <div style="width: 45%;"> <input type="checkbox"/> Proof of SNAP/TANF/SSI <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Other: _____ </div> </div>
Are there any other concerns or family situations that we should be aware of to help meet your child's needs? (Such as a recent divorce, move, parental health, counseling, parent absent due to incarceration or military duty, etc.) <div style="text-align: right;">If yes, please explain: _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> No <div style="width: 60%;"></div> <input type="checkbox"/> Yes </div>	
How Did You Hear About Us:	Were You Referred by Another Agency:
<input type="checkbox"/> OCDC Website <input type="checkbox"/> Facebook /Social Media <input type="checkbox"/> Newspaper <input type="checkbox"/> Personal Contact <input type="checkbox"/> TV/Radio announcement	<input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Public School/EC Program <input type="checkbox"/> Health care provider/dentist <input type="checkbox"/> Other _____ <input type="checkbox"/> WIC Office/County Health
Special Needs/Services:	
Does the applicant have any special needs? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please describe: _____ _____
Is the applicant receiving any special services or currently on an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan)? (Examples: medical, speech therapy, physical therapy, occupational therapy, counseling, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe and provide name and address of service provider: _____ Provider: _____ Phone: _____ Address: _____	
Does your family receive (or is certified for), daycare assistance?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	

BEFORE ACCEPTANCE INTO OUR PROGRAM, INCOME MUST BE VERIFIED BY AUTHORIZED OCDC STAFF
Head Start Performance Standards require your child to have an up-to-date well child, dental exams, & immunizations.

My signature gives permission for staff to access my child's immunization records.
The statements and information on this application are true and accurate to the best of my knowledge.

Parent/Guardian

Date

Parent/Guardian

Date

This institution is an equal opportunity provider