



BJTELA Application

All applications are not complete until all supporting documents are provided.

- _____ Application Complete
- _____ Copy of the Child’s Birth Certificate
- _____ Copy of the Child’s Tribal ID Card (if applicable)
- _____ Copy of the Child’s Most Recent Well Child Summary
- _____ Child’s Immunization Record
- _____ Copy of Child’s Insurance Card
- _____ Income Verification for Everyone in the Household (including Per Capita)
(Copy of W-2, Federal Income Tax Form, Pay Stub, TANF, Child Support, Financial Aid, Zero Income Statement)

Participant Income Declaration

Please provide verification of any applicable items below:

- _____ Child or Parent received SSI
- _____ TANF recipient: Case Number _____
- _____ Child is currently in Foster Care
- _____ Family is Homeless
- _____ Child or Parent received Tribal Disability
- _____ Child or Parent received Child Support
- _____ Child or Parent received Financial Aid
- _____ Child or Parent does not receive income (Zero Income), please answer why below:
 - Divorce or Separation Loss of Job Change of Job Loss of Wage Earner Loss of Benefits
 - Other (explain): _____

Please tell us how you found out about the Betty J. Taylor Early Learning Academy:

- _____ Website
- _____ Community Event
- _____ Flyer
- _____ Word of Mouth
- _____ Case Worker
- _____ Community Agent
- _____ Social Media
- _____ Employee of the BJTELA
- _____ Other: _____





The Betty J. Taylor Early Learning Academy provides a no cost child development service from 9:00am – 3:30pm Monday – Thursday for children 0-5 years old, as well as families who are expecting. Please fill in the form completely and accurately. The information you provide will help us determine your child’s eligibility and will help us prioritize your application.

All shared information will be kept confidential.

*Eligibility for the Center Based Openings is dependent upon VACANCIES and SCORES.

Applicant Information

Applicant’s Name: _____
First Middle Last

D.O.B.: _____ Applicant’s Age: _____ Gender: _____ Nickname: _____

Are you or your child Hispanic/Latino?

Yes No

Applicant’s Race:

- American Indian or Alaskan Native Tribal Affiliation: _____
- Asian African American Caucasian Multi-racial/Biracial
- Native Hawaiian/Other Pacific Islander Unspecified Other: _____

English Proficiency: Proficient Moderate Little None

Other Language: _____ Proficiency: Proficient Moderate Little None

Primary Health Coverage:

<input type="checkbox"/> Children’s Health Insurance Program
<input type="checkbox"/> Combines Medicaid/CHIP
<input type="checkbox"/> Medicaid
<input type="checkbox"/> No Insurance
<input type="checkbox"/> Other:
<input type="checkbox"/> Private Health Insurance
<input type="checkbox"/> State-Only Funded Insurance

Primary Dental Coverage:

<input type="checkbox"/> Children’s Health Insurance Program
<input type="checkbox"/> Combines Medicaid/CHIP
<input type="checkbox"/> Medicaid
<input type="checkbox"/> No Insurance
<input type="checkbox"/> Other:
<input type="checkbox"/> Private Health Insurance
<input type="checkbox"/> State-Only Funded Insurance

Were you referred by a Child Welfare Agency? Yes No

Receiving SNAP? Yes No

WIC? Yes No **WIC ID:** _____





Parent/Guardian Information

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Date of Birth: _____ Gender: _____	Date of Birth: _____ Gender: _____
Relationship to Child: _____	Relationship to Child: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
<u>Are you Hispanic/Latino?</u>	<u>Are you Hispanic/Latino?</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Race:</u>	<u>Race:</u>
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native
Tribal Affiliation: _____	Tribal Affiliation: _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> African American	<input type="checkbox"/> African American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Multi-racial/Biracial	<input type="checkbox"/> Multi-racial/Biracial
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<u>English Proficiency:</u>	<u>English Proficiency:</u>
<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None
<u>Other Language:</u> _____	<u>Other Language:</u> _____
Proficiency: <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	Proficiency: <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None
<u>Are you Currently Working?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Are you Currently Working?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Working Full Time <input type="checkbox"/> Disabled	<input type="checkbox"/> Working Full Time <input type="checkbox"/> Disabled
<input type="checkbox"/> Working Part <input type="checkbox"/> Unemployed	<input type="checkbox"/> Working Part <input type="checkbox"/> Unemployed
<input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Retired	<input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Retired
<u>Are you Currently in School?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Are you Currently in School?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which School are you attending/planning to attend? _____	If yes, which School are you attending/planning to attend? _____
<u>Education Level:</u>	<u>Education Level:</u>
<input type="checkbox"/> Grade 6 or less <input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Grade 6 or less <input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Grade 7-12, no diploma <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Grade 7-12, no diploma <input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> HS Graduate / GED <input type="checkbox"/> Master's Degree	<input type="checkbox"/> HS Graduate / GED <input type="checkbox"/> Master's Degree
<u>Active Military?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Active Military?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Military Veteran?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Military Veteran?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No





Family Information

Parent/Guardian with Primary custody: _____

Please select the type of family that best describes your household:

Two Parents One Parent Teen Parent Foster Parent Relative Placement Other: _____

Address:

Street Address City State Zip

Mailing Address:

Street Address City State Zip

The Betty J Taylor Early Learning Academy must know how many people are living in your household and the total family income in order to determine if your family income is at or below the Federal Poverty Guidelines. Family is defined for our purposes as “all persons living in the same household who are supported by the child’s parent(s)’ or guardian(s)’ income; and are related to the child’s parent(s) or guardian(s) by blood, marriage or adoption; or are the child’s authorized caregiver or legally responsible party.”

Please List everyone living in the home, including the applying child.

Name (First and Last):	Relationship to Applying Child:	D.O.B.	Gender	Race:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Attach additional page if necessary.

Where are you and your family currently staying?

- Living in my home/apartment that I rent or own.
- Staying in an emergency or transitional shelter.
- Homeless or staying with family

Housing Assistance

Does this household receive subsidized housing, such as a housing voucher or cash assistance? Yes No

Does this household currently receive a working connections childcare subsidy for this child? Yes No





Complete this portion only if a Court Order or other Legal Document, which legally restricts another person from contact with this student. A copy of the legal document must be on file in the school office.

Name: _____ Relationship: _____

Description:

Medical Information

Please indicate any diagnosed medical, biological or other diagnosed disabilities for which you or your child is receiving services. Please provide a copy of your child’s Individual Family Service Plan (IFSP), Individual Education Plan (IEP) or other proof of disability.

- ADHD/ADD
- Asthma
- Autism
- Communication Disorder
- Complications During Delivery
- Developmental Delay
- Development and Speech Concerns
- Diabetes
- Emotional/Behavioral Disorder
- Hearing Impairment
- Heart Condition
- Medical Diagnoses
- Orthopedic Impairment
- Premature Birth
- Seizure Disorder
- Traumatic Brain Injury
- Visual Impairment
- Other: _____

Current Family Status

- Child Abuse or Neglect
- Child Protective Services (CPS)
- Death in the Family
- Divorce
- Domestic Violence
- Drug or Alcohol Abuse
- Family Assessment Response
- Homelessness
- Incarceration of Parent/Guardian
- Migrant Worker
- Military Development
- Other: _____

Affirmation Statement

Under penalty of perjury, I affirm that I am the parent/legal guardian of the child applying for the Betty J. Taylor Early Learning Academy and to the best of my knowledge, all of the information that I have provided is complete and correct. I understand that if I deliberately misrepresent my family circumstances, my family may not be eligible for further status.

Parent or Guardian Name & Signature Date: _____

Staff Signature: _____ Date Received: _____

