



Child Development Home Enrollment Application

Application Date	Official Use Only
Age Group (select one) <input type="checkbox"/> 6 weeks – 12 months <input type="checkbox"/> 13 -24 months <input type="checkbox"/> 24-36 months	Date received: Received by: Date enrolled: CP ID:
Eligible Program (select one) <input type="checkbox"/> Early Head Start <input type="checkbox"/> Private	Termination date: Provider:

(Please print or type clearly)

Section I - Child to Be Enrolled

First Name	Middle Name	Last Name	Preferred Name
Date of Birth (month/day/year)	Weeks Premature (Put "0" if not Premature)	Gender ___ Male ___ Female	
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Other Language & Proficiency <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			
Primary Health Coverage (Select one) <input type="checkbox"/> Children's Health Insurance Program (CHIP) <input type="checkbox"/> Combined Medicaid/ CHIP <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> State-Only Funded Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Other: _____			
Do you have any concerns about your child or children's development? If yes, please explain. _____ _____			

Section II – Parent/Guardian 1 (lives with child)

First Name	Middle Name	Last Name	Preferred Name
Date of Birth (month/day/year)	Gender ___ Male ___ Female	Teen Parent (yes/no)	Provides Financial Support (yes/no)
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Other Language & Proficiency <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			
Highest Grade Completed <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> College Degree/Certificate <input type="checkbox"/> College or Advanced Training	Employment Status <input type="checkbox"/> HS graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 12 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 9 <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training. <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Active Military <input type="checkbox"/> Retired or Disabled
Child's Relationship <input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other (specify)	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Teen Parent <input type="checkbox"/> Homeless	

Section III – Parent/Guardian 2 (lives with child? Yes No)

First Name		Middle Name		Last Name		Preferred Name	
Contact Information - Parent/Guardian 1							
Living Address (1 or 2 lines for number, street and apartment)				Mailing Address (only if different than Living Address)		Provides Financial Support (yes/no)	
Date of Birth (month/day/year)				Gender		Teen Parent (yes/no)	
				Male Female			
Race				Hispanic		English Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: - -				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Home Phone		Work Phone		Mobile Phone		Email Address	
- -		- -		- -		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship		Custody	
<input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> College Degree/Certificate <input type="checkbox"/> College or Advanced Training		<input type="checkbox"/> HS graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 12 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 9 <input type="checkbox"/> < Grade 9		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed		<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Active Military <input type="checkbox"/> Retired or Disabled	
				<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Teen Parent <input type="checkbox"/> Homeless	

Contact Information - Parent/Guardian 2			
Living Address (1 or 2 lines for number, street and apartment)		Mailing Address (only if different than Living Address)	
City, State, Zip		WARD #	
Home Phone		Work Phone	
- -		- -	
Mobile Phone		Email Address	
- -			

Section IV – Family/Household Information

Child lives with ___ No Parent ___ One Parent/Guardian ___ Two Parents/Guardian	How many <u>family members</u> are living with child? ___ (such as uncle/aunt, parent, guardian, grandparents, etc.)	How many <u>children</u> under the age of 18 are living in the Household? ___ Total Children Ages Birth to 18 ___ Number of Children Ages Birth to 3 ___ Number of Children Ages 3 to 5
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List Family Members (do not include parent/guardian and child listed above)					
Name	Relationship to Child	Date of Birth (month/day/year)	School/Current Grade or Occupation	Living with Family? (y/n)	Provides Financial Support? (y/n)

Section V – Government Funding Information: Please indicate which of the following services your family already receives.

<input type="checkbox"/> Medical financial assistance (i.e. Medicaid/Medicare/Chartered) Insurance Provider and #: _____ <input type="checkbox"/> Public assistance (i.e. TANF) <input type="checkbox"/> Food Stamps (SNAP: Supplemental Nutrition Assistance Program) <input type="checkbox"/> Women, Infants, & Children (WIC) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Foster care/Adoption subsidy	<input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Public Housing Assistance <input type="checkbox"/> Energy Program Assistance <input type="checkbox"/> Child support/alimony <input type="checkbox"/> OSSE Voucher <input type="checkbox"/> Other/Specify _____
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Section VI- Certification

I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated. I also understand that the information in this application will be held in strict confidence within OSSE and the child development home and is accessible to me during normal business hours.

Print Name (Parent/Guardian)

Signature

Date



Family Participation and Release of Information Agreement

The District of Columbia’s Office of the State Superintendent of Education’s (OSSE) launched the Early Learning Quality Improvement Network (QIN) in 2015 to improve the quality of care for infants and toddlers in the District. The purpose of the QIN is to expand access to quality early learning for more infants and toddlers by providing continuous care and education that enhances the physical, social, emotional, and intellectual development of young children.

Alethea Etinoff is a part of this Network. Each child care center in the Network is supported by a neighborhood-based Hub. The **Mary’s Center for Maternal and Child Care, Inc.** is the Hub supporting Alethea Etinoff. Mary’s Center staff will help the child development home enroll children, provide professional development for teachers, support families and help coordinate comprehensive services for children and families.

Benefits for children and families:

- Infants and toddlers receive care that is nurturing and responsive to their needs.
- Families are linked to comprehensive supports and services at the child care site.
- Children and families will receive continuous, intensive, and comprehensive child development and family support services.

If you would like to enroll your child in the QIN, please sign the form below and return it to your Center Director. This form is requested to obtain your **permission to participate in** the Quality Improvement Network HUB Child Care Partners’ initiative described above. By signing this form, you are also authorizing the Center staff to release your child’s information to the staff of the Hub agency working with the Center.

- I, _____ would like to participate in the Quality Improvement Network Hub Child Care Partners’ initiative, and authorize the Center to release information about my children, _____ to the Hub staff only.
- I, _____ **do not** want to participate in the Quality Improvement Network Hub Child Care Partners’ initiative.

Parent / Guardian Signature

Date

Official Use Only

Name of Child Development Home

Child Care Provider Name

Signature

Date

Mary’s Center QIN representative Name

Signature

Date

This agreement is made effective as of the date signed by an authorized Mary’s Center QIN representative

Family Participation Agreement

The purpose of the Quality Improvement Network (QIN) is to help your child learn, develop, and get ready for school!

Mary's Center supports in two ways:

1. We help your child's teacher get individual coaching with an Early Childhood expert (so that they provide the best possible early care and education experience for your child).
2. We also help by connecting your family to any services your family may need to ensure you child's well-being, and offering family engagement and learning activities for you so that you can connect with other families and learn about topics you are interested in.

In order for this program to be successful, both you (the parents/guardians) and Mary's Center must agree to fulfil the following responsibilities.

Parents/guardians agrees to:

- Attend monthly family learning sessions. (These will either happen in the evening at your child's Child Development Home, or on a Saturday morning at Mary's Center or a local library.)
- Meet with the Mary's Center Family Support Worker once every three months. This can happen in your home, or in another location, whichever you prefer. Sometimes, your child's teacher may attend these meetings too. (Mary's Center will let you know before this happens!)
- Give permission for Mary's Center and your child's teacher to do hearing and vision screenings for your child, and use the Ages and Stages Questionnaire (ASQ) to assess your child's development. All of this information will be shared with you, with the teacher, and with the Family Support Worker. No one else will be able to see it, unless the parent gives permission.
- Reach out to the Family Support Worker if you have any questions that come up about the program, or if you family needs anything that she may be able to help with.
- Respond to calls and text-messages from Mary's Center within two business days.
- If you have any questions or concerns about your child's participation, or if you decide to take your child out of the program, please let Mary's Center know as soon as possible.

Mary's Center agrees to:

- Ensure that the child remains eligible to be in the program until he/she turns 3 and transitions to Pre-K. Parents will not have to re-determine subsidy eligibility as long as they remain enrolled in the program.
- Provide hearing and vision screenings. Complete ASQ screeners to assess child development (in partnership with the child's teacher). Talk to parents about the results of these screeners.
- Respond to calls and text-messages from parents/guardians within two business days.
- Run at least one family learning session per month. Plan sessions which are interesting and engaging for parents.
- Meet with parents/guardians every three months to discuss their family needs and goals.
- Tell parents/guardians about any special opportunities we learn about that they may be interested in.

Parent / Guardian Signature

Date

Family Support Worker Signature

Date



Early Head Start Selection Criteria

Child's Name:	DOB:
Determination date:	Enrollment Year:
Family Name:	Number in Family:
Child meets age requirement for classroom <input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling: <input type="checkbox"/> Yes <input type="checkbox"/> No

Income Qualification: (choose one below) 1305.6 (b)(ii)		
<i>*SSI, TANF, and Foster Care children automatically qualify for Early Head Start (1305.2 -L). Homelessness automatically qualifies a family for EHS (Improving HS for School Readiness ACT (2007))</i>		
SSI/SDDI – Any Head Start Household member	<input type="checkbox"/>	100
TANF – Head Start Act 645. (B)(iii) in training/employed	<input type="checkbox"/>	100
Foster care	<input type="checkbox"/>	100
Homeless/Shelter – HS Act 645. (B)(i)	<input type="checkbox"/>	100
Income meets 100% or below guideline HS Act 645. (B)(I)	<input type="checkbox"/>	10
Income meets 101% to 130% guideline HS Act 645. (B)(iii)(II)	<input type="checkbox"/>	5

RISK FACTORS	Check all that apply	Available Points
Teen Parent	<input type="checkbox"/>	5
Incarcerated Parent	<input type="checkbox"/>	5
Substance abuse/ Addiction/ Domestic violence	<input type="checkbox"/>	5
Child abuse/ Child service involved 1305.6(b)	<input type="checkbox"/>	5
Parental loss be death	<input type="checkbox"/>	5
Chronic illness/ Health concern	<input type="checkbox"/>	5
Mental health concern	<input type="checkbox"/>	5
Immigrant	<input type="checkbox"/>	5
Military family	<input type="checkbox"/>	5
Single parent household/ Other guardian	<input type="checkbox"/>	5
Child has an Individual Family Service Plan (IFSP) 1305.6 (c)	<input type="checkbox"/>	15
Child is less than 24 months of age	<input type="checkbox"/>	15
Children previously enrolled in another Early Head Start/ Head Start Program	<input type="checkbox"/>	10
Sibling of current children enrolled in Early Head Start/ Head Start Program	<input type="checkbox"/>	10
Total number of Risk Factor points (50 or more = High Risk)		
Total number of Income Qualification points (points from above)		
Total number of points (out of 100)		