



Mailing Address: 10005 E Osborn Road, Scottsdale, AZ 85256

Physical Address: 4836 N Center Street, Scottsdale, AZ 85256

Phone: 480-362-2200 | Fax: 480-362-2201

Thank you for applying to the Salt River Early Childhood Education Center. The purpose of the ECEC is to prepare children for school and strengthen families.

- Head Start programs support children's growth from pregnancy to age 5 through a variety of services, including early learning and development, health, and family wellbeing.
- Childcare services are available to eligible families when Head Start is not in session.

Children's Services include

Early Learning and Development

- We build strong relationships as the foundation of early learning.
- We support learning through play, creative expression, and guided activities.
- We support children's social and emotional development.
- We promote early math and science concepts in children's home languages and in English.
- We promote language and literacy development.
- We promote O'odham and Piipaash language.

Health and Wellness

- We promote physical development, both indoors and outdoors.
- We serve breakfast, lunch, and healthy snacks.
- We provide hearing, vision, developmental and behavioral screenings.
- We require physicals and dental screenings.
- We provide two home visits for families residing in the community and two conferences per year.
- We conduct weekly home visits for all home based families and group socializations twice a month.

Family Partnership and Well-being

- We provide parent and family services.
- We help families' find assistance in challenging times.
- We help families identify and reach their goals, including goals related to housing, employment, education, and parenting.
- We invite parents to share information and insights about their child.
- We invite parents to offer ways to improve children and families' experience in the program.

ESS Services

- We build on children's strengths.
- We individualize experiences to meet the needs of each child.
- We collaborate with families and community agencies when further assessment is needed.

Behavioral Health Services

- We help families understand and support their child's needs.
- We can assist with mental health services for children and families, if needed.

ECEC provides services between the hours of 7:00am to 2:00pm for EHS/HS and 7:00am to 5:30pm for child care services.

- Early Head Start Center Based or Home Based
 - Serves pregnant women to 3 years of age including offering a home based program
 - Child must reside within SRPMIC
- Head Start Center Based
 - Serves 3 years to 4 years of age (5 years if date of birth is after September 1st)
 - Child must reside within SRPMIC
- Child Care Development Fund (CCDF) – Childcare Services when Head Start is not in session
 - Child must be enrolled in a Federally Recognized Tribe
 - Child must live in Mesa, Tempe, Scottsdale, Glendale or Phoenix
 - Parents/guardians must be working (at least 20 hours per week) or in school/jobtraining (working requirement is waived for children under protective care)
 - Based on family size/income level cannot exceed State Median Income
- Tribal – Center Based
 - Child must be enrolled SRPMIC
 - Child must live in Mesa, Tempe, Scottsdale, Glendale or Phoenix (including SRPMIC Community)

To complete your application submit the following documents:

- REQUIRED: Proof of Income
 - Last two consecutive paycheck stubs, proof of per capita income, lease income, SSI, court-ordered child support/spousal maintenance, unemployment compensation, grant/loan statement, regular insurance or annuity payments, TANF benefit statement
 - Written verification of employment must be submitted for those who are self-employed, have not yet received paychecks, or receive payment in cash
- REQUIRED: School or job training schedule (*for Extended Day services*)
- REQUIRED: Child's tribal ID (*for Extended Day services*)
- REQUIRED: Court order/custody papers if applicable
- Child's Birth Certificate
- Current immunization record
- Copy of child's last physical exam (child must have physical exam within 45 days of entry or provide a copy of physical exam within the last 12 months)

Submit this completed application along with the required documents to the Enrollment office and your child's eligibility will be determined. If your child is selected for enrollment, you will be notified by mail and/or phone. If there are no vacancies, your child will be placed on the waiting list. You are more than welcome to follow-up on the status of your application or to update your information by contacting Enrollment Technician.

Select Program Option:

- ☐ ECEC { } EHS/HS Hours: 7:00 a.m. - 2:00 p.m. { } Extended Day: 7:00 a.m. - 5:30 p.m.
- ☐ Early Head Start Home-Base (children under 3 year's old and pregnant women living in the SRPMIC Only)
- ☐ Eagle's Nest (for ALA students only)

SECTION 1 – APPLICANT INFORMATION (PLEASE PRINT)

CHILD'S NAME (Last, First and Middle)		BIRTHDATE (MM/DD/YYYY) or EXPECTED DUE DATE	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TRIBAL AFFILIATION		TRIBAL ENROLLMENT NUMBER
ETHNICITY (<i>check one</i>) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	RACE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Island <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other		
RESIDENTIAL ADDRESS		CITY, STATE, ZIP CODE	
MAILING ADDRESS <input type="checkbox"/> Same As Above		CITY, STATE, ZIP CODE	

Parent/Guardian's information (Custodial/Legal rights to child only)			
PARENT/GUARDIAN NAME		RELATIONSHIP TO CHILD	Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No
TRIBAL AFFILIATION		EMAIL ADDRESS	
ADDRESS		CITY, STATE, ZIP CODE	
CELL NUMBER	MESSAGE NUMBER		WORK NUMBER
ATTEND SCHOOL/JOB TRAINING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NO SCHOOL		EMPLOYED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED	
EMPLOYER/SCHOOL NAME		EMPLOYER/SCHOOL ADDRESS (Number, Street, City, Zip Code)	
FAMILY COMPOSITION <input type="checkbox"/> TEEN PARENT <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> TWO PARENT <input type="checkbox"/> PREGNANT <input type="checkbox"/> GUARDIAN			
RELATIONSHIP STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LIVE-IN-RELATIONSHIP			

Parent/Guardian's information (Custodial/Legal rights to child only)			
PARENT/GUARDIAN NAME		RELATIONSHIP TO CHILD	Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No
TRIBAL AFFILIATION		EMAIL ADDRESS	
ADDRESS		CITY, STATE, ZIP CODE	
CELL NUMBER	MESSAGE NUMBER		WORK NUMBER
ATTEND SCHOOL/JOB TRAINING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NO SCHOOL		EMPLOYED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED	
EMPLOYER/SCHOOL NAME		EMPLOYER/SCHOOL ADDRESS (Number, Street, City, Zip Code)	
FAMILY COMPOSITION <input type="checkbox"/> TEEN PARENT <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> TWO PARENT <input type="checkbox"/> PREGNANT <input type="checkbox"/> GUARDIAN			
RELATIONSHIP STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LIVE-IN-RELATIONSHIP			

List all Family Members who are supported by your income:			
NAME	DOB	AGE	Relationship To Child
Total number in family supported by the income of the parent/guardians of the child enrolling in the program and related to the parent or guardian by blood, marriage or adoption: _____			

SECTION 2-ABOUT YOUR CHILD & FAMILY

Is your child transferring from another Head Start Program or utilizing any one of the following Programs: Home Base, Child Find, Certificate Program, SRE FACE Program or Early Childhood Enrichment? <input type="checkbox"/> Yes (If yes, Program: _____) <input type="checkbox"/> No		
Is child currently in Foster Care/CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Case Worker's Name & Phone Number:	
Does your child have a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does your child have an IFSP or IEP <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a family member who is currently on Military Deployment or on Work Relocation (living away from home due to work)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your family experienced a death within your immediate household in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider your family homeless? <input type="checkbox"/> Yes If yes, notify staff <input type="checkbox"/> No
Does your child have a parent who is currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a parent currently receiving residential treatment services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have an enrolled ECEC Student? <input type="checkbox"/> Yes (If yes, child's name _____) <input type="checkbox"/> No		Does your family assets exceed \$1,000,000.00? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3-INCOME

I RECEIVE INCOME FROM THE FOLLOWING SOURCES AT THIS TIME (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Wages from Employment (include commission, tips, bonus)	<input type="checkbox"/> Child Support/Spousal Maintenance (Alimony)
<input type="checkbox"/> Public Assistance (Food/Cash Assistance)	<input type="checkbox"/> Income from Land or Rental Property
<input type="checkbox"/> Scholarships or Educational Training Stipends or Grants	<input type="checkbox"/> Supplemental Security Income (SSI) or Death Benefits, annuities, retirement funds, land lease
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Per Capita (Non-SRPMIC)
SRPMIC Per Capita: (amount will be calculated per quarterly distribution from Finance office) <input type="checkbox"/> One household member <input type="checkbox"/> Two household members	
<input type="checkbox"/> Zero Income – I currently have zero income – A Zero Income statement must be submitted.	
<input type="checkbox"/> Exempt Income – Income exempt due to Protective Care (<i>CPS Placement, Foster Care or Ward of Court</i>), Temporary Guardianship, or Permanent Guardianship.	
<input type="checkbox"/> Self-Employed – I am self-employed. A notarized self-employment form must be submitted.	

SECTION 4-DECLARATION AND CONSENT

I understand that I have completed this application and declare that all of the information provided is true and accurate to the best of my knowledge. If any information provided on the application is found to be falsified, I understand that my application will not be considered for selection and will be withdrawn. I also give permission for ECEC staff to verify employment or school status and categorical eligibility for TANF and SSI to determine my child's eligibility.		
PARENT/GUARDIAN SIGNATURE	PRINT NAME	DATE

SECTION 5-TEXTING PREFERENCE

<input type="checkbox"/> By checking this box and signing below, I authorize Salt River Community Schools (SRS) to contact me by SMS text message related to my child's application. I understand that message/data rates may apply to messages sent by SRS under my cell phone plan. I know that I am under no obligation to authorize SRS to send me text messages. I may elect to opt-out of receiving these communications at any time by calling the main line 480-362-2200.		
PARENT/GUARDIAN SIGNATURE	PRINT NAME	DATE

