



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. 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. Program options include:

Infant Toddler: serving pregnant women to 2 year olds

- School hours: 7:30 a.m. to 2:00 p.m.
- Child must live in the SRPMIC
- Home-based option available

Extended Day Requirements:

- Child must be enrolled in federally recognized tribe
- Parents/guardians must be working (at least 20 hours per week) or in school/job training (working requirement is waived for children in protective care)
- Parents may not have an outstanding bill at ECEC
- Fees are based on family size/income level
- Parent co-payment required (fees waived for children in protective care)

Preschool: serving 3 and 4 year olds

- School hours: 7:30 a.m. to 2:00 p.m.
- Child must live in SRPMIC – OR – be enrolled in the SRPMIC (Tribal Preschool only)

Extended Day Requirements:

- 7:00 a.m. to 6:00 p.m.
- Child must be enrolled in federally recognized tribe
- Child must live in Mesa, Tempe, Scottsdale, Glendale or Phoenix (including SRPMIC)
- Parents/guardians must be working (at least 20 hours per week) or in school/job training (working requirement is waived for children in protective care)
- Parents may not have an outstanding bill at ECEC

Submit the following documents with this completed application:

- 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 inapplicable
- 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)

Select Program Option:

- ☐ ECEC { } School hours: 7:30 a.m. - 2:00 p.m. { } Extended Day: 7:00 a.m. - 6:00
- ☐ Home-based (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		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 or child find program? <input type="checkbox"/> Yes (If yes, where _____) <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
Is your child or family member currently utilizing one of the following programs (Home Base, Child Find, Certificate Program, SRE FACE Program or Early Childhood Enrichment)? <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 (TANF/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"/> 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

