



# Enrollment Application KBOCC Little Eagles 2021-2022

Mail or Return to:  
KBOCC Little Eagles  
770 N Main St., L'Anse, MI 49946  
(906) 524-8513



## CHILD INFORMATION (APPLICANT)

\_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Male:  Female:

Race/Ethnicity (Optional) Check all that apply:

Black  White  Asian  Native American  Pacific Islander  Hispanic  Other \_\_\_\_\_

<p><b>MOTHER'S INFORMATION:</b></p> <p>Name: _____ Date of Birth: _____</p> <p>Address: _____ Phone: _____</p> <p>City, State, Zip _____</p> <p>Highest Education Level: <input type="checkbox"/> Less than 12<sup>th</sup> Grade <input type="checkbox"/> HS Graduate <input type="checkbox"/> Technical Training <input type="checkbox"/> College</p>
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<p><b>FATHER'S INFORMATION:</b></p> <p>Name: _____ Date of Birth: _____</p> <p>Address: _____ Phone: _____</p> <p>City, State, Zip _____</p> <p>Highest Education Level: <input type="checkbox"/> Less than 12<sup>th</sup> Grade <input type="checkbox"/> HS Graduate <input type="checkbox"/> Technical Training <input type="checkbox"/> College</p>
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If parents are separated who has legal custody of child?\*

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*If guardian or foster parent (other than biological parent). Please fill in the space below as well as any information that is known about the mother and/or father in the above boxes.*

## Foster Parent/Legal Guardian (other than parent)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The information contained in this application is voluntary and confidential. This form was created by the Keweenaw Bay Ojibwa Community College under the Great Start to Readiness Program.

## FAMILY INFORMATION

### 1. INCOME (please include copy of income verification; tax forms, W-2, etc.)

Number of people in the family supported by the parent(s)/guardian of child? \_\_\_\_\_

Does anyone in the family receive Supplemental Security Income (SSI)? Yes  No

Do you receive DHS Cash Assistance, FIP, DHS Dollars, or TANF Money? Yes  No

Family's TOTAL YEARLY income for the past 12 months: \_\_\_\_\_

### 2. DIAGNOSED DISABILITY OR IDENTIFIED DEVELOPMENTAL DELAY

- IEP (Individualized Education Plan)
- Child has a diagnosed disability
- Child has a long term or chronic illness
- Referral by Doctor, ISD, or parent for screening

### 3. SEVERE OR CHALLENGING BEHAVIOR

- Child has been asked to leave a Preschool or Child Care
- Child is destructive or violent
- Child is in counseling or therapy or referred

### 4. LANGUAGE

Primary language spoken in our home: \_\_\_\_\_

### 5. PARENT EDUCATIONAL ATTAINMENT

- Parent(s) cannot read
- Parent(s) did not graduate from high school
- Parent(s) struggled in school

### 6. ABUSE, NEGLECT IN THE HOME

- Someone in our home was a victim of physical, sexual, or emotional abuse or neglect
- There is a history of substance abuse in our family (alcohol, drugs, prescription drugs, etc.)

### 7. ENVIRONMENTAL FACTORS

- I am a single parent
- Someone in our home is/was in jail or prison
- My child has experienced the loss of a parent or sibling by death or divorce, military service or out of town employment.
- My child has a chronically ill parent or sibling (behavior issues, physical, mental or emotional illness)
- Teenage parent at birth of any of the children in the family
- My child is/has been in Foster Care
- We have moved \_\_\_\_\_ times in the last 2 years
- We are living with Family (grandparents) \_\_\_\_\_, Friends \_\_\_\_\_, Shelter \_\_\_\_\_, Other \_\_\_\_\_,
- Our home is or many be in foreclosure
- Home is unsafe or crowded
- Child was born with Fetal Alcohol Syndrome or addicted to drugs

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Comments on the above risk factors, please indicate the number and any additional information that you would like to share:

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*I certify that the above information is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information contained will be held in confidence and used to determine eligibility and program planning.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_