



Child Development Programs  
Head Start, Early Head Start, Child Care

## Application for Enrollment

Attached you will the application for enrollment. Please complete the entire application sign, date and return in the enclosed business reply envelope or via email. Enrollment for HS/EHS/EHS-CCP is based on the child's age and the family's income and CC is based on application date.

In order to complete the application process the following information needs to be submitted:

- ☐ Complete Application Form (HS/EHS/EHS-CCP/CC)
- ☐ Copy of your Child's Birth Certificate (HS/EHS/EHS-CCP/CC)
- ☐ Copy of Income Verification (HS/EHS/EHS-CCP)  
(Income Tax Form 1040 or W2 forms from previous tax year, pay stubs, written statement from employer, disabilities benefit, letter showing current status of public assistance, foster care payments or financial aid statements.)
- ☐ If applicable – supporting documentation (HS/EHS/EHS-CCP/CC)  
(IEP/IFSP, TANF, SSI, Homelessness, Foster Children, etc)

Within 7-10 days of the enrollment office's receipt of your completed application packet, you will be notified by phone, mail or email to inform you of the status of your family's application. If the all supporting documentation is not submitted with the application, it could affect your placement on the waiting list and ultimately enrollment into the program.

Thank you for taking the time to apply for the Mayville State University Child Development Programs. We look forward to receiving your application for review. If you have any questions or need any assistance with completing the application process, please email me at [Amanda.Domier@mayvillestate.edu](mailto:Amanda.Domier@mayvillestate.edu) (which is the most efficient way) or call 1-800.437.4104 Ext 34868 or 701.788.4868.

Sincerely,

Mandi Domier  
Enrollment Coordinator

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## MSU CDP Program Options

Mayville State University Child Development Programs (MSU CDP) offers Head Start, Early Head Start, Pre-K and Child Care Services to children and their families across a five-county (Traill, Steele, Griggs, Nelson and Grand Forks) area and prides itself in providing top quality services.

**Head Start (HS)** provides a comprehensive child development 9 month program for children ages 3 to 5 and their families based on the family's income and child's age. Within our programs, we offer Center-Based and Home-Based options which supports all areas of a child's development, comprehensive developmental screenings, and family involvement support.

**Early Head Start (EHS)** provides early continuous, intensive and comprehensive child development and family support services on a year-round basis to families with children ages 0-3 and pregnant women based on the family's income and child's age. The program supports all areas of a child's development, comprehensive developmental screenings, and family involvement support.

Quality **Child Care (CC)** is the first step to school success. MSU CDP offers an integrated classroom approach. Our staff recognizes parents as their child's first teacher and understands and implement early childhood standards. They provide individualized opportunities to match your child's many interest and abilities. Child care is offered to families at a monthly monetary charge for children ages 6 weeks-12 years. If you need care for your school-age child(ren), CHEERS is offered at the Hillsboro Armory and the Peter Boe Jr. Elementary School in Mayville, please contact the Enrollment Coordinator for these services.

An **Early Head Start/Child Care Partnership (EHS/CCP)** grant was awarded to the MSU CDP by the federal government. With this grant the MSU CDP will partner with existing child care facilities to help ensure quality care for children ages 0-3. The children and families enrolled in the EHS/CCP will receive the same support offered from EHS in accordance to federal regulations. Families who apply for the EHS/CCP are required to eligible for Child Care Assistance.

Please check all program(s) which would best fit your family's needs.

Early Head Start (0-3 years)		
<input type="checkbox"/> Mayville – MSU Campus	<input type="checkbox"/> Portland	<input type="checkbox"/> Hillsboro Armory
<input type="checkbox"/> Grand Forks – UND Campus	<input type="checkbox"/> Grand Forks: Community High School	<input type="checkbox"/> Home-based
Head Start (3-5 years)		
<input type="checkbox"/> Mayville – MSU Campus	<input type="checkbox"/> Portland	<input type="checkbox"/> Hillsboro Armory
<input type="checkbox"/> HPK1 – Hillsboro Elementary	<input type="checkbox"/> HPK2 – Hillsboro Elementary	<input type="checkbox"/> Dakota Prairie – M-F
<input type="checkbox"/> Central Valley	<input type="checkbox"/> Home-based	
Child Care (6 weeks-5 years)		
<input type="checkbox"/> Mayville – MSU Campus	<input type="checkbox"/> HPK1 – Hillsboro Elementary	<input type="checkbox"/> Hillsboro Armory
<input type="checkbox"/> Portland	<input type="checkbox"/> HPK2 – Hillsboro Elementary	<input type="checkbox"/> Dakota Prairie – T/TH
<input type="checkbox"/> Central Valley	<input type="checkbox"/> HPK- Before/After Care	<input type="checkbox"/> Dakota Prairie – MWF
Early Head Start/Child Care Partnership		
<input type="checkbox"/> Step-by-Step Daycare (Grafton)	<input type="checkbox"/> Buxton Daycare (Buxton)	<input type="checkbox"/> Portland
<input type="checkbox"/> Grand Forks: Community High School	<input type="checkbox"/> ABC Daycare (Minto)	

**Applicant Information (Child or Expectant Mother)**

<b>Applicant #1</b>	<i>First Name/Middle Initial</i>		<i>Last Name</i>		<i>Date of Birth</i>		<i>Gender</i>	
	<i>Race</i>		<i>Native Country</i>		<i>Primary Language</i>		<i>Primary Language Proficiency</i>	
	<i>Secondary Language</i>		<i>Secondary Language Proficiency</i>		<i>Primary Health Coverage</i>		<i>Due Date (expectant mother)</i>	

If you have marked “diagnosed” for any applicants, documentation is required to verify. Please include any of the following documents: IEP/IFSP, doctor’s diagnosis, etc.

<b>Disabilities/Impairments/Health</b>	Autism	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Multiple Disabilities	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Emotional/Behavior (ADD/ADHD)	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Non-categorical Developmental Delay	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Chronic Health Problems	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Orthopedic	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Learning Disability	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Speech/Language	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Hearing (including deafness)	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Traumatic Brain Injury	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Intellectual Disability	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Vision (including blindness)	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected

<b>Applicant #2</b>	<i>First Name/Middle Initial</i>		<i>Last Name</i>		<i>Date of Birth</i>		<i>Gender</i>	
	<i>Race</i>		<i>Native Country</i>		<i>Primary Language</i>		<i>Primary Language Proficiency</i>	
	<i>Secondary Language</i>		<i>Secondary Language Proficiency</i>		<i>Primary Health Coverage</i>		<i>Due Date (expectant mother)</i>	

If you have marked “diagnosed” for any applicants, documentation is required to verify. Please include any of the following documents: IEP/IFSP, doctor’s diagnosis, etc.

<b>Disabilities/Impairments/Health</b>	Autism	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Multiple Disabilities	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Emotional/Behavior (ADD/ADHD)	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Non-categorical Developmental Delay	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Chronic Health Problems	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Orthopedic	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Learning Disability	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Speech/Language	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Hearing (including deafness)	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Traumatic Brain Injury	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Intellectual Disability	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Vision (including blindness)	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected

<b>Applicant #3</b>	<i>First Name/Middle Initial</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Gender</i>
	<i>Race</i>	<i>Native Country</i>	<i>Primary Language</i>	<i>Primary Language Proficiency</i>
	<i>Secondary Language</i>	<i>Secondary Language Proficiency</i>	<i>Primary Health Coverage</i>	<i>Due Date (expectant mother)</i>

If you have marked “diagnosed” for any applicants, documentation is required to verify. Please include any of the following documents: IEP/IFSP, doctor’s diagnosis, etc.

<b>Disabilities/Impairments/Health</b>	Autism	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Multiple Disabilities	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Emotional/Behavior (ADD/ADHD)	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Non-categorical Developmental Delay	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Chronic Health Problems	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Orthopedic	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Learning Disability	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Speech/Language	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Hearing (including deafness)	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Traumatic Brain Injury	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected
	Intellectual Disability	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected	Vision (including blindness)	<input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected

### Family Members

<b>Primary Adult</b>	<i>First Name/Middle Initial</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Gender</i>
	<i>Race</i>	<i>Occupation/Employment</i>	<i>Primary Language</i>	<i>Primary Language Proficiency</i>
	<i>Secondary Language</i>	<i>Secondary Language Proficiency</i>	<i>Relationship (child/foster/grandchild)</i>	<i>Custody?</i>
	<i>Provides Financial Support?</i>	<i>Lives in Home?</i>	<i>Email Address</i>	

<b>Secondary Adult</b>	<i>First Name/Middle Initial</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Gender</i>
	<i>Race</i>	<i>Occupation/Employment</i>	<i>Primary Language</i>	<i>Primary Language Proficiency</i>
	<i>Secondary Language</i>	<i>Secondary Language Proficiency</i>	<i>Relationship (child/foster/grandchild)</i>	<i>Custody?</i>
	<i>Provides Financial Support?</i>	<i>Lives in Home?</i>	<i>Email Address</i>	

<b>Other Adult</b>	<i>First Name/Middle Initial</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Gender</i>
	<i>Race</i>	<i>Occupation/Employment</i>	<i>Primary Language</i>	<i>Primary Language Proficiency</i>
	<i>Secondary Language</i>	<i>Secondary Language Proficiency</i>	<i>Relationship (child/foster/grandchild)</i>	<i>Custody?</i>
	<i>Provides Financial Support?</i>	<i>Lives in Home?</i>	<i>Email Address</i>	

<b>Sibling #1</b>	<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Gender</i>
	<i>Does child live at home?</i>	<i>Previously Enrolled in EHS/HS?</i>	<i>If yes, where and when?</i>	

  

<b>Sibling #2</b>	<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Gender</i>
	<i>Does child live at home?</i>	<i>Previously Enrolled in EHS/HS?</i>	<i>If yes, where and when?</i>	

  

<b>Sibling #3</b>	<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Gender</i>
	<i>Does child live at home?</i>	<i>Previously Enrolled in EHS/HS?</i>	<i>If yes, where and when?</i>	

  

<b>Sibling #4</b>	<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Gender</i>
	<i>Does child live at home?</i>	<i>Previously Enrolled in EHS/HS?</i>	<i>If yes, where and when?</i>	

## Family Information

### Living Address

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
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### Mailing Address (if different)

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
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### Telephone Numbers

<i>Primary/Home Number</i>	<i>Who should we call first?</i>
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<i>Mother/Guardian Cell</i>	<i>Mother/Guardian Work</i>	<i>Father/Guardian Cell</i>	<i>Father/Guardian Work</i>
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Which best describes the family dynamics within the listed home:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Teen Parent       | <input type="checkbox"/> Single Parent (parenting alone)      | <input type="checkbox"/> Divorced/Co-Parenting         |
| <input type="checkbox"/> Two Parent Family | <input type="checkbox"/> Guardian (legal, grandparents, etc.) | <input type="checkbox"/> First time parents (EHS only) |
| <input type="checkbox"/> Foster Parents    | <input type="checkbox"/> Military Parent(s)                   | <input type="checkbox"/> Incarcerated Parent           |

If applying for the Early Head Start Program, will you be needing wrap around care, before 8:30am and/or after 3:00 pm? This will help the Enrollment Coordinator place your family in the program which best suits your needs.

- ☐ Yes, we will be needing wrap around care
- ☐ No, we will only be needing care from 8:30-3:00 pm.

## Services and Assistance

	Please indicate where you are enrolled at.
<input type="checkbox"/> Enrolled in High School/GED?	
<input type="checkbox"/> Enrolled in College?	

Does your family receive any of the following services or assistance?

	From what county?	Case worker/case number
<input type="checkbox"/> Child Care Assistance		
<input type="checkbox"/> Energy Assistance Program		
<input type="checkbox"/> SNAP Program		
<input type="checkbox"/> Foster Care/Adoption Subsidy		
<input type="checkbox"/> Health Tracks		
<input type="checkbox"/> Homeless		
<input type="checkbox"/> Medicaid/Medicare		
<input type="checkbox"/> TANF (Documentation required to verify)		
<input type="checkbox"/> SSI - Supplemental Security Income (Documentation required to verify)		
<input type="checkbox"/> Public Housing Assistance		
<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Adult Learning Program		
<input type="checkbox"/> UND Plus Program		
<input type="checkbox"/> CVIC		
<input type="checkbox"/> Healthy Families		
<input type="checkbox"/> Early Intervention/Anne Carlson		
<input type="checkbox"/> County Social Services		
<input type="checkbox"/> Right Tracks		
<input type="checkbox"/> WIC		

Please let us know how you heard about our program!

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Friends/Family         | <input type="checkbox"/> Public School/University   | <input type="checkbox"/> WIC             |
| <input type="checkbox"/> County Social Services | <input type="checkbox"/> Website                    | <input type="checkbox"/> Facebook        |
| <input type="checkbox"/> Advertisement          | <input type="checkbox"/> Special Education Services | <input type="checkbox"/> Hospital/Clinic |
| <input type="checkbox"/> Other, please specify: | <hr/>   |  |

**Family History (For HS/EHS/EHS-CCP applicants only)**

The goal of Head Start and Early Head Start is to serve the neediest of the needy families. The current state of your family whether it be finances, domestic violence, inability to work, etc., can all play a part into eligibility for the EHS/HS programs. If you feel the application has not shown your struggles well enough, please explain in the area provided below:

[illegible]

***I hereby certify the information provided in this application is true, complete and correct to the best of my knowledge.***

Signature \_\_\_\_\_ Date \_\_\_\_\_