



Front Desk (360) 394-8578  
Fax # (360) 598 -4418

2012 Application for Enrollment  
**Marion Forsman-Boushie Early Learning Center**

The Suquamish Tribe is offering Early Head Start and Head Start classes designed for children and their families. Guidelines require that all income be verified at the time of enrollment. Please return this completed form as soon as possible. **Attach your income verification for the previous 12 months, a copy of your child's birth certificate and immunization records.**

Suquamish Tribal # or Verified Descendant \_\_\_\_\_ Other Federal Tribe# \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Ethnic Group \_\_\_\_\_ Gender: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ Live w/family \_\_\_\_\_ Live w/ friend \_\_\_\_\_ Other \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Work Phone #: \_\_\_\_\_ Father's Work Phone #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Family income last 12 months: \_\_\_\_\_ Source of income: \_\_\_\_\_

Single Parent Family? Yes \_\_\_\_\_ No \_\_\_\_\_ # of children: \_\_\_\_\_ Total # in family: \_\_\_\_\_

**TANF Case #:** \_\_\_\_\_ Do you receive Food Stamps: Yes \_\_\_\_\_ No \_\_\_\_\_

Is this child under the state Foster care or ICW care? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need child care in addition to Head Start? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special concerns for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special concerns for your family? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain concerns: \_\_\_\_\_

**NOTIFICATION OF PRIVACY OF RECORDS AND RIGHT TO ACCESS**

All information on this form, and other records, is confidential and will only be available to those staff members who need it in order to perform their duties. Written parental permission is required to forward records to individuals or agencies outside of the Port Madison Indian Reservation area. Custodial parents have rights of access to their child's records. As a parent, I have read the above and understand that my permission will be required to forward individual records to other agencies.

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

Enrollment Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_

## Marion Forsman-Boushie Early Learning Center

The Suquamish Tribe is offering Early Head Start with 40 openings, which include prenatal mothers and children birth to 3 years. Head Start with 36 openings for children 3 to 5 years.

These programs are designed for low-income families that live on the Port Madison Indian Reservation and whose income meets the 2011 Family Income Guidelines listed below. We have limited slots for over income families. These programs are available to eligible children without regard to race, color, handicap, gender, or national origin.

### 2011 Family Income Guidelines

Family Size	Income
1.....	10,890
2.....	14,710
3.....	18,530
4.....	22,350
5.....	26,170
6.....	29,990
7.....	33,810
8.....	37,630

For families with more than 8 members, add \$3,820 for each additional member.

**To send this form in, just  
fold it so the address  
shows, staple or tape it  
closed, stamp it and drop  
it in the mail or you may  
Fax it to us at  
598-4418**

**IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL US AT 394-8578 OR 394-8585**

**WE LOOK FORWARD TO MEETING YOU!**

Fold on dotted line

Place  
Stamp  
Here

Marion Forsman-Boushie Early Learning Center  
P.O. Box 498  
Suquamish, WA 98392