



Starting Strong Rapid City Application Checklist

- Completed Application (One per Child)
- Income Verification:
 - 2 previous paystubs OR W-2 tax form OR 1040 tax form for each adult that contributes to the support of the child
 - Disability statement if applicable
 - Letter of self-declaration of no income if applicable
 - School or class schedule if applicable
- Application Sent to:
 - Mailing Address:

Starting Strong Rapid City
C/o Early Childhood Connections
Attn: Sunni Toczek
2218 Jackson Blvd. Ste #4
Rapid City, SD 57702
 - OR Fax to:

605-394-0153
 - OR Email to:

stoczek@earlychildhoodconnections.com



Application-Enrollment Form

Please make sure that you answer every question completely and thoroughly.
Incomplete questions could affect your child's enrollment status.

1 Application per Child.

Child's Information:

Child's Name: _____
 First Name MI Last Name

Preferred/nickname: _____ Child's SSN: _____ - _____ - _____

Child's Date of Birth: _____ Age: _____

Address where child resides: _____

Child's Race/Ethnicity:

- | | | |
|--|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other |

Primary Language Spoken: _____

Is your child currently enrolled in a Child Care Center or a Family Day Care Program?:

Yes No

If yes, what program: _____

Has your child ever received services from an early intervention program? (Bright Start Nurses, Birth to Three, etc.):

Yes No

If yes, what program: _____

Parent Information:

Parent/Guardian: _____
 First Name MI Last Name

Relationship to Child:

- | | | | |
|---------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Legal Guardian/unrelated | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Foster | <input type="checkbox"/> Legal Guardian/Related | <input type="checkbox"/> Other (specify) _____ | |

Home phone: _____ Cell phone: _____

Message phone: _____ Work phone: _____

e-mail address: _____

Employed: Yes No If yes: Full time Part time Seasonal

Attending school/job training: Yes No

Name of School or Job Training: _____

Highest Level of Education Completed:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> High School/GED | <input type="checkbox"/> Some College | <input type="checkbox"/> 2 Year Degree |
| <input type="checkbox"/> Technical College | <input type="checkbox"/> 4 Year Degree | <input type="checkbox"/> Graduate Degree or Higher | |

Complete this section only if there is a second adult in the home who contributes to the care and support of the child:

Parent/Guardian: _____
First Name **MI** **Last Name**

Relationship to Child:

- Mother Father Legal Guardian/unrelated Grandparent
 Foster Legal Guardian/Related Other (specify) _____

Home phone: _____ Cell phone: _____

Message phone: _____ Work phone: _____

e-mail address: _____

Employed: Yes No If yes: Full time Part time Seasonal

Attending school/job training: Yes No

Name of School or Job Training: _____

Highest Level of Education Completed:

- Some High School High School/GED Some College 2 Year Degree
 Technical College 4 Year Degree Graduate Degree or Higher

Household Member Information:
 Please list ALL PERSONS living within the home.

Name	Age	Relationship to child

Was your family referred to Starting Strong by another agency? Yes No

If Yes, what program: _____

How did you hear about Starting Strong? _____

Starting Strong pays for 100% of PRESCHOOL tuition fees, but does not cover other childcare expenses, however if you qualify for Starting Strong, you may also qualify for Childcare Assistance through DSS:

Will your child need full-day care? Yes No

What are you hoping you and your child will gain from participating in Starting Strong? _____

I certify that information provided in this application is accurate and truthful to the best of my knowledge. I give Early Childhood Connections permission to verify any or all information on this form.

Parent/Guardian's Signature: _____

Date of Application: _____

