



## 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/class schedule or letter of acceptance (if applicable)
- Application Sent to:
  - Mailing Address:

Starting Strong Rapid City  
C/o Early Childhood Connections  
Attn: Sunni Toczek  
3645 Sturgis Rd. Suite 110  
Rapid City, SD 57702
  - OR Email to:

stoczek@earlychildhoodconnections.com

**\*Children must reside within the Rapid City Area School District to qualify**

Starting Strong pays for 100% of PRESCHOOL program cost but does not cover childcare for families who need full-day care.

>Will your child need full-day care?      Yes      No

The South Dakota Department of Social Services provides qualifying families with Child Care Assistance, which can help with the additional childcare costs.

>Do you currently have Child Care Assistance?    Yes    No    (If yes, skip next question.)

>Have you applied for Child Care Assistance and been denied?    Yes    No

Reason for denial: \_\_\_\_\_ N/A

>Have you applied for placement in a Head Start Program and been denied?    Yes    No

Reason for denial: \_\_\_\_\_ N/A

# Application-Enrollment Form

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

**1 Application per Child.**

## Child Information:

Child Name: \_\_\_\_\_

First Name

MI

Last Name

Preferred Name (If different): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Language Spoken: \_\_\_\_\_

Address where child resides: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Child's Race/Ethnicity:

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

>Is your child currently enrolled in a Child Care Center or a Family Day Care Program? Yes No

>Name of Program: \_\_\_\_\_ N/A

>Has your child ever received services from an early intervention program? (Bright Start Nurses, Birth to Three, OT, PT, etc.): Yes No

>Name of Program: \_\_\_\_\_ >Services Received: \_\_\_\_\_ N/A

>Does the child applying have any identified disabilities or delays? Yes No

>Does the child have an IEP (Individualized Education Plan)? Yes No

>Do you currently have any concerns regarding your child's learning or development? Yes No

>Does the child wear glasses or contacts? Yes No

>Does your child wear tubes or hearing aids? Yes No

## Parent Information:

Parent/Guardian 1: \_\_\_\_\_

First Name

MI

Last Name

## Relationship to Child:

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

Primary Phone: ( ) \_\_\_\_-\_\_\_\_ (Circle One) Landline Mobile Work Phone: ( ) \_\_\_\_-\_\_\_\_

E-mail address: \_\_\_\_\_

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

Attending school/job training? Yes No Name of School/Training: \_\_\_\_\_

## Highest Level of Education Completed:

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

**Parent/Guardian 2:** \_\_\_\_\_

**First Name**

**MI**

**Last Name**

**Relationship to Child:**

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

**Primary Phone:** ( ) \_\_\_\_ - \_\_\_\_\_ (Circle One) **Landline Mobile** **Work Phone:** ( ) \_\_\_\_ - \_\_\_\_\_

**Address (if different from child):** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Preferred Method:** Phone E-Mail U.S. Mail (Circle all that apply)

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

**Attending school/job training?** Yes No **Name of School/Training:** \_\_\_\_\_

**Highest Level of Education Completed:**

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

**Family/Household Information:**

**Please list ALL PERSONS living within the home.**

Name	Age	Relationship to child

The following information is collected to better serve the children and families of Starting Strong Rapid City. The Starting Strong Family Support Specialist assists families in accessing needed community resources and supports during their participation with the program. Providing this information will not disqualify families from receiving a scholarship and will be kept confidential.

**>Starting Strong works closely with various community programs who offer services for parents. Are you or anyone in your home currently participating in any of the following programs? (Circle all that apply)**

- Uplifting Parents Career Learning Center of the Prosperity Initiative  
Behavior Management Systems Black Hills RCAS Special Services

**>Does anyone in your family need more information or possible referral to community resources related to any of the following:**

- Food Mental Health/Substance Use GED/Higher Education  
Housing Counseling services Other: \_\_\_\_\_  
Employment Disability services N/A

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

>If Yes, what program: \_\_\_\_\_

>How did you hear about Starting Strong? \_\_\_\_\_

>What are you hoping your child and family 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. If approved, I agree to adhere to all Starting Strong Rapid City expectations for family involvement as well as follow policies of my child's chosen preschool program.

Parent/Guardian's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Thank you for choosing Starting Strong Rapid City!**



**JOHN T. VUCUREVICH  
FOUNDATION**

*...to make a piece of the world a brighter place.*



United Way of the Black Hills

