



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
3645 Sturgis Rd, Ste 110
Rapid City, SD 57702

 - OR fax to:
605-394-0153

 - OR email to:
stoczek@earlychildhoodconnections.com

Clear Form



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: _____ Gender: _____

Child's Date of Birth: _____ Age: _____

Address Where Child Resides: _____

City: _____ State: _____ Zip: _____

Child's Race/Ethnicity:

- White Hispanic/Latino Asian/Pacific Islander
 Native American Black/African American Other

Primary Language Spoken: _____

Is your child currently enrolled in a childcare center or family day 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:

- Mother Father Legal Guardian/Unrelated Grandparent
 Foster Legal Guardian/Related Other (Specify): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Message Phone: _____

Email 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

Complete this section only if there is a second adult in the home who contributes to the care 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: _____

Work Phone: _____

Message Phone: _____

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

Parent/Guardian Signature: _____

Date of Application: _____

