



Starting Strong Rapid City Application Checklist

Incomplete applications will not be accepted. Please provide complete information & supporting documents with your submission.

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 Via:

U.S. Mail:

Starting Strong Rapid City
C/o Early Childhood Connections
Attn: Brandy Bedford
3645 Sturgis Rd. Suite 110
Rapid City, SD 57702

OR Email to:

bbedford@earlychildhoodconnections.com

Children must reside within Rapid City Area School District to qualify

Note: All scholarship recipients must be enrolled to attend the preschool program of their choice five days a week. Starting Strong Rapid City does not provide scholarships for part-time preschool.

Care Information:

Starting Strong pays for 100% of PRESCHOOL program cost but does not cover childcare for families who need full-day care. The South Dakota Department of Social Services provides qualifying families with Child Care Assistance, which can help with the additional childcare costs.

>Will your child need full-day care? (i.e. preschool AND childcare) Yes No

>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: _____

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

Reason for denial: _____

Application-Enrollment Form

Please complete form thoroughly.

Child Information:

Child Name: _____

First Name

MI

Last Name

Preferred Name (If different): _____ Gender: _____ Age: _____

Child's Date of Birth: _____ Primary Language Spoken: _____

Child's Address: _____ City/State: _____ Zip: _____

Child's Race/Ethnicity: (choose all that apply)

- | | | |
|--|--|---|
| <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: _____

>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

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

>Does the child have an IEP (Individualized Education Plan)? 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: (choose all that apply)

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

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 Foster
 Father (Related/Unrelated) Other (specify)
 Step(Mother/Father) Grandparent

Primary Phone: _____ (Circle One) **Landline Mobile** **Work Phone:** _____

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

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:

- 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 applicant

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

>Was your family referred to Starting Strong? Yes No

>If Yes, who referred you? _____

>How did you first hear about Starting Strong?

Friend/Family Childcare Provider Facebook/Online Ad TV/Radio RCAS Other: _____

>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.

