



POC Learning Academy

Enrollment Application

(Please print or type clearly)

Section I - Child to Be Enrolled

Application Date (month/day/year)	Official Use Only	
Program Options <input type="checkbox"/> Family Child Care Home		
Age Group <input type="checkbox"/> 6 weeks – 12 months <input type="checkbox"/> 13 -24 months <input type="checkbox"/> 24-36 months		
Family Eligibility (check one) <input type="checkbox"/> Early Head Start <input type="checkbox"/> Low-income		
QIN Child (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		Date received: Received by: Date reviewed: Date enrolled: Child's Unique ID:

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Last Name	First Name	Middle Name and/or Suffix	Preferred Name
Date of Birth (month/day/year)	Gender ___ Male ___ Female	Birth Weight (lbs. and ounces)	

Demographic Information for Child

Race	Hispanic	English Proficiency	Other Language & Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Note: If child lives with mother and father, they should be listed as the primary and secondary parent/guardian on this application. Otherwise, put responsible adult living with child.

Section II – Primary Parent/Guardian (lives with child)

Last Name	First Name	Middle Name and/or Suffix	Preferred Name
Date of Birth (month/day/year)	Gender ___ Male ___ Female	Teen Parent (yes/no)	

Contact Information for Primary Parent/Guardian

Living Address (1 or 2 lines for number, street and apartment)	Mailing Address (only if different than Living Address)
City, State, Zip	WARD #
City, State, Zip	WARD #

Home Phone - -	Work Phone - -	Mobile Phone - -	Email Address
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Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply	
<input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> College Degree/Certificate <input type="checkbox"/> Some college or training	<input type="checkbox"/> HS graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 12 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 9 <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training. <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Homeless

Demographic Information for Primary Parent/Guardian

Race	Hispanic	English Proficiency	Other Language & Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Quality Improvement Network Application

(Please print clearly)

Child's Name: _____
 Child's Unique Student ID #: _____

Child's Date of Birth: _____
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Section III – Secondary Parent/Guardian (lives with child)

Last Name	First Name	Middle Name and/or Suffix	Preferred Name
Date of Birth (month/day/year)	Gender ___ Male ___ Female	Teen Parent (yes/no)	

Contact Information for Secondary Parent/Guardian

Living Address (1 or 2 lines for number, street and apartment)		Mailing Address (only if different than Living Address)	
City, State, Zip	WARD #	City, State, Zip	WARD #
Home Phone - -	Work Phone - -	Mobile Phone - -	Email Address

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Master's <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> College Degree/Training <input type="checkbox"/> Some College Degree/Adv Training <input type="checkbox"/> HS graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 12 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 9 <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Homeless

Demographic Information for Secondary Parent/Guardian

Race	Hispanic	English Proficiency	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Section IV – Family/Household Information

Child lives with ___ No Parent ___ One Parent/Guardian ___ Two Parents/Guardian	How many <u>family members</u> are living with child? (such as uncle/aunt, parent, guardian, grandparents, etc.)	How many <u>children</u> under the age of 18 are living in the Household? ___ Total Children Ages Birth to 18 ___ Number of Children Ages Birth to 3 ___ Number of Children Ages 3 to 5
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Family Members (do not include parent/guardian and child listed above)

Name	Relationship to Child	Date of Birth (month/day/year)	School/Current Grade or Occupation	Living with Family? (y/n)	Provides Financial Support? (y/n)



Family Participation and Release of Information Agreement

The District of Columbia's Office of the State Superintendent of Education's (OSSE) launched the Early Learning Quality Improvement Network (QIN) in 2015 to improve the quality of care for infants and toddlers in the District. The purpose of the QIN is to expand access to quality early learning for more infants and toddlers by providing continuous care and education that enhances the physical, social, emotional, and intellectual development of young children.

Ms. Alethea Etinoff/POC Learning Academy is a part of this Network. Each child care program in the Network is supported by a neighborhood-based Hub. The United Planning Organization (UPO) is the Hub supporting **Ms. Alethea Etinoff/POC Learning Academy**. UPO staff will help the child care program enroll children, provide professional development for teachers, support families and help coordinate comprehensive services for children and families.

Benefits for children and families:

- Infants and toddlers receive care that is nurturing and responsive to their needs.
- Families are linked to comprehensive supports and services at the child care site.
- Children and families will receive continuous, intensive, and comprehensive child development and family support services.

If you would like to enroll your child in the QIN, please complete the form below. This form is requested to obtain your ***permission to participate in*** the Quality Improvement Network HUB Child Care Partners' initiative described above. By signing this form you are also authorizing the ECE Program staff to release your child's information to the staff of the Hub agency working with the ECE Program .

Please complete the form below and return it to the Program Director.

Program Name: _____

PRINT Parent/Guardian Name: _____

E-mail: _____ Daytime Phone: _____

_____ I would like to participate in Quality Improvement Network Hub Child Care Partners' initiative, and authorize the ECE Program to release information about my child to the Hub staff only.

_____ I ***DO NOT*** want to participate in Quality Improvement Network Hub Child Care Partners' initiative.

Parent/Guardian Name: _____ Date: _____
[Signature]

ECE Program Director's Name: _____ Date: _____
[Signature]

Child Name: _____ Date of Birth: _____
Enrollment Date: _____

QUALITY IMPROVEMENT NETWORK

PARENT CONSENT FOR CHILD TO RECEIVE SCREENINGS

I, _____, give my consent for the child named
(Parent's Name)

below to receive the screenings checked off below. I understand that these services are deemed necessary or advisable by the program. I further understand that I will be informed of any results demonstrated by the screening.

This consent is valid for two hundred and seventy (270) days after the date signed.

(Name of Child)

(Date of Birth)

Education, Family and Health Screenings to Be Offered (Please check off approved screenings):

Hearing Screening	Yes	No	Family Partnership Agreement	Yes	No
Vision Screening	Yes	No	Family Needs Assessment	Yes	No
Developmental Screenings (ASQ/ASQ-SE)	Yes	No	Child Nutrition Assessment	Yes	No

Signature of Parent/Legal Guardian: _____

Relationship: _____

Date: _____

For Center Staff Only

I, _____, have explained to _____
(Center Director's Name) *(Parent's Name)*

The purpose of this consent form and the nature of the screenings that the child enrolled in the program may receive.

Signed: _____ Date: _____

This is valid during the _____ (enter date in years) School Year.





**Priority Selection Criteria
2025-26**

Enrollment Year:		Determination Date:	
Child's Name:		Date of Birth:	Child Meets Age Requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name:		Number in Family:	Sibling: <input type="checkbox"/> Yes <input type="checkbox"/> No

Program Eligibility

Eligibility determinations for Early Head Start (EHS) services will be made by confirming eligibility for child care subsidy and using either the categorical or income-based eligibility and priority selection criteria found below, in accordance with the Head Start Act Sect. 645(a)(1)(B) and the Head Start Program Performance Standards (HSPPS) 1302.12(c)(d).

A family is determined eligible and prioritized for EHS services with 100 points.

Check all that apply	Categorical Eligibility <i>Head Start Act Sec. 645(a)(1)(B)(i)</i>			Points
<input type="checkbox"/>	Public assistance			100
	Social Security Income (SSI)	Temporary Assistance for Needy Families (TANF)	Supplemental Nutrition Assistance Program (SNAP)	
<input type="checkbox"/>	Income below 100 percent Federal Poverty Line			
<input type="checkbox"/>	Experiencing homelessness			
<input type="checkbox"/>	Foster care			

If a family is not categorically eligible for EHS services, eligibility can be determined using the income-based eligibility and selection criteria below.

Check the one that Applies	Income-based Eligibility <i>Head Start Act Sec. 645(a)(1)(B)(iii)</i>	Points
<input type="checkbox"/>	Income above 100 percent but below 130 percent Federal Poverty Line	50
<input type="checkbox"/>	Income above 130 percent Federal Poverty Line	40
<input type="checkbox"/>	Income below 130 percent adjusted for housing costs exceeding 30 percent of gross income	50

Check all that apply	Selection Criteria <i>HSPPS 1302.14</i>	Points
<input type="checkbox"/>	Disability as defined by the Individuals with Disabilities Education Act (IDEA) ¹	50
<input type="checkbox"/>	Receiving or referred to Strong Start for Early Intervention services (e.g., Individualized Family Service Plan (IFSP))	

¹ 60 points when combined with income above 130 percent Federal Poverty Line.



Check all that apply	Selection Criteria <i>HSPPS 1302.14</i>	Points
<input type="checkbox"/>	Teen parent	
<input type="checkbox"/>	Women, Infants and Children Program (WIC)	
<input type="checkbox"/>	First time parent	
<input type="checkbox"/>	Substance abuse/Addiction/Domestic violence	
<input type="checkbox"/>	Engaged with the Child and Family Services Agency (e.g., kingship care)	
<input type="checkbox"/>	Immigrant/Migrant	
<input type="checkbox"/>	Military family	
<input type="checkbox"/>	Diagnosed with chronic illness/Health impairment	
<input type="checkbox"/>	Child of EHS staff	
<input type="checkbox"/>	Previously enrolled in another EHS program	
<input type="checkbox"/>	Sibling of child currently enrolled in EHS program	
<input type="checkbox"/>	Community violence <input type="checkbox"/> Seeking child care in another Ward for safety reasons <input type="checkbox"/> Area with a high crime (e.g., violent, property etc.)	
<input type="checkbox"/>	Resides in a disadvantaged neighborhood <input type="checkbox"/> Wards 7 or 8 or high poverty area <input type="checkbox"/> Limited access to public transportation <input type="checkbox"/> High unemployment rates <input type="checkbox"/> Limited access to full-service grocery store (i.e., food desert) <input type="checkbox"/> Area with health disparity rates (e.g., addiction, asthma, high blood pressure, diabetes etc.) <input type="checkbox"/> Limited access to quality child care and education programs ²	
<input type="checkbox"/>	Receiving housing assistance <input type="checkbox"/> Reside in public housing <input type="checkbox"/> Receives rental assistance or vouchers <input type="checkbox"/> Experienced housing instability due to eviction	
	Experiencing housing instability <input type="checkbox"/> Impending eviction <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Property repairs requiring relocation	
	Parental loss <input type="checkbox"/> Death <input type="checkbox"/> Incarceration <input type="checkbox"/> Other	
<input type="checkbox"/>	Mental Health/Well-being <input type="checkbox"/> Worry (e.g., anxiety) <input type="checkbox"/> Overwhelmed (e.g., stress) <input type="checkbox"/> Post-partum depression <input type="checkbox"/> Sadness or feelings of hopelessness (e.g., depression) <input type="checkbox"/> Trauma <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD)	
<input type="checkbox"/>	Guardianship <input type="checkbox"/> Single parent <input type="checkbox"/> Temporary custody <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	
<input type="checkbox"/>	Essential worker <input type="checkbox"/> Health care <input type="checkbox"/> Education <input type="checkbox"/> Food service <input type="checkbox"/> Food and agriculture <input type="checkbox"/> First responder <input type="checkbox"/> Public transit	
Total Number of Points (Income-based + Selection Criteria)		
EHS-eligible	<input type="checkbox"/> Yes <input type="checkbox"/> No	QIN Referral Completed
		<input type="checkbox"/> Yes <input type="checkbox"/> No

² As defined by Capital Quality, DC’s quality rating and improvement system



Check all that apply	Selection Criteria <i>HSPPS 1302.14</i>		Points
Completed by:	Date completed:	Center Director Initials:	



DECLARATION OF NO INCOME

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

(Instructions: This form must be completed for any family that meets the following criteria)

Income:

- Zero Income- Family declares that they had no source of income as defined by Head Start *during the last calendar year of the last twelve months.*
- No Documentation – The family has no documentation because they are **homeless** or their financial records have been destroyed or lost.
- Teen Parent –Teen parent who have no source of income. Reliant on family/friends for basic needs.

Family Housing

- Transient – The family is staying with family or friends for a short period of time due to economic hardship. (McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act)

Contact Name	Contact Number	Relationship to Parent	Verified
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

The parent/guardian of the child enrolling must list at least one Contac person that can verify the eligibility.

I verify that this information I have provided to the QIN Early Head Start Program is correct and accurately reflect the circumstances outline on this verification form. ***(This verification letter must be notarized)***

Parent Signature

Date