Bismarck Public Schools
Head Start & Early Head Start

Serving Burleigh, Emmons, and Kidder County

BECEP at Richholt
720 N 14th Street
Bismarck, ND 58501

www.bismarckschools.org
(701) 323-4400
Fax: (701) 323-4405

INFORMATION & APPLICATION PROCESS

Dear Parent/Guardian:

Thank you for your interest in Early Head Start and Head Start at BECEP! Our programs are designed to develop the academic, social, emotional, and health needs of children from birth to 5 years old, and their families. Staff support school readiness by helping children possess the skills, knowledge, and attitudes necessary for success in school and for later learning in life. The Head Start approach to school readiness means that children are ready for school, families are ready to support their children's learning and schools are ready for children. Children with disabilities are encouraged to apply.

Our programs are federally funded. Eligibility is determined using income guidelines established by the federal government. Ninety percent of families enrolled are below the federal poverty level, are homeless, in foster care, receive Supplemental Social Security (SSI), TANF and/or SNAP. Families who are within the 130% guidelines may be served after all families who meet the 100% poverty guidelines have been served, if space is available.

Your application must be complete before we can determine eligibility.

2026 Federal Poverty Guidelines		
Family Size	Family Yearly Income100%	Family Yearly Income130%
1	$15,960	$20,748
2	$21,640	$28,132
3	$27,320	$35,516
4	$33,000	$42,900
5	$38,680	$50,284
6	$44,360	$57,668
7	$50,040	$65,052
8	$55,720	$72,436
For each additional person:	add $5,680	add $7,384

Early Head Start (EHS) – serves a total of 12 expectant families, infants, and toddlers under the age of 3, in their homes over a 12-month period (48 weeks) July through June.

- Prenatal – Expectant families receive a home visit one time a month or as needed to support them during their pregnancy.
- Birth to 3 years – Parent services are provided and focus on child development and parent education through weekly home visits. The home visitor supports the parents' ability to enhance their child's unique development through child-focused activities and experiences. Parent-child play groups are provided to promote socialization experiences for children.

Head Start (HS) – provides preschool to 102 children ages 3-5 years over a 9-month period from August through May. Classroom instruction is provided Monday through Friday 7:40am-2:10pm. Each classroom is staffed by at least one teacher and two instructional aides. Each family will receive a minimum of 2 home visits. Families come to the center for open house and two conferences.

Application Checklist on Back

Application Checklist:

Step 1. Complete the application process to EHS/HS

To avoid any delays in processing your application, complete **all** items in step 1 of the application process.

To complete the application for EHS/HS and determine if your child is eligible, submit the following documents:		
☐	Proof of Age	State-Certified Birth Certificate. Child must be age eligible to enroll.
☐	Proof of Residency	One Primary Proof of Residence *(Examples indicated below) One Secondary Proof of Residence **(Examples indicated below) Note: If you live in transitional housing (motel, campsite, car, shelter, or shared housing), you do not need to complete this item. Tell staff you are in transitional housing.
☐	Driver's License or Photo ID of LEGAL guardian. (Proof of court appointed guardianship)	The person registering the student must be the legal parent or court-appointed guardian. Court appointed guardians must provide legal papers.
☐	Proof of Income	Each parent/stepparent living in the home related to the child by blood, marriage or adoption must submit income verification from **ONE** of the following: • 2025 Tax Statement • Pay stubs for past 12 months • TANF, Supplemental Security Income (SSI), Foster Care Income or SNAP
☐		Child support received, if applicable. Submit child support payments received over the past 12 months.
☐	Early Head Start (EHS)/ Head Start (HS) Application	Review the application to make sure all questions are completed.
☐	In-Person Interview	**Call to schedule an in-person appointment at 701-323-4400**

* One Primary Proof of Residence - Examples: home mortgage, builder's agreement, purchase agreement, homeowner's insurance policy, Burleigh County property tax statement or lease/rental agreement that lists the names of parents/guardians living in the rental unit plus the manger's name and phone number.

**One Secondary Proof of Residence - Examples: bill for heat/lights, garbage/water or cable TV dated within the last 30 days or document from the Department of Social Services.

Unacceptable Proof of Residence: US mail, post office change of address, credit card/bank statement, personal taxes, medical bills, payroll checks, insurance policy, or any proof older than 30 days.

Step 2. Orientation Meeting

New enrollees may be requested to complete a developmental screening and accompany the parent/guardian to the appointment.

The following documents will be needed following the Orientation meeting:		
☐	Physical Exam	Current physical exam (including hearing and vision screening, hemoglobin, and blood lead screening) through a provider such as: your family physician, Health Tracks or Public Health Unit
☐	Dental Exam	Current dental exam
☐	Immunization Record	Up-to-date immunization record

Applicant Information

Applicant 1 (Child 3-5 years, Child 0-3 years)

First Name	Middle Name	Last Name	Nickname	Birthday	Gender

Applicant Applying for:

☐ Head Start (Child: 3-5 yrs) ☐ Early Head Start (Child: Birth to 3 yrs)

Race and/or Ethnicity		English Proficiency	Other Languages Spoken	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ None		☐ None
☐ Black	☐ Hawaiian/Pacific Islander	☐ Little		☐ Little
☐ White	☐ Middle Eastern/North African	☐ Moderate		☐ Moderate
☐ Hispanic/Latino	☐ Other: _____	☐ Proficient		☐ Proficient

Primary Health Coverage (Check all that Apply)	Medicaid Eligibility	Dental Coverage (Check all that Apply)
☐ Children's Health Insurance Program (CHIP)	☐ Not Eligible	☐ Children's Health Insurance Program (CHIP)
☐ Combined Medicaid/ CHIP	☐ On Medicaid	☐ Combined Medicaid/ CHIP
☐ Medicaid	☐ Potentially Eligible	☐ Medicaid
☐ No Insurance		☐ No Insurance
☐ State-Only Funded Insurance (Healthy Steps)		☐ State-Only Funded Insurance (Healthy Steps)
☐ Private Health Insurance		☐ Private Health Insurance
☐ Other: _____		☐ Other: _____

Doctor/Medical Home	Dentist/Dental Home

Does this student have a current Individual Education Plan (IEP) through Special Education?

☐ Yes ☐ No If yes, please indicate primary disability: _____

Applicant 2 (Child 3-5 years, Child 0-3 years)

First Name	Middle Name	Last Name	Nickname	Birthday	Gender

Applicant Applying for:

☐ Head Start (Child: 3-5 yrs) ☐ Early Head Start (Child: Birth to 3 yrs)

Race and/or Ethnicity		English Proficiency	Other Languages Spoken	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ None		☐ None
☐ Black	☐ Hawaiian/Pacific Islander	☐ Little		☐ Little
☐ White	☐ Middle Eastern/North African	☐ Moderate		☐ Moderate
☐ Hispanic/Latino	☐ Other: _____	☐ Proficient		☐ Proficient

Primary Health Coverage (Check all that Apply)	Medicaid Eligibility	Dental Coverage (Check all that Apply)
☐ Children's Health Insurance Program (CHIP)	☐ Not Eligible	☐ Children's Health Insurance Program (CHIP)
☐ Combined Medicaid/ CHIP	☐ On Medicaid	☐ Combined Medicaid/ CHIP
☐ Medicaid	☐ Potentially Eligible	☐ Medicaid
☐ No Insurance		☐ No Insurance
☐ State-Only Funded Insurance (Healthy Steps)		☐ State-Only Funded Insurance (Healthy Steps)
☐ Private Health Insurance		☐ Private Health Insurance
☐ Other: _____		☐ Other: _____

Doctor/Medical Home	Dentist/Dental Home

Does this student have a current Individual Education Plan (IEP) through Special Education?

☐ Yes ☐ No If yes, please indicate primary disability: _____

Family Information

Primary Adult (or Pregnant Mother Applicants)

First Name	Middle Name	Last Name	Nickname	Birthday	Gender

Race and/or Ethnicity

☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Middle Eastern/North African
☐ Hispanic/Latino ☐ Other: _____

English Proficiency

☐ None
☐ Little
☐ Moderate
☐ Proficient

Other Language Spoken

Other Language Proficiency

☐ None
☐ Little
☐ Moderate
☐ Proficient

Highest Grade Completed

☐ Associate's ☐ < Grade 9
☐ Bachelor's ☐ Grade 10
☐ Col Deg/Train ☐ Grade 11
☐ Col or Adv Train ☐ HS Graduate
☐ Master's ☐ GED

Employment Status

☐ Full Time (35+ hrs/wk) ☐ Full Time & Training
☐ Part Time (Under 35 hrs/wk) ☐ Part Time & Training
☐ Seasonal ☐ Training or School
☐ Retired or Disabled
☐ Unemployed

Child's Relationship

☐ Biological/Adopted/Step **(Circle one)**
☐ Grandchild
☐ Foster
☐ Other: _____

Custody

☐ Yes
☐ No

Check all that apply:

☐ Lives with Family
☐ Teen Parent
☐ Provides Financial Support

Email Address:	Phone Number:	Receive Texts?
		☐ Yes ☐ No

∗ Complete below section only if applying to Early Head Start as a Pregnant Mother Applicant ∗

Due Date (m/d/y):

Month: _____ Day: _____ Year: _____

Primary Health Coverage (Check all that Apply)

☐ Children's Health Insurance Program (CHIP)
☐ Combined Medicaid/ CHIP
☐ Medicaid
☐ No Insurance
☐ State-Only Funded Insurance (Healthy Steps)
☐ Private Health Insurance
☐ Other: _____

Medicaid Eligibility

☐ Not Eligible
☐ On Medicaid
☐ Potentially Eligible

Dental Coverage (Check all that Apply)

☐ Children's Health Insurance Program (CHIP)
☐ Combined Medicaid/ CHIP
☐ Medicaid
☐ No Insurance
☐ State-Only Funded Insurance (Healthy Steps)
☐ Private Health Insurance
☐ Other: _____

Doctor/Medical Home	Dentist/Dental Home

Secondary Adult in the Home

First Name	Middle Name	Last Name	Nickname	Birthday	Gender

Race and/or Ethnicity

☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Middle Eastern/North African
☐ Hispanic/Latino ☐ Other: _____

English Proficiency

☐ None
☐ Little
☐ Moderate
☐ Proficient

Other Language Spoken

☐ Moderate
☐ Proficient

Other Language Proficiency

☐ None
☐ Little
☐ Moderate
☐ Proficient

Highest Grade Completed

☐ Associate's ☐ < Grade 9
☐ Bachelor's ☐ Grade 10
☐ Col Deg/Train ☐ Grade 11
☐ Col or Adv Train ☐ HS Graduate
☐ Master's ☐ GED

Employment Status

☐ Full Time (35+ hrs/wk) ☐ Full Time & Training
☐ Part Time (Under 35 hrs/wk) ☐ Part Time & Training
☐ Seasonal ☐ Training or School
☐ Retired or Disabled
☐ Unemployed

Child's Relationship

☐ Biological/Adopted/Step *(Circle one)*
☐ Grandchild
☐ Foster
☐ Other: _____

Custody

☐ Yes
☐ No

Check all that apply:

☐ Lives with Family
☐ Teen Parent
☐ Provides Financial Support

Email Address:	Phone Number:	Receive Texts?
		☐ Yes ☐ No

Other Adult in the Home

First Name	Middle Name	Last Name	Nickname	Birthday	Gender

Race and/or Ethnicity

☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Middle Eastern/North African
☐ Hispanic/Latino ☐ Other: _____

English Proficiency

☐ None
☐ Little
☐ Moderate
☐ Proficient

Other Language Spoken

Other Language Proficiency

☐ None
☐ Little
☐ Moderate
☐ Proficient

Child's Relationship

☐ Biological/Adopted/Step (Circle one)
☐ Grandchild
☐ Foster
☐ Other Relative _____

Custody

☐ Yes
☐ No

Check all that apply:

☐ Lives with Family
☐ Provides Financial Support

Email Address:	Phone Number:	Receive Texts?
		☐ Yes ☐ No

Additional Child(ren) in Home ages birth to 21 (non-applicant)

First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						☐ Yes ☐ No

Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ Black ☐ White ☐ Hispanic/Latino	☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Middle Eastern/North African ☐ Other: ____________________	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ None ☐ Little ☐ Moderate ☐ Proficient

Name of School (if enrolled):

Additional Child(ren) in Home ages birth to 21 (non-applicant)

First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						☐ Yes ☐ No

Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ Black ☐ White ☐ Hispanic/Latino	☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Middle Eastern/North African ☐ Other: ____________________	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ None ☐ Little ☐ Moderate ☐ Proficient

Name of School (if enrolled):

Additional Child(ren) in Home ages birth to 21 (non-applicant)

First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						☐ Yes ☐ No

Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ Black ☐ White ☐ Hispanic/Latino	☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Middle Eastern/North African ☐ Other: ____________________	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ None ☐ Little ☐ Moderate ☐ Proficient

Name of School (if enrolled):

Additional Child(ren) in Home ages birth to 21 (non-applicant)

First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						☐ Yes ☐ No

Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ Black ☐ White ☐ Hispanic/Latino	☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Middle Eastern/North African ☐ Other: ____________________	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ None ☐ Little ☐ Moderate ☐ Proficient

Name of School (if enrolled):

Additional Child(ren) in Home ages birth to 21 (non-applicant)

First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						☐ Yes ☐ No

Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ Black ☐ White ☐ Hispanic/Latino	☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Middle Eastern/North African ☐ Other: ____________________	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ None ☐ Little ☐ Moderate ☐ Proficient

Name of School (if enrolled):

Family Information

Family Living Address

Started Living at Date	Living Address	City	State	Zip	County

Family Mailing Address

Same as Living?	Started Using Date	Mailing Address	City	State	Zip
☐ Yes ☐ No					

Where is your child/family currently living? (Federal law NCLB mandates that we ask this question) Please check appropriate box.

☐ Single family permanent residence in Bismarck (house, apartment, condo, etc.)
☐ Living in a temporary residence while building or looking for a home
☐ Unaccompanied Youth
☐ Foster Home
☐ In a shelter or transitional housing program
☐ Motel/Hotel
☐ Doubled-up (sharing housing with another families/individual due to economic hardship)
☐ Unsheltered (Car/Campsite)
☐ Other: _____

Parent/Guardian Information

Student Resides with (X)	Name of Parent/Guardian	Employer	Daytime Phone	Cell Phone (receive text messages)
	Mother			☐ Yes ☐ No
	Mother's Email	Mother's Address (if different than student)		
	Stepmother			☐ Yes ☐ No
	Father			☐ Yes ☐ No
	Father's Email	Father's Address (if different than student)		
	Stepfather			☐ Yes ☐ No
	Guardian			☐ Yes ☐ No
	Guardian's Email			
	Guardian's Spouse			☐ Yes ☐ No

Is parent/step-parent/guardian a registered offender? ☐ Yes ☐ No If yes, name:_____

Parental Status (*check one*)	Primary Language at Home	Acquiring/Learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	Receiving WIC
☐ One Parent Family ☐ Two Parent Family		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Emergency Contacts — additional to parent/guardian

Contact #1 (Last, First Name)	Relationship to Child	Contact Phone No.
Contact #2 (Last, First Name)	**Relationship to Child**	**Contact Phone No.**
Contact #3 (Last, First Name)	**Relationship to Child**	**Contact Phone No.**

The BECEP Early Head Start/ Head Start Program serves children and their family's birth to age 5. The educational program is tailored to children's individual strengths and needs. It fosters self-esteem and develops cognitive, language, motor, and social skills. The comprehensive development program includes medical and dental screenings and follow-up treatment along with classroom experiences that emphasize a variety of preventive health practices. Nutritious meals and snacks are eaten in family-style settings. As the primary resource and educators of their children, parents are an integral part of the success of HEAD START. They are welcomed to volunteer and to participate in activities to help support their child's growth and development. They also have opportunities for leadership in the program by serving on the Policy Council and/or on Parent Committees. HEAD START offers support for parents by supporting opportunities for self-sufficiency. HEAD START staff and parents work together to develop parent partnership agreements that build on family strengths to realize short-term and long-term family goals.

Fees:
HEAD START is funded through the United States Department of Health and Human Services, Administration for Children, Youth, and Families, Head Start Bureau. The program is free to those families who meet the established federal eligibility income guidelines.

I agree to cooperate with the policies and procedures of the Early Head Start/ Head Start Program. I understand that at the beginning of the year I will be provided with a parent handbook, which includes relevant policies and procedures.

I certify that information provided is correct to the best of my knowledge and is subject to verification. I am also aware that I may be subject to termination from the program if the information verified disqualifies me from eligibility.

Parent/Guardian Signature_____ Date _____

Parent/Guardian Printed Name _____