



CNMI PSS Head Start/Early Head Start Program

The program accepts applications on an ongoing basis. To be considered for a slot for enrollment at the beginning of School Year 2025-2026, please submit your child's application on or before **June 13, 2025**.

Families will receive notice from the Program about their child's enrollment status after it has been screened for eligibility. Any child not selected for enrollment will be placed on the waitlist.

Children turning 5 on or before September 30 need to register for Kindergarten at your zoned elementary school.

Thank you for your interest in the Head Start/Early Head Start Program.



323-7446 / 664-3761



hsehs@cnmipss.org



CNMI PUBLIC SCHOOL SYSTEM
Head Start/Early Head Start Program

(670) 664-3761 • hsehs@cnmipss.org • P.O. Box 501370, Saipan, MP 96950



SCHOOL YEAR 2025-2026

APPLICATION FOR ENROLLMENT

IMPORTANT, please read before applying:

- Only parents or legal guardians are authorized to apply
- Applications may be submitted in person or emailed to hsehs@cnmipss.org
- Incomplete applications will not be screened
- Early Head Start enrolls children 6 weeks to 36 months
- Head Start enrolls children 3-4 years old
- Children born on or before September 30, 2020 should register for kindergarten

Please call 323-7446/664-3761 OR email hsehs@cnmipss.org for more information
Head Start/Early Head Start Office • Building 1256, Pohnpei Way, Capitol Hill, Saipan

REQUIRED APPLICATION DOCUMENTS

- Head Start/Early Head Start Application for Enrollment
- Head Start/Early Head Start Physical Exam Form - to be completed by child's doctor
- Completed Ages & Stages Questionnaire (ASQ-3) and Ages & Stages Questionnaire-Social Emotional (ASQ-SE), if available
- Head Start/Early Head Start Dental Exam Form - to be completed by child's dentist (for children 6 months and older)
- Head Start/Early Head Start Immunization Record Form - to be completed by Immunization Department
- School Health Entrance Certificate - obtain from CHCC Immunization Department or private clinic
- Documentation of child's date of birth (examples: birth certificate, passport, other government ID/ verification letter).
- Parent/Guardian Identification
- Legal documentation relating to guardianship or custody, if not biological parent
- Child's valid Medicaid, Medicaid certification, or medical insurance card, if any
- WIC card/documentation, if applicable
- Child's IFSP or IEP documentation, if applicable
- Written letter of referral from EI, EC SPED, DYS, Karidat, H.O.M.E., CHCC, Family Court, Drug Court, if applicable
- For EARLY HEAD START applications ONLY: DCCA Child Care Subsidy approval or waitlist document, if applicable

DOCUMENTATION TO DETERMINE ELIGIBILITY – Must provide documentation from one category only

1. Parent/Guardian verification of all income for the past 12 months. (examples: W-2, Income Tax forms, check stubs from previous 12 months, child support order, financial aid documentation, retirement benefits, Leave and Earning Statement (LES) for military, employer verification form). Please inform staff if you do not have income or proof of income in order to complete the appropriate documentation.
2. Public Assistance Documentation: CNMI Nutrition Assistance Program (NAP/Food Stamp) OR Social Security Supplemental Security Income (SSI)
3. Foster Care Documentation

Please be advised that the CNMI PSS Head Start/Early Head Start Program is a Federally Funded program that has eligibility and selection criteria requirements. Submission of your child's application does not guarantee automatic enrollment. The program does not provide transportation.

For HS/EHS Staff Use: Application Interview Form

Child's Name:		Child's Date of Birth:	
Person Interviewed:		Relationship to child:	
Date of Interview:	Time:	Location:	
Interview Notes:			
Child has a sibling currently enrolled in HS/EHS <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Center/Classroom:			
Interview Conducted by:		Position:	Signature:

Please call the Family Services Team with any questions at: (670) 323-7446/664-3761

School Year: 2025-2026	<u>IMPORTANT, please read before applying:</u>	<ul style="list-style-type: none"> • Early Head Start enrolls children 6 weeks to 36 months • Head Start enrolls children 3-4 years old • Children born on or before September 30, 2020, should register for kindergarten 		
CHILD'S INFORMATION				
First Name	Middle	Last	Suffix	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's first home language	Child's second home language	English Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Good <input type="checkbox"/> Little <input type="checkbox"/> None	
Child's Race (check one)				Ethnicity
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial/Multi-Racial				<input type="checkbox"/> Hispanic or Latino Origin
Child's Medical Insurance (check one)				
<input type="checkbox"/> Medicaid Valid <input type="checkbox"/> Medicaid Pending <input type="checkbox"/> Medicaid Expired <input type="checkbox"/> Private Insured by: _____ <input type="checkbox"/> No Insurance				
Child's Dental Insurance (check one)				
<input type="checkbox"/> Medicaid Valid <input type="checkbox"/> Medicaid Pending <input type="checkbox"/> Medicaid Expired <input type="checkbox"/> Private Insured by: _____ <input type="checkbox"/> No Insurance				
Child's Doctor/Medical Clinic			Child's Dentist/Dental Clinic	
Has your child been DIAGNOSED by a Health Care Provider as having a health condition, special health care needs, or allergies? <input type="checkbox"/> YES _____ If yes, please complete a Child Health Care Plan <input type="checkbox"/> NO				
Does your child have a special need? (Check all that apply) <input type="checkbox"/> Individualized Family Service Plan (IFSP)				
<input type="checkbox"/> Individualized Education Plan (IEP) Start Date: _____ <input type="checkbox"/> A diagnosed disability <input type="checkbox"/> Enrollment in Early Intervention (C'DAC) in the last 6 months <input type="checkbox"/> Not Applicable				
Do you have concerns about your child's development? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, check all that apply:				
<input type="checkbox"/> Speech/Talking (making sounds, delayed talking, hard to understand and/or difficulties understanding others)				
<input type="checkbox"/> Fine Motor (grasping, drawing, writing, and/or dressing)				
<input type="checkbox"/> Behavior (hitting, biting, having tantrums and/or not cooperating)				
<input type="checkbox"/> Gross Motor (walking, climbing, throwing, spinning, lack of eye contact, loss of skills)				
<input type="checkbox"/> Other Concerns: _____				
Has your child experienced (check all that apply)				
<input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Former Foster Care <input type="checkbox"/> Asked to leave a childcare center because of behavior <input type="checkbox"/> Not Applicable				
Note: Child's citizenship is collected for data purposes only and NOT a condition for enrollment into HS/EHS.			Citizenship of child: <input type="checkbox"/> US <input type="checkbox"/> Other _____ If other, Visa Type: _____	
FAMILY INFORMATION				
Child lives with <input type="checkbox"/> One-Parent/Guardian <input type="checkbox"/> Two-Parents/Guardians				
Child is in dual custody <input type="checkbox"/> Yes, describe: _____ <input type="checkbox"/> No (Child lives with both parents but in different homes)				
Living Address – Village/Street Name/Lot #		Mailing Address		Primary Phone Number
		City	State MP	Zip
Are you or any member of your family receiving SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who: _____ Relationship to applicant: _____		Does your family receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No WIC ID #: _____		
Is this application for a child in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your family receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this application for a child receiving DCCA CCDF Child Care Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> Waitlisted <input type="checkbox"/> No				
Housing Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives/Friends <input type="checkbox"/> Temporary Home <input type="checkbox"/> Shelter <input type="checkbox"/> FEMA Tent If housing status is temporary such as home, shelter tent, please describe: _____				Total # in Family
Was child referred to program by another agency? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, which agency: _____				
Any specific family need or crisis at this time? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, describe: _____				

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Parent/Guardian 1 Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other:			
First	Middle	Last	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time	Your Primary Language	English Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Good <input type="checkbox"/> Little <input type="checkbox"/> None
Race (check one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial/Multi-Racial			Ethnicity <input type="checkbox"/> Hispanic or Latino Origin
Highest Grade completed in school (check one) <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Training Certificate <input type="checkbox"/> Master's Degree (or above)		Contact Information Home Phone: _____ Cell: _____ E-mail: _____	
Employment Status (check one) <input type="checkbox"/> Full-Time Work (36+hours/week) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Part-Time Work (>36 hours/week) <input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Not Employed (stay at home)			Employer Name and Phone
Job Training or School <input type="checkbox"/> In Job Training, Type of Training: _____ <input type="checkbox"/> In School, Name of School: _____			
United States Military Service: <input type="checkbox"/> Active duty <input type="checkbox"/> Veteran <input type="checkbox"/> No US Military Service		Citizenship: collected for data purposes only <input type="checkbox"/> US <input type="checkbox"/> Other _____ If other, Visa Type: _____	
Parent/Guardian 2 Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other:			
First	Middle	Last	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time	Your Primary Language	English Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Good <input type="checkbox"/> Little <input type="checkbox"/> None
Race (check one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial/Multi-Racial			Ethnicity <input type="checkbox"/> Hispanic or Latino Origin
Highest Grade completed in school (check one) <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Training Certificate <input type="checkbox"/> Master's Degree (or above)		Contact Information Home Phone: _____ Cell: _____ Email: _____	
Employment Status (check one) <input type="checkbox"/> Full-Time Work (36+hours/week) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Part-Time Work (>36 hours/week) <input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Not Employed (stay at home)			Employer Name and Phone
Job Training or School <input type="checkbox"/> In Job Training, Type of Training: _____ <input type="checkbox"/> In School, Name of School: _____			
United States Military Service: <input type="checkbox"/> Active duty <input type="checkbox"/> Veteran <input type="checkbox"/> No US Military Service		Citizenship: collected for data purposes only <input type="checkbox"/> US <input type="checkbox"/> Other _____ If other, Visa Type: _____	
OTHER FAMILY MEMBERS LIVING IN THE HOUSEHOLD SUPPORTED BY THE PARENT(S)/GUARDIAN(S)			
First and Last Name	Relationship to the Child Applying	Date of Birth	Gender (M/F)
<input type="checkbox"/> Additional family members listed on the back of the application			

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Map of Residence		
Village Name:	Street Number & Name:	Apartment Name & #:
House/Building Color:	Obvious Landmarks (Church, stores, ect.):	
<i>Please draw a map to your family residence</i>		
Emergency/Alternate Contacts		
<i>In case the parent(s)/guardian(s) can not be reached. Who can we contact?</i>		
Name:	Relationship:	Phone Number(s):
Name:	Relationship:	Phone Number(s):
PARENT/GUARDIAN ACKNOWLEDGEMENT: PLEASE READ BEFORE SIGNING		
<i>I certify that all of the above information is true and correct and that all income is reported. I understand that this is an application for services that are paid for with Federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in my child's discontinuation of enrollment from the Program and may subject me to prosecution under applicable local and Federal laws. I further understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours. This program does not discriminate on the basis of religion, gender, race, color, national origin, or persons with disabilities.</i>		
Parent/Guardian Print Name:	Parent/Guardian Signature:	Date:
Recruitment Tracking:	<input type="checkbox"/> NAP <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> CHCC <input type="checkbox"/> WIC <input type="checkbox"/> JKPL <input type="checkbox"/> DYS	
How did you hear about us?	<input type="checkbox"/> Current HS/EHS Family <input type="checkbox"/> Prior HS/EHS Family	

TO BE COMPLETED BY STAFF			
Date of complete submission:	Center Preference 1:	Center Preference 2:	
Application Intake Completed - HS/EHS Staff Name:	Data Entered in CP By:	Date Entered:	



Application for Enrollment: All About My Child

Child's Name: _____

Child's DOB: _____

My Child likes to be called: _____

The languages my child hears at home are:

Some things I want you to know about my child are:

My child lives with (people, pets):

My child loves (tell us about toys, activities, or favorite things):

1. Have there been any changes to your child's environment at home in the past three years that might impact their enrollment in a school setting that you want us to know about? (Check all that apply)

- Moved to a new location
- Change in schedule or routines (e.g. working hours of family member changed so child has to be up earlier)
- Family member(s) on military deployment
- Displaced by a natural disaster
- Family impacted by illness/death
- Exposure to domestic violence
- Other: _____
- Change in who is regularly living in the home
- Divorce or separation of parents/guardians
- Family impacted by depressed mood, anxiety, or other mental health concerns
- Exposure to drug or alcohol abuse
- Incarceration of parent(s)/guardian(s)

2. We want to better understand your child's challenges. Are there specific situations or activities where you notice they tend to get frustrated or upset?(Check all that apply)

- Transitions: hard time adjusting to changes in routines such as, moving from one activity to another, like from playtime to mealtime or bedtime.
- Following Instructions: has difficulties following multi-step directions or remembering rules, especially if distracted or overwhelmed.
- Social Interactions: difficulties engaging with other children, sharing, or taking turns.
- Communication: gets frustrated when they can't express themselves, leading to the child lashing out or tantrums.
- Self-Regulation: difficulties managing emotions like anger, disappointment, or frustration.
- Motor Skills: difficulties with developmentally appropriate fine or gross motor skills.

Are there any other specific situations or activities that tend to make your child frustrated or upset, even if they weren't mentioned above? _____

3. If needed, please feel free to share any other information that would be helpful for our program to know about your child's time at home:
