

Other: _____

Non-Diagnosed or Suspect

Please explain: _____

Family Information

Please list all significant adult family members in the home:

Name	Sex	Relation to Child	Date of Birth	Occupation/ Student	Full-time Part-time Or Other	Highest Education Complete
Head of Household	M/F					

Please list all of the applicant's siblings:

Name	Gender	Date of Birth	Does the child live in the home?	Has the child previously been enrolled in EHS or HS? If yes, when and where

Which of the following best describes the applicant's family:

- Two Parent Family Single Parent Single Parent living with Partner
 Foster Family Teen parent living at home with Parents
 Other - Please specify _____

Number of adults (18 years or older) in the household: _____

Number of children (under 18 years) in the household: _____

Many families receive services or financial assistance from one or more programs or agencies. Does your family receive services from any of the following services:

- Medical Assistance Unemployment Insurance
 Public Assistance/TANF/TEAM Public Housing Assistance
 Food Stamps Energy Assistance
 WIC Health Tracks
 Supplemental Security Income (SSI) Child Care Assistance
 Foster Care/Adoption Subsidy Other: _____

Is your family experiencing crisis or unmet family needs at this time? ___ Yes ___ No
If yes, please explain: _____

Were you referred to the Head Start/Early Head Start Program? ___ Yes ___ No
By Whom? _____

Do you currently have medical coverage? ___ Yes ___ No
If yes, please give your type and policy number: _____

I give my permission that:

_____ Any photographs or news film may be used in newspapers, television, displays, bulletin boards or other publications.

_____ For Early Explorers to release my child's name, my name, address, and telephone number to the county social services office and county public health services office, Early Head Start, Infant Development and Even Start. My child's name and information is being released for sole purposes to schedule and complete my child's health screening as required by Head Start Federal Regulations.

Income must be verified in order to be enrolled: Total Income _____
How verified: () W2 () Check Stub () Tax Return () Letter () Other

Parent Signature _____ Date _____
Parent Signature _____ Date _____

In granting such consent, I understand that all such information will remain confidential and will be used solely for the benefit of our child and family. I release Early Explorers Head Start/Early Head Start and all of its staff from any legal liability for disclosing and acquiring information which I have permitted by signing this form. I also release the above named person from any legal liability for giving information to the Early Explorers Head Start/Early Head Start Program.

A copy of your child's birth certificate and immunization record is necessary before acceptance into the Early Explorers Head Start Program.

(Revised 10-2004)

For Office Use Only	
Recruiting Staff Member: _____	Date _____
Verifying Staff Member (Income): _____	Date _____
Date Enrolled: _____	Waiting List Letter: _____