

Enrollment Application

Early Head Start prenatal to age 3

Head Start ages 3 to 5

□ Anamoose

□ Devils Lake

□ Harvey

□ Towner

Applicant Information

Name (Child or expectant mother)	Date of Birth Due Date (prenatal only)	Gender

Race (please check all that apply)					
	African American				
	American Indian		Native Hawaiian or Pacific Islander		
	Asian		I prefer not to specify		
	Other (please specify)				
	Hispanic/Latino (please check all that apply)				
	Central American		Mexican/Chicano		
	Cuban		Puerto Rican		
	I prefer not to specify		Other (please specify)		

Primary Language:	Secondary Language:
Is your family learning another language in addition to	D English?
Has your child ever attended childcare before?	🗆 Yes 🗆 No
Are you currently in need of childcare?	🗆 Yes 🗆 No

Does your child currently have medical coverage? □ Yes, Medicaid

□ Yes, Private Insurance □No

Medicaid Number/Insurance Policy Number

Insurance Policy Holder Name and Birthdate (Private Insurance only)

□ No

	Concern	Diagnosed		Concern	Diagnosed
Visual Impairment			ADD/ADHD		
Hearing Impairment			Autism		
Health/Orthopedic Impairment			Traumatic Brain Injury		
Speech or Language Impairment			Non-Categorical Delay		
Other:			Allergies		

Family Information

Physical Address (Where applicant is living)

Street City State Zip Mailing Address (If different) Street/PO Box City State Zip Who is the applicant living with? □ Mother □ Father □ Aunt □ Stepmother □ Stepfather □ Uncle □ Grandmother □ Grandfather □ Foster Parent(s) □ Other/Homeless (please explain) **Primary Parent/Guardian** Date of Birth Does this person have custody? □ Yes □ No Work Number Home/Other Number **Cell Number Email Address Education – Highest Completed** □ High School □ Some College □ Bachelor's Degree □ Less than High □ Associate degree School Diploma/GED (no degree) or higher **Current Employment Status** □ Full Time □ Retired/Disabled □ Part Time □ Unemployed □ Other (32 hours/week +) Are you currently attending school? □ Yes Are you a member of the United States military on active duty? □ Yes □ No Are you a veteran of the United States military? □ Yes □ No Secondary Parent/Guardian Date of Birth Does this person have custody? □ Yes □ No **Cell Number** Work Number **Home/Other Number Email Address Education – Highest Completed** □ Bachelor's Degree □ Less than High □ High School □ Some College □ Associate degree School Diploma/GED (no degree) or higher **Current Employment Status** □ Full Time □ Part Time □ Unemployed □ Retired/Disabled □ Other (32 hours/week +)

□ Yes

□ Yes

□ Yes

□ No

□ No

□ No

Are you currently attending school?

Are you a veteran of the United States military?

Are you a member of the United States military on active duty?

Please list all of the applicant's siblings:

Name	Gender	Date of Birth	Does this child live in the home?

Number of adults (18 years or older) in your family:	
Number of children (under 18 years) in your family:	

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:				
Medicaid	□ SNAP or TANF (please circle which)	Energy Assistance/LIHEAP		
Unemployment Insurance	Public Housing Assistance	Supplemental Security Income (SSI)		
□ WIC	Health Tracks	Other:		
Child Care Assistance	Foster Care/Adoption Subsidy			

Is your family experiencing a crisis or unmet family needs?	Yes	□ No	
If yes, please explain:			

Were you referred to the Head Start/Early Head Start/Pre-K Program?	Yes	□ No
If yes, by whom:		

Please include a copy of your child's birth certificate and proof of your family income with this application. Acceptable forms of income verification include paystubs, w2's or income tax form 1040-page 1, SNAP/TANF/SSI benefit letter, employer statement, unemployment benefits or foster care documentation. Your application cannot be processed without these.

Birth Certificate

Income Verification

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

By signing, I certify that the information provided is true and complete to the best of my knowledge. I understand that all information will remain confidential and will be used solely for the benefit of our child and family and will not be shared without my permission. I further understand that this application is for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information could result in the disenrollment of my child from Early Head Start/Head Start and could have serious legal consequences for me.