



Enrollment Application

Early Head Start
prenatal to age 3

Head Start
ages 3 to 5

Anamoose

Devils Lake

Harvey

Towner

Applicant Information

Name <i>(Child or expectant mother)</i>	Date of Birth Due Date (prenatal only)	Gender

Race <i>(please check all that apply)</i>			
<input type="checkbox"/>	African American	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Native Hawaiian or Pacific Islander
<input type="checkbox"/>	Asian	<input type="checkbox"/>	I prefer not to specify
<input type="checkbox"/>	Other <i>(please specify)</i>		
Hispanic/Latino <i>(please check all that apply)</i>			
<input type="checkbox"/>	Central American	<input type="checkbox"/>	Mexican/Chicano
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	I prefer not to specify		
<input type="checkbox"/>	Other <i>(please specify)</i>		

Primary Language:		Secondary Language:	
Is your family learning another language in addition to English?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child ever attended childcare before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently in need of childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

Do you have any concerns about your child's health or development? Yes No

	Concern	Diagnosed		Concern	Diagnosed
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Autism	<input type="checkbox"/>	<input type="checkbox"/>
Health/Orthopedic Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>
Speech or Language Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Non-Categorical Delay	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>

Family Information

Physical Address *(Where applicant is living)*

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Street

City

State

Zip

Mailing Address *(If different)*

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Street/PO Box

City

State

Zip

Who is the applicant living with?

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Aunt
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Foster Parent(s)
<input type="checkbox"/> Other/Homeless <i>(please explain)</i>		

Primary Parent/Guardian	Date of Birth	Does this person have custody?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Number	Work Number	Home/Other Number
Email Address		

Education – Highest Completed

<input type="checkbox"/> Less than High School	<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Some College (no degree)	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Bachelor's Degree or higher
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Current Employment Status

<input type="checkbox"/> Full Time (32 hours/week +)	<input type="checkbox"/> Part Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired/Disabled	<input type="checkbox"/> Other
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Are you currently attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a member of the United States military on active duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran of the United States military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Secondary Parent/Guardian	Date of Birth	Does this person have custody?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Number	Work Number	Home/Other Number
Email Address		

Education – Highest Completed

<input type="checkbox"/> Less than High School	<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Some College (no degree)	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Bachelor's Degree or higher
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