



Early Learning Center
Pre-K & Head Start
4 years old by July 31st



Early Head Start
Home Based
prenatal to age 3

Enrollment Application

Program Year: 20__-20__

Applicant Information

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

Race *(please check all that apply)*

<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 *(please check all that apply)*

<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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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

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 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:		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> SNAP or TANF (please circle which)	<input type="checkbox"/> Energy Assistance/LIHEAP
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Public Housing Assistance	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> WIC	<input type="checkbox"/> Health Tracks	<input type="checkbox"/> Other:
<input type="checkbox"/> Child Care Assistance	<input type="checkbox"/> Foster Care/PATH	

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: _____

Head Start & Early Head Start applicants: 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 only), SNAP/TANF/SSI benefit letter, employer statement/offer, 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.