



Application for Program Participation

* PARTICIPANT INFORMATION: Fill out information about the child applying to the program *				
Last:		First:		Middle:
Name Child is to be Called:		Birth Date:		Male: _____ Female: _____
Living Address:			Parental Status: One: _____ Two: _____	
City:		State:		Zip:
Race (check all that apply): _____ American Indian/Alaskan Native _____ Asian _____ Black/African-American _____ Hawaiian/Pacific Islander _____ White _____ Other:			Primary Language spoken in the home:	
Ethnicity: _____ Hispanic _____ Non-Hispanic			Nationality:	
FAMILY INFORMATION: Fill out information about parents/guardians and family				
PARENT/GUARDIAN		Name:		
Relationship to the Child:		Birth Date:		Primary Adult: Yes: _____ No: _____
Living Address:				
City:		State:		Zip:
Email Address:				
Phone Number (with area code) – please give more than one and at least one cell phone number (if you have one)	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)	Can receive text messages?
	Yes: _____ No: _____			Yes: _____ No: _____
	Yes: _____ No: _____			Yes: _____ No: _____
	Yes: _____ No: _____			Yes: _____ No: _____
Teen Parent (19 or younger) at time of child's birth: Yes: _____ No: _____		Custody: Yes: _____ No: _____		Lives with Child: Yes: _____ No: _____
Child's Relationship to Adult:	English Level:	Education Level:		Employment Status: (check all that apply)
Natural/Adopted/Step-Child: _____ Grandchild: _____ Niece/Nephew: _____ Foster Child: _____ Other: _____	None: _____ Poor: _____ Moderate: _____ Proficient: _____	Some College: _____ Certificate: _____ No High School/GED: _____ GED: _____ High School Diploma: _____ Master's Degree: _____	< Grade 9: _____ Grade 10: _____ Grade 11: _____ Grade 12: _____ Associate's: _____ BA: _____	Full-Time (35+): _____ Seasonally Employed: _____ Part-Time: _____ Currently Unemployed: _____ Retired/Disabled: _____ Training or School: _____ Multiple Periods of Unemployment over the past 5 years: _____
PARENT/GUARDIAN		Name:		
Relationship to the Child:		Birth Date:		Relationship to the Child:
Living Address:				
City:		State:		City:
Email Address:				
Phone Number (with area code) – please give more than one and at least one cell phone number (if you have one)	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)	Can receive text messages?
	Yes: _____ No: _____			Yes: _____ No: _____
	Yes: _____ No: _____			Yes: _____ No: _____
	Yes: _____ No: _____			Yes: _____ No: _____
Teen Parent (19 or younger) at time of child's birth: Yes: _____ No: _____		Custody: Yes: _____ No: _____		Teen Parent (19 or younger) at time of child's birth: Yes: _____ No: _____
Child's Relationship to Adult:	English Level:	Education Level:		Employment Status: (check all that apply)
Natural/Adopted/Step-Child: _____ Grandchild: _____ Niece/Nephew: _____ Foster Child: _____ Other: _____	None: _____ Poor: _____ Moderate: _____ Proficient: _____	Some College: _____ Certificate: _____ No High School/GED: _____ GED: _____ High School Diploma: _____ Master's Degree: _____	< Grade 9: _____ Grade 10: _____ Grade 11: _____ Grade 12: _____ Associate's: _____ BA: _____	Full-Time (35+): _____ Seasonally Employed: _____ Part-Time: _____ Currently Unemployed: _____ Retired/Disabled: _____ Training or School: _____ Multiple Periods of Unemployment over the past 5 years: _____
* ADDITIONAL MEMBERS - who live in the household, are supported by the parent/guardian's income, AND are related to the parent/guardian by blood, marriage, or adoption *				

* See Emergency Contact Form for names of individuals to whom the center may release the child as authorized by the person who signs the application. See Emergency Consent Form for emergency medical information. *

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Name:	Relationship to Applicant:	Date of Birth:
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Total # of people (including the child and adults listed on front and all listed above) who live in child's household and are part of his/her family: _____		
CHILD'S NEEDS ++		
Does your child have a disability (diagnosed or specialist)? Yes: _____ No: _____ If yes, please list the specific disability: _____		Does s/he have an IEP or IFSP? Yes: _____ No: _____ Does your child receive any special education services? Yes: _____ No: _____
Do you have any concerns about your child in any of the areas listed below? If yes, please check the appropriate item(s).		
<input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Dental problems <input type="checkbox"/> Under/overweight <input type="checkbox"/> Seizures <input type="checkbox"/> Anemia <input type="checkbox"/> High lead <input type="checkbox"/> Diabetes <input type="checkbox"/> Other medical/dental/nutritional problems or concerns <input type="checkbox"/> Other developmental concerns – Please describe: _____ <i>Please describe (from above):</i> _____ <input type="checkbox"/> Speech or language development <input type="checkbox"/> Physical development * please provide medical documentation of concerns, if available * <input type="checkbox"/> Behavior or emotional problems (e.g. tantrums) – Please describe: _____ <input type="checkbox"/> My child has none of the above needs.		
List any particular fears or unique behavior characteristics that your child has: _____		
FAMILY NEEDS		
Is your family living with drug/alcohol abuse, incarceration, child support issues, domestic violence and/or a serious health/mental health issue? Yes _____ No _____ If yes, please list: _____		
SERVICES: What services is your family receiving?		
Family is receiving or has received services from DSS? Yes _____ No _____		
<input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> Housing Services (Public Housing, Section 8) <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Foster Care/Adoption Subsidy <input type="checkbox"/> WIC <input type="checkbox"/> Social services from other agency, if yes, please name: _____ <input type="checkbox"/> Health/Mental Health Services <input type="checkbox"/> Utility/Energy Assistance <input type="checkbox"/> State Health Insurance/Medicaid <input type="checkbox"/> Casework at another agency, if yes, please name: _____ <input type="checkbox"/> Child Support <input type="checkbox"/> Emergency/Crisis Intervention <input type="checkbox"/> NONE OF THE ABOVE		
DO YOU HAVE: TANF? Yes _____ No _____ SSI? Yes _____ No _____		Child Care Subsidy/Voucher? Yes _____ No _____
Are you homeless or had 2 or more relocations times in the past year? Yes _____ No _____		Don't know about it _____ Eligible for Subsidy _____
LEGAL ISSUES: ++		
Is your family currently dealing with legal issue such as family court, divorce, probation, custody, restraining orders, incarceration, etc.? Yes _____ No _____ If yes, please clarify: _____ Have you ever been displaced from home due to hardship? Yes _____ No _____ Has your child ever been in Foster or Kinship Care? Yes _____ No _____		
Additional Information		
Has your child previously been enrolled in Head Start/Early Head Start or another preschool program? Yes _____ No _____ If yes, what program? _____ Are you or a family member on staff? Yes _____ No _____		Has your child has a sibling previously enrolled in this program? Yes _____ No _____ If yes, is s/he currently enrolled? Yes _____ No _____ Specify dates of attendance _____ to _____ Is the child's mother currently pregnant? Yes _____ No _____
How did you hear about our program? _____ <input type="checkbox"/> Word of mouth (friend, family, etc.) <input type="checkbox"/> Referred by agency (WIC, child support services, etc.) <input type="checkbox"/> Saw/received a flyer Please specify: _____ <input type="checkbox"/> Saw/passed the center Other _____ <input type="checkbox"/> Know someone who works here Please specify: _____		
Is at least one member of the family active duty military? Yes _____ No _____ Is at least one member of the family a military veteran? Yes _____ No _____		
PLEASE SIGN HERE to verify that you have completed this application and provided true information.		
Signature of Parent/Guardian: _____		
Print Name: _____		Date: _____

Date of Application : _____

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