



**Enrollment Application**

Program Year: 20\_\_\_\_-20\_\_\_\_

**Applicant Information**

Name	Date of Birth	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

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		

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

<b>Does your child currently have medical coverage?</b>	<input type="checkbox"/> Yes, Medicaid	<input type="checkbox"/> Yes, Private Insurance	<input type="checkbox"/> No
Medicaid Number/Insurance Policy Number	_____		
Insurance Policy Holder Name and Birthdate	_____		
(Private Insurance only)			

**Do you have any concerns about your child's development, health or nutrition?**     Yes     No  
*If yes, please explain:* \_\_\_\_\_

**Has your child been diagnosed with a disability, allergy or health concern?**     Yes     No  
*If yes, please explain:* \_\_\_\_\_

# Family Information

## Physical Address *(Where the 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 does the applicant live 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>		

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

## 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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<b>Are you currently attending school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you a member of the United States military on active duty?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you a veteran of the United States military?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

## 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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<b>Are you currently attending school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you a member of the United States military on active duty?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you a veteran of the United States military?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list the applicants' siblings:

Name	Gender	Date of Birth	Does this child live in the home?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Number of adults in the household:</b>		<b>Number of children in the household:</b>	
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<b>Many families receive services or financial assistance from one or more programs or agencies.                      Please check any of the following services that your family receives.</b>		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> SNAP	<input type="checkbox"/> TANF
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Public Housing Assistance	<input type="checkbox"/> Energy Assistance/LIHEAP
<input type="checkbox"/> WIC	<input type="checkbox"/> Health Tracks	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Child Care Assistance	<input type="checkbox"/> Foster Care/Adoption Subsidy	<input type="checkbox"/> Other:

**Is your family experiencing a crisis or unmet family needs?**     Yes     No

*If yes, please explain:* \_\_\_\_\_

**Were you referred to our program?**     Yes     No

*If yes, by whom:* \_\_\_\_\_

**With this application, please include a copy of your child's birth certificate and proof of income for each parent/guardian in the home. *Your application cannot be processed until these items have been received.***

**Acceptable forms of income verification include:**

- Paystubs    • W-2's    • Income Tax Form 1040 (page 1)    • SNAP/TANF/SSI Benefit Letter
- Child Support    • Unemployment Benefit Letter    • Foster Care Documentation

Your family's income may be adjusted if your housing costs exceed 30% of your total gross income.

*This step is optional and will not affect the processing of your application.*

**Acceptable forms of housing expense verification include:**

- Rent/Mortgage    • Homeowner's/Renter's Insurance    • Mortgage Interest    • Property Taxes
- Utilities:    • Gas/Propane    • Water    • Sewer    • Trash    • Electricity

*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.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date