



CHILD INFORMATION

Child's legal name _____		Child's Date of Birth _____	
Gender:	Female	Male	
Does family get SSI?	YES NO	Has child attended Head Start before?	Yes NO
Does this child get Medicaid/Chips?	YES NO	If yes, where:	Child's Name: _____
Does child have medical insurance?	YES NO	Primary Language? _____	Younger Siblings? YES NO Ages?: _____
Does child have dental insurance?	YES NO	Second Language? _____	Does child have diagnosed disability? YES NO
Insurance Company Name:		Language spoken at home?	Name of disability _____
How did you hear about us?		Is child related to a 4C staff? YES NO	Does child get ECI services? YES NO
		If yes, what center?	

For Children 0-3

CENTER PREFERENCE INFORMATION

For Children 3-5

Early Head Start Centers:	First choice	Head Start Centers	First choice
Children 6 wks to 30 months		Children 3 yrs old by Sept. 1	

FAMILY INFORMATION

Parent/Guardian Name: _____		Date of Birth _____	
Address: _____		City: _____	State _____ Zip _____
Phone 1 _____	Email _____	Work Phone _____	
Highest level of education in the home: _____		Employment Status: _____	
Including yourself, how many people in household do you support?		Family Type	
Names	DOB	GENDER	If other, please specify _____
1 _____	_____	_____	Please attach Notarized Guardianship Papers if applicable
2 _____	_____	_____	Check if you are
3 _____	_____	_____	involved in any
4 _____	_____	_____	of these:
5 _____	_____	_____	ESL/LEP YES NO
			Teen Parent in school YES NO
			Teen Parent trying to return to school YES NO
			Military Separation 1 year (Attach orders) YES NO

Please check and attach proof of your source of income.		Check services or funds you are receiving now:		Ethnicity:
12 consecutive months pay stubs (parents)	LES-Ret/Dis, VA, W2, Military	TANF	Foster Care	Pick One
Employer Letter	SSI	Workers Comp	CPS Removal	
W-2 for parents in home or	Self-Employed (Profit & Loss	Social Security	School Grant, PELL	Race:
1040 Tax Form	Statement) or 1040 Tax Form	Child support	Food Stamps	Pick One
Self Declaration Letter (No income for past 12 months) and supported by family/friend. Attach letter from family friend, but NOT their income.		Unemployment	WIC	
		Energy Check	Other	

I certify that the information provided with this application is accurate and truthful to the best of my knowledge. This is a legal, binding document.

Parent/Guardian Signature _____	Date: _____
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Agency Use Only -- Please don't write below this line

Signature of Staff Accepting Application _____	Date: _____
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Status (circle one)	Eligible	Over Income	Family Income: _____	Verified by: _____
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CACFP Status	Free	Documents examined to verify income: _____
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Center: _____	Room # _____	Comments _____
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2nd yr. enrolled _____ (Parent sign/date) 3rd yr. enrolled _____ (Parent sign/date)