



**CHILD INFORMATION**

<b>Child's legal name</b> _____		<b>Child's Date of Birth</b> _____	
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**

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

**FAMILY INFORMATION**

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

<b>Please check and attach proof of your source of income.</b>		<b>Check services or funds you are receiving now:</b>		<b>Ethnicity:</b>
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 <b>or</b>	Self-Employed (Profit & Loss	Social Security	School Grant, PELL	<b>Race:</b>
1040 Tax Form	Statement) <b>or</b> 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.**

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

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