



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			Another child applying for Head Start? 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 _____		ESL/LEP YES NO	
3 _____		_____		_____		involved in any _____		Teen Parent in school YES NO	
4 _____		_____		_____		of these: _____		Teen Parent trying to return to school YES NO	
5 _____		_____		_____		_____		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		SNAP		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		TANF			
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: _____			
Agency Use Only -- Please don't write below this line									
Signature of Staff Accepting Application _____						Date: _____			
Status (circle one) Eligible		Over Income		Family Income: _____			Verified by: _____		
CACFP Status Free		Documents examined to verify income: _____							
Center: _____			Room # _____		Comments _____				

2nd yr. enrolled _____ (Parent sign/date) 3rd yr. enrolled _____ (Parent sign/date)