



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									
					If yes, what center? _____					Does child get ECI services? YES					NO				
For Children 0-3				CENTER PREFERENCE INFORMATION						For Children 3-5									
Early Head Start Centers: First choice				Head Start Centers First choice						Children 3 yrs old by Sept. 1									
Children 6 wks to 30 months																			
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		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: _____											
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)