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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Preference:** | | | | | | | | | | | | | | | |
| Applicant (Child) | | | | | | | | | | | | | | | |
| First | | | Middle | | | | Last | | | Birthday | | Gender | | | SSN |
|  | | |  | | | |  | | |  | |  | | |  |
| Race | | | | | | Hispanic | | English Proficiency | | | Other Language | | Other Language Proficiency | | |
| 🞏 Asian  🞏 Black 🞏 White  🞏 Other: | 🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander  🞏 Multi-Racial | | | | | 🞏 Yes  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No | | 🞏 Little  🞏 Moderate  🞏 None  🞏 Proficient | | |
| Primary Health Coverage | | Other Coverage | | Insurance # | | | | | Medicaid Eligibility | | Medicaid # | | | Doctor/Medical Home | |
|  | |  | | |  | | | | 🞏 Not Eligible  🞏 On Medicaid  🞏 Potentially | |  | | |  | |
| Dental Coverage | | Dental Coverage # | | | | | | Dentist/Dental Home | | | | | | | |
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| Primary Adult | | | | | | | | | | | | | | | | | |
| First | | | | | | | Middle | | | Last | | | | | | Birthday | | Gender |
|  | | | | | | | | |  | | | | | | | |  |
| Race | | | | | Hispanic | | English Proficiency | | | | | Other Language | | Other Language Proficiency | | | |
| 🞏 Asian  🞏 Black 🞏 White  🞏 Other: | 🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander  🞏 Multi-Racial | | | | 🞏 Yes  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | | | | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No | | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | |
| Highest Grade Completed | | | Employment Status | | | | | | | Child's Relationship | | | Custody Check all that apply: | | | | |
| 🞏 No High School or GED 🞏 High School or GED  🞏 Associate Degree, Vocational School or Some College  🞏 Bachelor or Advance Degree | | | | 🞏 Full Time 🞏 Part Time  🞏 Seasonal 🞏Unemployed  🞏 Retired  🞏 Disabled | | | | | | | 🞏 Biological /Adopted  /Step  🞏 Grandchild  🞏 Other Relative  🞏 Foster  🞏 Other | | 🞏 Yes  🞏 No | | | 🞏 Lives with Family  🞏 Provides Financial  Support  🞏 Teen Parent | |
| **Email Address:** | | | | | | | | | |  | | |  | |  | | |
| Individual Primary # | |  | | | | | | Opt In for Text Messages 🞏 Yes  🞏 No | | | | | | | | | |

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| Secondary Adult | | | | | | | | | | | | | | | | | |
| First | | | | | | | Middle | | | Last | | | | | | Birthday | | Gender |
|  | | | | | | | | |  | | | | | | | |  |
| Race | | | | | Hispanic | | English Proficiency | | | | | Other Language | | Other Language Proficiency | | | |
| 🞏 Asian  🞏 Black 🞏 White  🞏 Other: | 🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander  🞏 Multi-Racial | | | | 🞏 Yes  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | | | | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No | | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | |
| Highest Grade Completed | | | Employment Status | | | | | | | Child's Relationship | | | Custody Check all that apply: | | | | |
| 🞏 No High School or GED 🞏 High School or GED  🞏 Associate Degree, Vocational School or Some College  🞏 Bachelor or Advance Degree | | | | 🞏 Full Time 🞏 Part Time  🞏 Seasonal 🞏Unemployed  🞏 Retired  🞏 Disabled | | | | | | | 🞏 Biological /Adopted  /Step  🞏 Grandchild  🞏 Other Relative  🞏 Foster  🞏 Other | | 🞏 Yes  🞏 No | | | 🞏 Lives with Family  🞏 Provides Financial  Support  🞏 Teen Parent | |
| **Email Address:** | | | | | | | | | |  | | |  | |  | | |
| Individual Primary # | |  | | | | | | Opt In for Text Messages 🞏 Yes  🞏 No | | | | | | | | | |

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| Additional Children | | | | | | | | | | |
| First | | | | Middle | | Last | | | | Birthday | Gender |
|  | | | | |  | | | | |  |
| Race | | Hispanic | | English Proficiency | | Other Language | Other Language Proficiency | | | |
| 🞏 Asian  🞏 Black 🞏 White  🞏 Other: | 🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander  🞏 Multi-Racial | 🞏 Yes  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | |

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| Race | | Hispanic | | English Proficiency | | Other Language | Other Language Proficiency | | | |
| 🞏 Asian  🞏 Black 🞏 White  🞏 Other: | 🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander  🞏 Multi-Racial | 🞏 Yes  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | |

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| First | | | | Middle | | Last | | | | Birthday | Gender |
|  | | | | |  | | | | |  |
| Race | | Hispanic | | English Proficiency | | Other Language | Other Language Proficiency | | | |
| 🞏 Asian  🞏 Black 🞏 White  🞏 Other: | 🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander  🞏 Multi-Racial | 🞏 Yes  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | |

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| First | | | | | Middle | | | Last | | | | | Birthday | Gender |
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| Race | | | Hispanic | | English Proficiency | | | Other Language | | Other Language Proficiency | | | |
| 🞏 Asian  🞏 Black 🞏 White  🞏 Other: | 🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander  🞏 Multi-Racial | | 🞏 Yes  🞏 No | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No | | | 🞏 Little 🞏 Moderate  🞏 None  🞏 Proficient | | |
| Additional Family Information (Please answer all questions) | | | | | | | | | | | | | |
| Parental Status:  🞏 One  🞏 Two  Primary Language at Home:  🞏 English  🞏 Spanish  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your Family Homeless?  🞏 Yes  🞏 No  Active Duty Military?  🞏 Yes  🞏 No  Displaced by Natural Disaster  🞏 Yes  🞏 No | | Referred by a Child Welfare Agency?  🞏 Yes  🞏 No  Receiving SNAP?  🞏 Yes  🞏 No  Receiving WIC?  🞏 Yes, WIC ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No  Food Security?  🞏 Yes  🞏 No  # of Persons in Family: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Disabled Parent?  🞏 Yes  🞏 No  Teen Parent?  🞏 Yes  🞏 No  Death of Parent in Past 6 Months?  🞏 Yes  🞏 No  Parent Separation in Past 6 Months?  🞏 Yes  🞏 No | | | Incarcerated Parent?  🞏 Yes  🞏 No  Head Start Employee?  🞏 Yes  🞏 No  Child Has Documented Disability?  🞏 Yes  🞏 No  Child Has Suspected Disability?  🞏 Yes  🞏 No | | | | |

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| **Contact 1** | Name | | | | | | Relationship | | | | Emergency Contact | | | | | | | | | Release To | | | | |
|  | | | | | | | | | | | 🞏 Yes 🞏 No | | | | | | 🞏 Yes 🞏 No | | | | | | |
| Address | | |  | | | | ZIP | | | | City | | | | | | | | | | | State | |
|  | | | | | | |  | | | |  | | | | | | | | | | |  | |
| Phone Number 1 | |  | | | | | | Phone Number 2 | | | | | | | |  | | | | | | | |
|  | | 🞏 Cell 🞏 Home 🞏 Work | | | | | |  | | | | | | | | 🞏 Cell 🞏 Home 🞏 Work | | | | | | | |
| **Contact 2** | Name | | | | Relationship | | | | | | | Emergency Contact | | | | | | | Release To | | | | | |
|  | | | |  | | | | | | | 🞏 Yes 🞏 No | | | | | | 🞏 Yes 🞏 No | | | | | | |
| Address | | | | | | | ZIP | | | | City | | | | | | | | | | | State | |
|  | | | | | | |  | | | |  | | | | | | | | | | |  | |
| Phone Number 1 | |  | | | | | | Phone Number 2 | | | | | | | |  | | | | | | | |
|  | | 🞏 Cell 🞏 Home 🞏 Work | | | | | |  | | | | | | | | 🞏 Cell 🞏 Home 🞏 Work | | | | | | | |
| **Contact 3** | Name | | | | Relationship | | | | | | | Emergency Contact | | | | | | | Release To | | | | | |
|  | | | |  | | | | | | | 🞏 Yes 🞏 No | | | | | | 🞏 Yes 🞏 No | | | | | | |
| Address | | | | | | | ZIP | | | | City | | | | | | | | | | | State | |
|  | | | | | | |  | | | |  | | | | | | | | | | |  | |
| Phone Number 1 | |  | | | | | | Phone Number 2 | | | | | | | |  | | | | | | | |
|  | | 🞏 Cell 🞏 Home 🞏 Work | | | | | |  | | | | | | | | 🞏 Cell 🞏 Home 🞏 Work | | | | | | | |
| **Family Living Address** | | | | | | | | | | | | | | | | | | | | | | | | |
| Living Address | | | | | | ZIP | | | | City | | | | | State | | | | | | County | | | |
| **Family Mailing Address** | | | | | | | | | | | | | | | | | | | | | | | | |
| Same as living? | | Mailing Address | | | | | | | | | | | | ZIP | | | City | | | | | | | State |
| 🞏 Yes 🞏 No | |  | | | | | | | | | | |  | | |  | | | | | |  | | |
| Family Income | | | | | | | | | | | | | | | | | | | | | | | | |
| What was your family’s total YEARLY income for 2021? Please add income from all sources (salary, child support, unemployment, etc.) that your family received and enter the number below in U.S. Dollars. | | | | | | | | | | | | | | TANF Status | | | | | | | | SSI | | |
| **Yearly Income*: $*** ***# of Persons in Family:\_\_\_\_\_\_\_*** | | | | | | | | | | | | | | 🞏 Yes 🞏 No  🞏 Formerly on TANF/Not now | | | | | | | | 🞏 Yes  🞏 No | | |

**USDA Nondiscrimination Statement**

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This institution is an equal opportunity provider.

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| How did you hear about our program? | |
| 🞏 Word of Mouth | 🞏 Social Media 🞏 Community Referral 🞏 Website 🞏 Other |

**Verification: I certify that the information provided in this application, and the income indicated for enrollment eligibility, is accurate and truthful to the best of my knowledge. Providing false income/information could result in dismissal from the program and may be subjected to legal action. I also understand that the information given to the program will remain confidential and is accessible to me during normal business hours.**

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| Parent Signature | Date | Head Start Staff Signature | Date |
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