

Pre-Application 2023-2024



School Preference:								
Applicant (Child)								
First	Middle	Last		В	irthday	Gende	er SSN	
1 1100	Wildele	Luot			панасу	Condo	0011	
Race		Hispanic	English Profi	ciency	Other Langua	200	Other Language	Proficiency
☐ Asian ☐ American Indian/A	Jacka Nativo	☐ Yes	Little	Cicricy	☐ Yes, (pleas		☐ Little	Tronoicricy
☐ Black ☐ Hawaiian/Pacific Is		□ No	☐ Moderate		Li Tes, (pieas	e list)	☐ Moderate	
☐ White ☐ Multi-Racial	Sidildoi	□ 1 10	□ None		□ No		□ None	
Other:			☐ Proficient		— 110		☐ Proficient	
	Other Coverage	Insurance #		d Eligibility	Medicaid #		Doctor/Medica	al Home
	V		□ Not E □ On M □ Poter	ligible edicaid				
Dental Coverage	Dental Cov	erage #		•	Dentist/Den	tal Home		
20.110.1 00.10.10.90	20	o.a.go n			2011.002			
Primary Adult								
First		Middle		Last			Birthday	Gender
		3333410					,	
Race		Hispanic	English Profi	ciency	Other Lang		Other Language F	Proficiency
☐ Asian ☐ American Indian/A		□ Yes	Little		☐ Yes, (plea	ase list)	Little	
☐ Black ☐ Hawaiian/Pacific Is	slander	□ No	☐ Moderate				☐ Moderate	
☐ White ☐ Multi-Racial			□ None		□ No		☐ None	
Uighoot Crade Completed		Employment Ctatu	☐ Proficient	Child's Dalatia	nahin	Custody	Proficient	ot apply
Highest Grade Completed		Employment Statu	IS	Child's Relatio		Custody		
☐ No High School or GED☐ High School or GED		☐ Full Time ☐ Part Time		☐ Biological /A	Adopted	☐ Yes ☐ No	☐ Lives w	s Financial
☐ Associate Degree, Vocational S	chool or Somo	☐ Fart Time ☐ Seasonal		/Step ☐ Grandchild		□ NO	Support	S FIIIdilCidi
College	oriodi di Some	□Unemployed		☐ Other Relati	ivo		☐ Teen Pa	arent
☐ Bachelor or Advance Degree		☐ Retired		☐ Foster	VC		L reenr	arent
_ bacherer of / tarance begins		☐ Disabled		☐ Other				
Email Address:								
Individual Primary #			Opt In for Tex	t Messages	Yes			
marriada r milary #				•	No			
0 1 1 1								
Secondary Adult		Middle		Look			Dietholos	Candan
First		Middle		Last			Birthday	Gender
Race		Hispanic	English Profi	ciency	Other Lang	uage	Other Language F	Proficiency
☐ Asian ☐ American Indian/A	laska Native	□ Yes	Little	,	☐ Yes, (ple		□ Little	,
☐ Black ☐ Hawaiian/Pacific Is	slander	□ No	□ Moderate				☐ Moderate	
☐ White ☐ Multi-Racial			□ None		□ No		□ None	
☐ Other:			□ Proficient				□ Proficient	
Highest Grade Completed		Employment Statu	IS	Child's Relation		Custody		
□ No High School or GED		☐ Full Time		☐ Biological /A	Adopted	☐ Yes	☐ Lives w	
☐ High School or GED		☐ Part Time		/Step		□ No		s Financial
☐ Associate Degree, Vocational S	chool or Some	☐ Seasonal		☐ Grandchild			Support	
College		□Unemployed		☐ Other Relati	ve		☐ Teen Pa	arent
☐ Bachelor or Advance Degree		☐ Retired		☐ Foster				
Email Address:		☐ Disabled		☐ Other				
Individual Primary #			Opt In for Tex		Yes			
					No			



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Additional Children										
First			Middle		Last		Birthday	Gender		
Race				English Profi	ciency	Other Language	Other Language Pr	oficiency		
☐ Asian				☐ Yes ☐ Little		☐ Yes, (please list)	☐ Little			
☐ Black ☐ White				☐ Moderate☐ None			☐ Moderate ☐ None			
☐ Other: _	☐ Multi-Racial			☐ Proficient	□ No		☐ Proficient			
<u> </u>				<u> </u>			L i Tollololik			
First			Middle		Last		Birthday	Gender		
Race				English Profi	ciency	Other Language	Other Language Pr	oficiency		
☐ Asian	☐ American Indian/Alaska			☐ Little		☐ Yes, (please list)	☐ Little			
☐ Black	☐ Hawaiian/Pacific Islande	er	□ No □ Moderate				☐ Moderate			
☐ White	☐ Multi-Racial		□ None		□ No		☐ None			
☐ Other:		_		☐ Proficient			☐ Proficient			
First			Middle		Last		Birthday	Gender		
Race			Hispanic	English Profi	ciency	Other Language	Other Language Pr	oficiency		
☐ Asian	☐ American Indian/Alaska	Native		Little		☐ Yes, (please list)	☐ Little	,		
☐ Black	☐ Hawaiian/Pacific Islande	er	□ No	☐ Moderate			☐ Moderate			
☐ White	☐ Multi-Racial		□ None		□ No		□ None			
☐ Other: _				☐ Proficient			☐ Proficient			
First			Middle	X	l o	ot .	Birthday	Gender		
FIISL			ivildule		La	51	Diffilialy	Gender		
Davis			Himmin	Faallah Daa	C: _:	Otherstand	Oth I	D6-:		
Race Asian	☐ American Indian/Alaska	Mativo	Hispanic ☐ Yes	English Pro	nciency	Other Language ☐ Yes, (please list)	Other Language	Proficiency		
☐ Asian ☐ Black	☐ Hawaiian/Pacific Islande		☐ No	☐ Moderate		☐ fes, (please list)	☐ Moderate			
☐ White ☐ Multi-Racial		oi.	□ None		□ No		☐ None			
☐ Other: _			☐ Proficient				☐ Proficient			
	Family Information (Please									
Parental Sta	atus:		nild Welfare Agency	?	Disabled Pa	arent?	Incarcerated Parent?			
☐ One ☐ Two		☐ Yes ☐ No			☐ Yes ☐ No		☐ Yes ☐ No			
□ 1W0		LI NO			□ NO		LI NO			
Primary Lan	guage at Home:	Receiving SNAP	?		Teen Parer	nt?	Head Start Employee?			
□ English		☐ Yes			☐ Yes		☐ Yes			
☐ Spanish		□ No			□ No		□ No			
☐ Other:_		Receiving WIC?			Death of Pa	arent in Past 6 Months?	Child Has Documented	Disability?		
Is your Fam	ily Homeless?	☐ Yes, WIC ID			☐ Yes	arone in r doe o mondio.	☐ Yes	Diodomity.		
☐ Yes	,	□ No			□ No		□ No			
□ No		- 10								
A adding Door	Militanio	Food Security?				aration in Past 6 Months?	Child Has Suspected D	isability?		
Active Duty	Military?	☐ Yes			☐ Yes		☐ Yes			
☐ Yes ☐ No ☐ No		⊔ INU			□ No		□ No			
	N. (IB)									
Displaced by Natural Disaster ☐ Yes										



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	Name	Relationship	Emergenc	y Contact	Releas	se To		
t 1	Address	ZIP	City	L 140	П 162	State		
Contact	Audress	ZIF	اد			State		
Cor	Phone Number	1 Phone Number 2						
	T HOHO HUHBOI	□ Cell □ Home □ Work			□ Cell □ Hor	ne 🗆 Work		
	Name	Relationship	Emergency		Releas			
7			☐ Yes	□ No	☐ Yes	□ No		
act	Address	ZIP (City			State		
Contact								
0	Phone Number							
	Ni	□ Cell □ Home □ Work	_	0 1 1	□ Cell □ Hor			
	Name	Relationship	Emergency Yes	/ Contact □ No	Releas	e io □ No		
t 3	A 1.1	710						
Contact	Address	ZIP (City			State		
Co	Dhana Numbar	1 Phone Number 2						
	Phone Number	1 Phone Number 2 □ Cell □ Home □ Work			□ Cell □ Hor	ne 🗆 Work		
	amily Living Add							
_	ving Address	ZIP City		State		County		
	amily Mailing Ad ame as living?	Mailing Address	ZIP	City		State		
	<u> </u>	maning / data-oo		<u> </u>		Otato		
	Yes □ No							
	amily Income	1 1 1 1 VEA DIV()	1					
		ly's total YEARLY income for 2021? Please add income from all sources (salary, ployment, etc.) that your family received and enter the number below in U.S. Dollars.	TANF S	Status		SSI		
Ye	early Income: \$	# of Persons in Family:	☐ Yes ☐ No ☐ Formerly on TANF/Not now		/Not now	☐ Yes		
		USDA Nondiscrimination Statement				□ No		
		eral civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policie ons participating in or administering USDA programs are prohibited from discriminating based or				.,		
age,	or reprisal or retalia	ation for prior civil rights activity in any program or activity conducted or funded by USDA.						
Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.),								
should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program								
complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)								
632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400								
Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.								
Ц	ow did you boar a	bout 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.								
Pa	arent Signature	Date Head Start Staff S	Signature	Date				