



Saunders County Head Start  
 2056 North Hackberry  
 Wahoo, NE 68066  
 (402) 443-4250

## Enrollment Application

### Child Information

Child's Legal Name: <b>Last</b>		First	Middle Name:	Preferred Name:	Sex: <b>M</b> <b>F</b>
Date of Birth:	Language:	<b>Race:</b> White Asian Black American Indian Alaska Native Multi-racial Unspecified	<b>Ethnicity:</b> Hispanic/Latino Non-Hispanic/Non-Latino	<b>Insurance:</b> Medicaid/Kids Connect Private None Other _____	

### Family Information

Parent(s)/Guardian(s):		Primary Adult Social Security #: - -		<b>Parental Status:</b> One Two Foster Non-		
		Number in Family:	Number in Household:	Number of Children by Age: <b>0-3:</b> <b>4-5:</b>		
Address:		City:	State:	Zip:	County:	
Phone: [ ] Home			Phone: [ ] Cell Do you use this phone to text?			
Phone: [ ] Work			Phone: [ ] Other			
Income (list by family member)	Twice a month x 24 = Annual Income Monthly x 12 = Annual Income	Weekly x 52 = Annual Income Every 2 weeks x 26 = Annual Income		Income Source		
Family Member	Amount	Per	X	Annual Income	From Whom	
A01.	\$			\$		
A02.	\$			\$		
A03.	\$			\$		
Total yearly income of family				\$		
Optional: Child has disability or special need.		No	Suspected Yes (If Yes, give diagnosis, date and source)			
Was child referred to program?		No	Yes (If Yes, by whom?)		Why?	
Optional: Any specific family need or crisis?		No	Yes (If Yes, describe)			
<i>Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.</i>						
Parent/Guardian signature:				Date:		

### Family Member Information

#### Adults

Parent(s) First and Last Name	Date of Birth	Sex	Last Grade Completed	(D2) Employment Status	(D3) Notes e.g., Occupation, etc.
A01		M F			
A02					
A03					

**D1 – Education Level Codes**

G9 = through 9<sup>th</sup> Grade  
 G10 = through 10<sup>th</sup> Grade  
 G11 = through 11<sup>th</sup> Grade  
 G12 = through 12<sup>th</sup> Grade

**D2 – Employment Status Codes**

F = Full Time  
 Unemployed  
 P = Part Time  
 S = Seasonal

**D3 – Notes**

For example, training programs, going to school, etc.

#### Children

First and Last Name of Children in home	Date of Birth	Sex	(D1) Related To	(D2) How Related	(D1) – Related to Codes B12 = Both Adults A02 = Second Adult
C01 ----- (program applicant) -----					
C02		M F			
C03		M F			
C04		M F			
C05		M F			

**(D2) – How Related**

C = Natural Child F = Foster O =  
 G = Grand Child N = Niece/Nephew



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**Transportation Information**

Transportation services may be available along the existing bus routes, based on distance, family situations and availability of seating.

Transportation Code:	Bus	Walking	Parent	Other:
Pick-up Location:				
Drop-off Location:				
Directions to Home:				

**Release Child To/Emergency Contacts**

Name	Relationship	Address	Phone
		City	State      Zip
Name	Relationship	Address	Phone
		City	State      Zip
Name	Relationship	Address	Phone
		City	State      Zip
Name	Relationship	Address	Phone
		City	State      Zip
Name	Relationship	Address	Phone
		City	State      Zip
Name	Relationship	Address	Phone
		City	State      Zip

**PHYSICIAN:**

Name	Address	Phone
	City	State      Zip

**DENTIST:**

Name	Address	Phone
	City	State      Zip

**Head Start Staff will complete portion below**

School Year:	Participation Year:	Application Status:	Application Date:	Center Name:
Enrollment Comments:				
<b>Eligibility Information</b>				
Child Eligible Next Year:	Yes    No	Brother/Sister Eligible Next Year?	Yes    No	AFDC:    Yes    No      Income Status:    Eligible    Over
Family Income:	Disability Status:    Z(ero disability)    X(Suspected)    If Diag/Code:			
Eligibility Comments:				
Income Verified?	Yes    No	By: [ ] W-2    [ ] Check Stub    [ ] Tax Return    [ ] Letter    [ ] Other:		
Birth Verified?	Yes    No	By: [ ] Certified Birth Certificate    [ ] Hospital Birth Certificate    [ ] Health Department Certificate    [ ] Other:		
Verifying Staff Member:				Date: