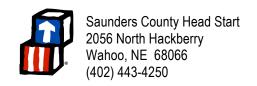


Enrollment Application

		Cł	nild Info	rmation									
Child's Legal Name: Last	First				Midd	lle Name	e:	Preferred Name: Sex: M F					
Date of Birth:	Language:	Race: White As Alaska Native M		ndian	Ethnicity: Hispanic/Latin								
		Fai	mily Info	rmation	•								
Parent(s)/Guardian(s):			•	Primary /	Adult Sod	cial Secu	urity #:		arenta tatus:		ie ster	Two Non-	-
				Number	n Family	: N	umber ir	n Househ	old:	Number 0-3:	of Chil	dren by 4-5:	Age:
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 Annual Ir Monthly x 12 = A	ncome		•	ly x 52 = Annual Income ss x 26 = Annual Income				Income Source				
Family Member		Amount	Pe	r X	Annual Income From Wh			m Whom					
A01.		\$			\$								
A02.		\$			\$								
A03.		\$			\$								
		Total yea	rly income	of family	\$								
Optional: Child has disability or special nee	ed. No	Suspected	Yes (I	f Yes, give	diagnos	is, date a	and soul	rce)					
Was child referred to program? No Yes (If Yes, by whom?) Why?													
Optional: Any specific family need or crisis	? No	Yes (If Yes	s, describe)									
Certification: I certify that this information is tr understand that the information in this applica												action.	l also
Parent/Guardian signature:							Da	ıte:					
		Family	Member	Informa	tion								
Adults		T		_	-		1						
			Last Gr	ade	(D2) Employment			(D3) Notes					
Parent(s) First and Last Name	Date of Birth	Sex	Comple	eted	Stati		e.g., Occupation, etc.						
A01			M F										
A02													
A03													
G9 = through 9th Grade G10 = through 10th Grade G11 = through 11th Grade G11 = through 11th Grade G12 = through 12th Grade	D F = Full Tin Unemploye P = Part Ti S = Seaso	ed me	nt Status C	U =			D3 – Notes For example, training programs, going to school, etc.						
Children			1	_	ı								
First and Last Name of Children in home		Date of Birth		Sex	Rel	o1) ated o	(D2) How Related		= Both	1) – Relat h Adults		Codes ? = Seco	ond
U	ogram applica	III.) I						_					
C02				M F					((D2) – Ho	w Rela	ıted	
C03				M F							F = Fo		0 =
C04				M F					andا	l Child	1 N = 1 N 10	ece/Nep	niew
				_									



Enrollment Application – Page 2

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	Ad	ddress		Phone					
		Ci	ty		State	Zip				
Name	Relationship	Ad	ldress		Phone					
		Ci	ty		State	Zip				
Name	Relationship	Ad	ddress		Phone	1				
		Ci	ty		State	Zip				
Name	Relationship	Ad	ddress		Phone	1				
		Ci	ty		State	Zip				
Name	Relationship	Ad	ddress		Phone	1				
		Ci	ty		State	Zip				
Name	Relationship	Ad	ldress		Phone					
		Ci	ty		State	Zip				
Name	Relationship	Ad	ldress		Phone					
		Ci	ty		State	Zip				
PHYSICIAN:		•			•	•				
Name		Ad	ddress		Phone					
		Ci	ty		State	Zip				
DENTIST:										
Name		Ad	ddress		Phone					
		Ci	ty		State	Zip				

Head Start Staff will complete portion below											
School Year:	Part	ticipation Yea	ar: Application Status:			Application	Date:		Center Name:		
Enrollment Comments:				-					•		
Eligibility Information											
Child Eligible Next Year	: Yes	No	Brother/Si	ster Eligible Next Year? Yes	S	AFDC:	Yes	No	Income Status:	Eligible	Over
Family Income:			Disability	Status: Z (ero disability)	X (Susp	ected) I	f Diag/Co	ode:			
Eligibility Comments:											
Income Verified?	Yes	No	Ву: [W-2 [] Check Stub	[] Tax Ret	urn	[] Letter	[] Other:		
Birth Verified?	Yes	No	Ву: [Certified Birth Certificate [] Hos	pital Birth (Certificat	e[] Healtl	n Department Ce	ertificate [] Other:
Verifying Staff Member:						Date:					
-						•					