## 2021-2022 Head Start/Early Head Start Enrollment Application

Child Information								
First	Middle		Last		Birt	hday	Gender	
Race		Hispanic	English Prof	iciency	Other Langua	ge Other Lar	ng Proficiency	
Asian Ameri Indian/Alaska	Native D Other:	□ Yes	□ None	☐ Moderate		□ None	Moderate	
Black Hawaiian/Pacific Isla	ander	□ No	□ Little	Proficient		□ Little	Proficient	
UWhite UMulti-Racial								
Primary Health Coverage	Other Health Coverage	Insura	nce #	Medicaid		Me	edicaid #	
				Not Eligible				
				On Medicai				
				Potentially E	Eligible			

Family Member Information - Adult 1										
First		Middle		Last			Birthday		Gender	
Race			Hispanic	English Pro	oficiency	Other Lang	guage	Other Lar	g Proficier	юу
🗆 Asian 🛛 Ameri In	dian/Alaska Native	□ Other:	□ Yes	□ None	Moderate		□ None		□ Mo	derate
Black     Hawaiia	n/Pacific Islander		□ No	□ Little	Proficient		□ Little		🗆 Pro	ficient
□ White □ Multi-Ra	cial									
Highest Grade Comp	leted	Emplo	yment Status		Child's Relations	ship	Custoc	ly Cheo	ck all that a	pply:
Associate's	□ < Grade 9	Full Time	Full Time & Training		Natural/Adopted/ Step				ves with Fa	
□ Bachelor's	Grade 10	□ Part Time	Part Time & Training				□ No		ovides Fin	ancial
□ Master's □ Col Deg/Train	□ Grade 11 □ Grade 12	□ Seasonal □ Unemployed	Training or School Retired or Disabled		Niece/Nephew     Foster			Supp	en Parent	
Col or Adv Train	□ HS Graduate			Disableu	□ Other				en raient	
					_ 00					
Living Address		Zip	City	ç	State	E-mail A	ddress:			
				I	L (	Currently in S	School?:	□ Yes	□ No	
Mailing Address (If di	fferent)	Zip	City	y State		Occupation:				
					Total	# of months	employe	d in the pa	st year:	
Phone Numbers										
Home:	ome: Cell/Message:			Note (for example, an extension or best time to call):						
Home:	Cel	l/Message:		Note	(for example, an exte	ension or best tir	me to call):			

Family Member Information - Adult 2*									
First		Middle		Last			Birthday		Gender
Race			Hispanic	English Pro	oficiency	Other Lan	iguage	Other L	ang Proficiency
	idian/Alaska Native n/Pacific Islander icial	□ Other:	□ Yes □ No	□ None □ Little	<ul> <li>☐ Moderate</li> <li>☐ Proficient</li> </ul>			□ Non □ Little	
Highest Grade Comp	oleted	Emplo	yment Status		Child's Relation	ship	Custo	dy C	heck all that apply:
<ul> <li>□ Associate's</li> <li>□ Bachelor's</li> <li>□ Master's</li> <li>□ Col Deg/Train</li> <li>□ Col or Adv Train</li> </ul>	<ul> <li>Grade 9</li> <li>Grade 10</li> <li>Grade 11</li> <li>Grade 12</li> <li>HS Graduate</li> <li>GED</li> </ul>	□ Full Time □ Part Time □ Seasonal □ Unemployed	□ Full Time □ Part Time □ Training o □ Retired o	e & Training or School	□ Natural/Adopted/ Step □ Grandchild □ Niece/Nephew □ Foster □ Other		□ Yes □ No	⊑ S	I Lives with Family I Provides Financial upport I Teen Parent
Living Address		Zip	City	Ş	State	E-mail	Address:		
				I	L (	Currently in	School?:	□ Ye	s □No
Mailing Address (If di	ifferent)	Zip	City	5	State	Oc	cupation:		
	Total # of months employed in the past year:							past year:	
Phone Numbers									
Home:	Cell/Message: Note (For example, an extension or best time to call):								
Home:	Cel	l/Message:		Note	(For example, an ext	ension or best	time to call	):	

\* If more space is needed to add additional children, please complete the "Additional Family Members" form.

## 2021-2022 Head Start/Early Head Start Enrollment Application

Additi	Additional Child Information (Non-Applicant) *									
First			Middle		Last			Birthday	/	Gender
Race				Hispanic	English Pr		Other Lar	nguage		g Proficiency
□ Asian		n/Alaska Native	□ Other:	□ Yes	□ None	Moderate			□ None	Moderate
Black		acific Islander		🗆 No	□ Little	Proficient			□ Little	Proficient
□ White	Multi-Racia	•								
Additi	Additional Child Information (Non-Applicant) *									
First			Middle		Last			Birthday	/	Gender
Race				Hispanic	English Pr	oficiency	Other Lar	nguage	Other Lang	g Proficiency
🗆 Asian	Ameri India	n/Alaska Native	Other:	□ Yes	None	Moderate			□ None	Moderate
Black		acific Islander		🗆 No	□ Little	Proficient			□ Little	Proficient
□ White	Multi-Racia	1								
Parer	ntal Status	Primary La	nauaae	Active Duty	Re	ferred by Child	Rec	eiving	WIC	WIC ID
(ch	eck one)	at Hor	• •	Military		elfare Agency		ΪΑΡ		(if applicable)
	] One			Yes		□ Yes		Yes	□ Yes	
	] Two			🗆 No		□ No		No	□ No	

Em	ergency Contact	<i>s</i>				
	Name			Relationship	Emergency Contact	Release To
-					☐ Yes	🛛 Yes 🛛 No
Contact	Address			Zip	City	State
U	Phone #1		Phone # 2		Phone # 3	
		□Cell □Home □Work		□Cell □Home □Work		□Cell □Home □Work
	Name			Relationship	Emergency Contact	Release To
2					□ Yes □ No	🛛 Yes 🛛 No
act	Address			Zip	City	State
Contact						
ŭ	Phone #1		Phone # 2		Phone # 3	
		□Cell □Home □Work		□Cell □Home □Work		□Cell □Home □Work
	Name			Relationship	Emergency Contact	Release To
t G					□ Yes □ No	🛛 Yes 🛛 No
tac	Address			Zip	City	State
Contact						
	Phone #1		Phone # 2		Phone # 3	
		□Cell □Home □Work		□Cell □Home □Work		□Cell □Home □Work

Doctor/Dentist of Applicant								
Physician's Name	Address	Phone ( )						
	City	State Zip						
Dentist's Name	Address	Phone ( )						
	City	State Zip						

 For Expectant Families use only

 Is this applicant an Expectant Family?
 Yes
 No
 If yes, complete and attach the Pregnancy Data form for Expectant Families.