

Application for (Child's Name): _____

Parent/Guardian Name: _____

PARENT/GUARDIAN(S) INFORMATION

Parental Status: (Child lives with) Two Parents One Parent Foster Parent Legal Guardian

Marital Status: Married Single Separated Divorced Widowed

#1 Parent/Guardian: (Primary Adult) _____ Relationship to child: _____
First / Middle I / Last

Date of Birth: _____ / _____ / _____ Gender: M F SS#: _____ - _____ - _____
Month Day Year

Race (Mark all that apply)

- ____ American Indian or Alaska Native
- ____ Asian
- ____ Black or African American
- ____ Native Hawaiian or other Pacific Islander
- ____ White
- ____ Other

Ethnicity (Mark only one)

- ____ Hispanic or Latino
- ____ Non - Hispanic

Primary Language: _____

Education Level: Highest grade completed: _____ (Example): 6th, 9th, 12th, GED, AA Degree, Technical/Trade, etc.)

Currently attending school? Yes: Full-time Part-time No

Current Employment Status: Full-time (over 35 hours weekly) Part-Time Unemployed Disabled
How Long? _____

(Complete only if living in the home)

#2 Parent/Guardian: (Secondary Adult) _____ Relationship to child: _____
First / Middle I / Last

Date of Birth: _____ / _____ / _____ Gender: M F SS#: _____ - _____ - _____
Month Day Year

Race (Mark all that apply)

- ____ American Indian or Alaska Native
- ____ Asian
- ____ Black or African American
- ____ Native Hawaiian or other Pacific Islander
- ____ White
- ____ Other

Ethnicity (Mark only one)

- ____ Hispanic or Latino
- ____ Non - Hispanic

Primary Language: _____

Education Level: Highest grade completed: _____ (Example): 6th, 9th, 12th, GED, AA Degree, Technical/Trade, etc.)

Currently attending school? Yes: Full-time Part-time No

Current Employment Status: Full-time (over 35 hours weekly) Part-Time Unemployed Disabled
How Long? _____

Family Housing: Current living status

____ House/Mobile Home: Own Rent Section 8 _____ Apartment: Rent Section 8/Public Housing
____ Homeless (check appropriate box below) _____ Lives with relative(s)/friend(s)

- Sharing the housing of others due to loss of housing or economic hardship
- Staying in a motel or hotel due to loss of housing or economic hardship
- Staying in a shelter
- Sleeping in a car, campground, park, or public space
- Substandard housing – without electricity, running water, health code violations, etc.

Application for (Child's Name): _____

Parent/Guardian Name: _____

FAMILY INFORMATION

LIST ALL OTHER CHILDREN AND/OR PEOPLE IN THE HOUSEHOLD – ALL INFORMATION MUST BE COMPLETED

Legal Name (First and Last Name)	Social Security #	Sex M/F	Date of Birth	Relationship to Adult(s)	Race Circle all that apply	Ethnic Circle One
	- -		/ /		White Black Asian Other Hawaiian American Indian	Hispanic Non Hispanic
	- -		/ /		White Black Asian Other Hawaiian American Indian	Hispanic Non Hispanic
	- -		/ /		White Black Asian Other Hawaiian American Indian	Hispanic Non Hispanic
	- -		/ /		White Black Asian Other Hawaiian American Indian	Hispanic Non Hispanic
	- -		/ /		White Black Asian Other Hawaiian American Indian	Hispanic Non Hispanic

Total Number in Household	Number in Family (Include yourself and all family members supported by parent's income)	Number of Children	Number Age Birth to 3	Number Age 4 to 5
□	□	□	□	□

EARNED INCOME

Name of Family Member (If living in home)	Gross Income (before taxes)	How often income received? (weekly, bi-weekly, monthly, yearly, etc)

OTHER INCOME: ALL INCOME MUST BE REPORTED

Social Security	Military Allotments	Child Support Date Began _____	Unemployment Date Began _____	Foster Care	Other
\$	\$	\$	\$	\$	\$

- Do you receive Temporary Cash Assistance (TANF)? Yes No \$ _____ / Monthly
- Do any family members receive Supplemental Security Income (SSI)? Yes No \$ _____ / Monthly
- Do you receive WIC for the other child(ren)? Yes No
- Do you receive Food Stamps? Yes No
- Do you have transportation to get your child to and from Head Start? Yes No

List Emergency Contacts (Name & Number) other than Parent/Guardian(s):

1. _____ (_____) _____ Relationship to child: _____
2. _____ (_____) _____ Relationship to child: _____

- I certify that all income is reported and information provided on this application is accurate and truthful to the best of my knowledge. Falsifying information may result in termination from the Head Start program application process.
- I understand that required documents must be attached to the application to be processed and that my child(ren) cannot be considered for Head Start Services without all required documents and information.
- I understand that this information can be shared with other Preschool Programs within the Polk County School District so that my child(ren) might be offered services by other Preschool Programs.
- I understand that all Social Security numbers will be used only for identification purposes and will be held confidential.

Signature of Parent/Guardian

Date