

WASHTENAW COUNTY HEAD START

APPLICATION

Program Year _____

Head Start Center: _____

Dear Parent/Guardian:

We are currently enrolling children ages 3-5 in our Preschool Program. To comply with Federal guidelines, documentation is needed to fully screen each applicant. **Fill out completely.** Information is kept confidential. For more information call (734) 484-7119

CHILD: Name _____ DOB _____ SEX: M _____ F _____
Last First Middle Initial Month/Day/Year

Address: _____
Number Street City State Zip

Phone: () _____ e-mail address _____

RACE: American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Hispanic or Latino _____
Native Hawaiian or Other Pacific Islander _____ White _____ Bi-racial or Multi-Racial _____ Unspecified _____

Is a language other than English spoken in the home? Yes _____ No _____ If so, what language _____

Is applicant in foster care? Yes _____ No _____ Does applicant have a documented disability? Yes _____ No _____

Has the applicant received any IEP, Special Ed. Or EarlyOn Services: Yes _____ No _____ If yes, a. What year: _____

b. What school district _____ c. What kind of services _____

Parent's/Legal Guardian's Signature for release of File: _____

Does your family have an existing agreement or partnership plan with another agency? Yes _____ No _____ If yes, with whom _____

How did you hear about Head Start? _____

MOTHER FATHER
Mother's or Guardian's Name Age Phone(home) (work) Total Yearly Income Are you currently employed? Full Time Part Time Once in a While Type of work and employer: Are you currently homeless or living in a shelter? Yes No Do you currently receive any type of Public Assistance? Yes No What Type? Does your child(ren) have a Medicaid card? Yes No Card # Other Insurance Do you currently have health insurance? Yes No Do you currently have dental insurance? Yes No What is the highest grade completed in school? Please circle your family size: 1 2 3 4 5 6 7 8 Number of children List all other children in the family: Name Date of Birth

Does your family have any immediate needs (i.e., food, utilities, health, etc.)? Yes _____ No _____

Parent/Guardian's Signature

Date

Washtenaw County Head Start will not discriminate against any individual or group because of race, gender, religion, age, national origin, color, marital status, sexual orientation, political beliefs or disability. (Rev. 2/25/2008 HDSTApplication) PLEASE COMPLETE QUESTIONS ON REVERSE SIDE