



2010-2011 RCS Head Start Preschool Application

Please complete all information on this application so that we can accurately determine your child's eligibility.



Child's Legal Name: _____

Child's Date of Birth: / / Child's Social Security Number: - -

Child's Race: Black/African American White Asian American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander Bi-Racial or Multi-Racial Prefer not to say

Child's Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Other _____ Prefer not to say

Child's Language: English Spanish Other: _____ Child's Sex: Female Male

Does your child have any special needs or disabilities we could assist you with in our Head Start program?

No Prefer not to answer Yes (please specify) _____

Does your child have any chronic health problems? No Yes (please specify) _____

If yes, does your child currently require medication? No Yes (please specify) _____

Was child referred to our Head Start program?

No Prefer not to answer Yes If yes, by whom? _____

Has your child previously been enrolled in another Head Start or Early Head Start program?

No Prefer not to answer Yes If yes, which program? _____

Name of Parent(s) or Legal Guardian(s): _____
First Middle Last

Relationship to Child (Check One): Parent (s) Grandparent(s) Foster parent(s) Other: _____
First Middle Last

Home Phone Number: () _____ - _____ Alternate Phone Number: () _____ - _____

Address of Household: _____
Street City County State Zip

Family Composition: One Parent/Guardian Two parents/guardians, married Two parents/guardians, not married

Is parent/guardian less than 20 years old? Yes No Prefer not to answer

Mother/Guardian Education & Employment

less than 6th grade 6th - 11th grade High School Diploma/GED Some college College Degree Currently in School? Yes No
Currently Employed? No Yes

If yes Employed Full Time (40+ hours/week) Employed Part Time (Less than 40 hours/week) Employed, but hours vary

Father/Guardian Education & Employment

less than 6th grade 6th - 11th grade High School Diploma/GED Some college College Degree Currently in School? Yes No
Currently Employed? No Yes

If yes Employed Full Time (40+ hours/week) Employed Part Time (Less than 40 hours/week) Employed, but hours vary

Does your family currently have a stable living arrangement?

Yes Prefer not to answer No (please explain) _____

Does your family have any other needs or crises we could assist you with in our Head Start program?

No Prefer not to answer Yes (please explain) _____

Income of Adults in Household (Needed because of federal eligibility requirements; this information is confidential)

Name of Adult:	Annual Income:	Name of Adult:	Annual Income:
	\$		\$
	\$		\$

Total Number of People in Household Related to & Supported by Income of Parent(s)/Guardian(s): _____

Total Number of Children in Household Related to & Supported by Income of Parent(s)/Guardian(s): _____

Do you receive any of the following? (This information helps us to best determine income eligibility)

SSI Daycare Voucher Pell Grant Other Public Assistance (please specify) _____

I certify that the above information is correct and accurate to the best of my knowledge.

Parent/ Legal Guardian Signature: _____ Date: _____

Please attach copies of the following to your application (application is incomplete without these attachments):

- Verification of Income (W-2, completed income tax forms, 3 consecutive pay stubs, public assistance, Social Security benefits, SSI, child support, and/or signed statements from employer)
- Child's Birth Certificate
- Child's Insurance or Medicaid Card
- Child's Immunization Record
- Child's Social Security Card

