



# 2019-2020 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  50/50 Joint custody

Mother/Guardian Education & Employment

less than 6<sup>th</sup> grade  6<sup>th</sup> - 11<sup>th</sup> 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 6<sup>th</sup> grade  6<sup>th</sup> - 11<sup>th</sup> 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 including children 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