

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name Last Name

Which program are you applying for? *(Please complete an application for each child you would like to enroll)*

Head Start Preschool for ages 3-5       Early Head Start Home-based for ages 0-3

Parent/Legal Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name Last Name

Email \_\_\_\_\_ Relationship to child \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name Last Name

Email \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
Street address Apt # City Zip

Cell Phone \_\_\_\_\_ OK to text? Yes No Phone #2 \_\_\_\_\_

Name and phone of someone we can call if we can't reach you:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

Family's first language: \_\_\_\_\_ Do you need an interpreter?  
 Family's second language: \_\_\_\_\_  No  Yes

Total monthly income (before taxes) \$ \_\_\_\_\_ Number of people in your family: \_\_\_\_\_  
(supported by monthly income)

Income sources:  Wages/salary  TANF-Foster  Supplemental Security Income (SSI)  
 Unemployment  Child support  Other \_\_\_\_\_

Is your family currently experiencing homelessness?  No  Yes  
(includes temporarily living in a shelter, motel, hotel, or w/family or friends)

Does this child have an IEP/IFSP?  No  Yes Is this child a foster child?  No  Yes  
(special services/special education)

We would like to know any concerns you have about your child or family. Some examples are: speech delay, health or behavior problems, physical or learning disabilities. Please describe any special situations you would like us to know about. Under some circumstances over-income families will be considered.

**VERIFICATION:** I verify that all family and income information I have put on this application is true and complete. I understand that false information on this form could change the status of my child's enrollment. I give permission for this information and documentation to be shared with the local Head Start program for the purpose of enrolling my child.

**\*\*I have included:** [ ] Proof of my child's date of birth; [ ] Proof of my family's income for the last 12 months

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**If you have any questions, call (425) 712-9000**

## Family Profile 2017-2018

This section gives us information about your family situation and helps determine your child's place on the waiting list. This information is confidential and used for program services only.

**Circle Yes or No to answer each question.**

- Yes No Does your child play with other children on a regular basis?
- Yes No Has your child been exposed to or been the victim of violence (child abuse or neglect - emotional, sexual, physical)?
- Yes No Are you worried about your child's development?
- Yes No Are you worried about your child's health?
- Yes No Does your child have challenging behaviors?
- Yes No Is your family a single-parent household?
- Yes No Does at least one parent living in the house have a GED or high school diploma?
- Yes No Did one or both parents lose their job and are still unemployed?
- Yes No Do you have support from friends or family?
- Yes No Do you (parent) have a serious health issue?
- Yes No Did your family move more than once in the last 12 months?
- Yes No Is your child a racial or ethnic minority?
- Yes No Do you have an open CPS case?
- Yes No Do you have a court order/parenting plan that requires you to enroll your child?

**Please rank your agreement with each statement.**

1	2	3	4	5	1-Always	2-Usually	3- Sometimes	4-Rarely	5-Never
					My family pulls together when there are problems.				
					I have others that I can talk to when I have a problem or need help.				
					I know where to go for help in the community.				
					I feel unsure about what to do as a parent.				
					I am able to calm my child when he/she is upset.				
					I am happy being with my child.				

All information I have put on this form is true and complete.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_