

**Head Start Application-Enrollment Form**

**Child**

**Name:** \_\_\_\_\_  
First Name MI Last Name(s)

Preferred/nickname: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Verified by: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

**Address:** \_\_\_\_\_ IL \_\_\_\_\_  
Street City State Zip Code

Is this address a (mark all that apply): \_\_\_ Living \_\_\_ Mailing \_\_\_ Other  
(specify) \_\_\_\_\_

**Telephone:** \_\_\_\_\_ Message or Work  
Phone \_\_\_\_\_

**Child's Race/Ethnicity (circle one):** White Black/African American American Indian/Alaska Native  
Hawaiian or other Pacific Islander Asian Hispanic or Latino

**Primary Language Spoken:** \_\_\_ English \_\_\_ Spanish \_\_\_ Other

English Speaking Ability: \_\_\_ Very Well \_\_\_ Well \_\_\_ Not Well \_\_\_ Not at all

**Child Insurance Provider:** \_\_\_\_\_ Medicaid--ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_ Private Insurance----Provider: \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_ Has no health insurance

(Refer to Kid Care: YES NO Date \_\_\_/\_\_\_/\_\_\_ Reason \_\_\_\_\_ )

**Primary Caregiver:**

**Parent/Guardian**

**Name:** \_\_\_\_\_  
First Name MI Last Name(s)

**Parent's Race/Ethnicity (circle one)-** White Black/African American American Indian/Alaska Native  
Hawaiian or other Pacific Islander Asian Hispanic or Latino

**Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

**Primary Caregiver Relationship to child (circle one):** Mother Father Legal Guardian/Unrelated  
Grandparent Foster Legal Guardian/Related Other (specify) \_\_\_\_\_

**Parent/guardian's highest level of education completed:** (circle one) GED 12th grade some college  
College graduate 11<sup>th</sup> grade 10<sup>th</sup> grade 9<sup>th</sup> grade 6<sup>th</sup>-8<sup>th</sup> grade less than 6th grade

**Parent/guardian employed or in school:** \_\_\_ Employed AND in school/training \_\_\_ In School/Training  
\_\_\_ Employed \_\_\_ Not employed or in school

If employed, place of work: \_\_\_\_\_ Usual days/hours worked: \_\_\_\_\_

Is ANY Day Care used for child? Yes No

If yes, is Day Care subsidized? Yes No

If day care is used for child, please complete information about provider(s), mark all that apply:

- \_\_\_\_\_ Older sibling under age 12 \_\_\_\_\_ Child Care Center
- \_\_\_\_\_ Older sibling age 12 or over \_\_\_\_\_ Still need to locate
- \_\_\_\_\_ Relative \_\_\_\_\_ Adult nonrelative not in child's home childcare:
- \_\_\_\_\_ Adult non-relative but in child's home
- \_\_\_\_\_ Other \_\_\_\_\_

**Secondary Caregiver** (complete only if there is a second adult in the home who contributes to the care and support of the child):

**Parent/Guardian**

**Name:** \_\_\_\_\_  
First Name MI Last Name(s)

**Parent's Race/Ethnicity (circle one):** White Black/African American American Indian/ Alaska native  
Native Hawaiian or other Pacific Islander Asian Hispanic or Latino

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Relationship of secondary caregiver to child:** \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Foster  
\_\_\_\_\_ Legal Guardian/Related \_\_\_\_\_ Legal Guardian/Unrelated \_\_\_\_\_ Grandparent  
\_\_\_\_\_ Other (specify): \_\_\_\_\_ \_\_\_\_\_ Lives in household with parent/partner/no legal relationship to child

**Is secondary caregiver employed or in school:** \_\_\_\_\_ Employed AND in school  
\_\_\_\_\_ Employed \_\_\_\_\_ In School/Training \_\_\_\_\_ Not employed or in school  
If employed, place of work: \_\_\_\_\_

**Name & Address of a relative/friend (not living in household):**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Number of Adults living in Household:** \_\_\_\_\_ **Number of children living in household:** \_\_\_\_\_

**List names and birth dates of children in household:**

Name:	Birthdate:	Name:	Birthdate:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Family type:** \_\_\_\_\_ Foster Family \_\_\_\_\_ Other Relative \_\_\_\_\_ Two Parent Family  
\_\_\_\_\_ Single Parent (Mother) \_\_\_\_\_ Single Parent (Father)  
\_\_\_\_\_ Other: \_\_\_\_\_

**Income Verification** (Check all that apply):

\_\_\_\_\_ 1040 Tax Statement \_\_\_\_\_ W-2 Statement \_\_\_\_\_ Pay Check Stubs  
\_\_\_\_\_ TANF/DHS \_\_\_\_\_ Unemployment \_\_\_\_\_ SSI  
\_\_\_\_\_ Child Support \_\_\_\_\_ Foster Child Doc. \_\_\_\_\_ Other: \_\_\_\_\_  
**Income:** TOTAL Annual Income: \_\_\_\_\_ **Family Size:** \_\_\_\_\_

**Family is ELIGIBLE OVER INCOME to receive services.**

I certify that the information provided in this application is accurate and truthful to the best of my knowledge I give Heartland Head Start permission to verify any/all information on this form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Verifying Staff Signature:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Date Placed on Waiting List:** \_\_\_\_\_ **Applying for:** \_\_\_\_\_ Full Day \_\_\_\_\_ HOME BASE

**Date Accepted for Enrollment:** \_\_\_\_\_ **Services** \_\_\_\_\_ 1/2 Day \_\_\_\_\_ Day Care

[On-Line Application]

Please mail applications to: **Application Heartland Head Start P.O. Box 1585 Bloomington IL, 61702-1585**