



### ENROLLMENT APPLICATION

CPID: \_\_\_\_\_

**CHILD** Information about the applicant child (Leave BLANK if Pregnant Mom Application)

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  Male  Female Ethnicity:  Hispanic  Non-Hispanic Race:  Asian  Black  Native Hawaiian or Pacific Islander  American Indian or Alaskan Native  White/Caucasian  Hispanic/Latino

Primary Language: \_\_\_\_\_ 2<sup>nd</sup> Language: \_\_\_\_\_  Other: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_ English Proficiency:  None  Little  Moderate  Proficient

**PRIMARY PARENT/GUARDIAN (A)** Information about the child's primary parent/guardian or Pregnant Mom Applicant

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  Male  Female Ethnicity:  Hispanic  Non-Hispanic Race:  Asian  Black  Native Hawaiian or Pacific Islander  American Indian or Alaskan Native  White/Caucasian  Hispanic/Latino

1st Language: \_\_\_\_\_ 2nd Language: \_\_\_\_\_ English Proficiency:  None  Little  Moderate  Proficient

Parental Status:  Two Parents  Single Parent - If single parent, do you receive child support?  Yes  No

Employment Status:  Employed  Unemployed  Retired or Disabled  In School Highest Grade Completed:  Less than HS  HS Diploma/GED  Some College  Bachelor Degree/Higher Relationship to Child:  Biological / Adopted / Step  Foster  Grandparent / Legal Guardian / Caregiver

**SECONDARY PARENT/GUARDIAN (B)** Information about the child's secondary parent/guardian

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Lives in the same household with child?  Yes  No IF NO, does parent (B) provide financial support?  Yes  No

Gender:  Male  Female Ethnicity:  Hispanic  Non-Hispanic Race:  Asian  Black  Native Hawaiian or Pacific Islander  American Indian or Alaskan Native  White/Caucasian  Hispanic/Latino

1st Language: \_\_\_\_\_ 2nd Language: \_\_\_\_\_ English Proficiency:  None  Little  Moderate  Proficient

Employment Status:  Employed  Unemployed  Retired or Disabled  In School Highest Grade Completed:  Less than HS  HS Diploma/GED  Some College  Bachelor Degree/Higher Relationship to Child:  Biological / Adopted / Step  Foster  Grandparent / Legal Guardian / Caregiver

**OTHER HOUSEHOLD MEMBERS** List OTHER family members that are supported by the child's parent(s)/guardian(s) income

First, Middle Initial, Last Name	Date of Birth	Gender	Relationship to child
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**CHILD'S HOME** Information about the family's living situation / Contact information

Living Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Can we text you?  Yes  No

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

**Housing Status:**

Rent or own home/apartment  In Transitional Housing  Living with relatives/friends  In Homeless Shelter  
 In Vehicle  In Hotel/Motel Other living situation: \_\_\_\_\_

Is your family's housing situation temporary or inadequate?  No  Yes If YES, How long in this situation? \_\_\_\_\_ months  
 If Yes, is it due to COVID 19 or economic hardship?  No  Yes - If YES, do you need food/housing referrals?  No  Yes

**CHILD'S HEALTH** Information about the Child's health, medical insurance, and other concerns

Does the child have medical insurance?  Yes  No Medi-CAL: # \_\_\_\_\_

Insurance Type (check all that apply):  Alameda Alliance  Blue Shield  Kaiser  Other: \_\_\_\_\_

Does the child have Health or other concerns?  Yes  No Child has an IEP/IFSP (diagnosed disability)?  Yes  No  
 Nutrition  Vision Concerns  Child has allergies  Hearing Aid  Child has asthma  Child needs to take medication

**FAMILY SERVICES** Information about benefits/services received by family and other situations

Active Child Protective Services (CPS) Case?  Yes  No Active court order?  Yes  No

Family receives any of the following benefits? Please check all that apply.

SSI (Supplemental Income)  CalWORKS (TANF/Cash Aid)  Unemployment (EDD)  Food Stamps  WIC benefits

**PROGRAM OPTIONS** Please select the program options you are applying for your child

**EARLY HEAD START PROGRAM (0-2 years)**

I am applying for Center Based (classroom setting)  
 I am applying for Home Based (Educational Home Visits)

**HEAD START PROGRAM (3-5 years)**

I am applying for Center Based (classroom setting)  
 I am applying for Home Based (Educational Home Visits)

School Choices: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

**PARENT/GUARDIAN ACKNOWLEDGEMENT**

I certify under penalty and perjury that the above information is true and correct to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification from the program. I understand that this application is not complete until all documentation required is submitted, reviewed, and verified.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Interview due to COVID 19 or similar reason Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR STAFF USE ONLY**

Receipt Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Received /Method:  Central Office  Email  Fax  Mail  Center: \_\_\_\_\_

Application Type:  First Year  Third Year - Head Start  EHS to HS Transition Application