

PRE-APPLICATION FOR ENROLLMENT—EARLY HEAD START

Return To:
Indianhead Community Action Agency—Head Start
1000 College Ave W.
Ladysmith, WI 54848
Phone: (715)532-4222
Fax: (715)532-3019



OFFICE USE ONLY:
 Program: _____
 Head Start Employee: _____
(Signature)
 Date: _____
 Total Income: _____
 Income Guideline: _____ IE OI

Early Head Start is a federally funded child care partnership serving low-income families and children 0-3 years old. Services are provided in the counties of Burnett, Clark, Rusk, Sawyer, Taylor, and Washburn. The information below is necessary for our records and will be kept confidential. The information must be **COMPLETE and ACCURATE**. Please use **INK**.

Child's Name: _____ /_____/_____ M___ F___
 (First) (Last) (Date of Birth) (Sex)

Father/Legal Guardian: _____ /_____/_____
 (First) (Last) (Date of Birth) (Current Occupation)

Mother/Legal Guardian: _____ /_____/_____
 (First) (Last) (Date of Birth) (Current Occupation)

____ Married ____ Divorced ____ Separated ____ Single ____ Unmarried – Living Together

Mailing Address: _____ /_____/_____
 (Street/Route) (City) (State) (Zip Code) (Telephone#)

 (County) (School District) (Alternate phone#)

Please list one (1) additional name and telephone number for someone we may call to leave a message or contact you.
 Name: _____ Relationship: _____ Telephone Number: _____

Total immediate family members in household (including child listed above): Adults _____ Children _____
 Ages of Children: _____

Are you able to transport your child: (check one) YES NO
 Are there any concerns about your child or family you would like us to know? (ie Health, Disability) _____

Child has been referred to Head Start by: _____
 (Name) (Title/Agency)

Do parents speak: ___ English ___ Spanish ___ Other Does the child speak: ___ English ___ Spanish ___ Other

INCOME VERIFICATION (PROCESS WILL BE DELAYED IF NOT COMPLETED WITH DOCUMENTATION ATTACHED)

It is required that the Head Start office have proof of income for families of all Head Start children. Proof of 12 months must be attached.
Application will not be processed until proof of income is received.

Income Source (Wages, SSI, Unemployment, child support, etc.)	Gross Income per Month	# Months Received	Total for 12 Months
1.			
2.			
3.			

Does your family receive child care assistance or any other TANF assistance? (check one) YES NO
 Does any member of your family receive SSI? (check one) YES NO
 Is the child you are completing this application for a foster child? (check one) YES NO
 Is your family currently homeless? (check one) YES NO

I hereby certify that I have completed this application truthfully and correctly:

Parent/Legal Guardian Signature: _____ Date: _____

