HEAD START ENROLLMENT APPLICATION

School Year:	
Age Verified:	

PROGRAM SELECTION

Head Start Only:	☐ Fond d	u Lac	☐ North Fond du	ı Lac	☐ Prairie View	☐ Ripon
Head Start/4k Collabor	ation: 🔲 Fond de	u Lac	☐ North Fond du	ı Lac		
Staff conducted intervi	ew: 🔲 In-pers	on	☐ Phone			
Staff Signature:					Date:	
How did you hear abou	it ADVOCAP's Head Sta	rt Program?				
PRIMARY PARENT/G	GUARDIAN					
First Name:		Middle Initial	: Last Nar	me:		
Birthdate:		Sex:	Relation	ship with ch	ild:	
Legal Guardian is:	☐ Biological Parent	☐ Foster Pare	ent 🗆 Adop	tive Parent	☐ Court Ordere	d
Primary Parent/Guardia	an is in Jail/Prison:	☐ Yes	□ No			
Contact Information						
Cell Phone:		Wo	rk Phone:			
Consent to receive text	s: ☐ Yes ☐ No	Em	ail:			
Race/Ethnicity						
Race:	nerican Indian/Alaska N	Native	☐ Asian	☐ Blac	k/African American	
□ Na	tive Hawaiian/Pacific I	slander	☐ White	☐ Bira	cial/Multi-Racial	☐ Other
Ethnicity:	spanic or Latino origin		☐ Non-Hispanic	or Latino ori	gin	
Education						
□ 0 - 8	□ 9 – 12/No	on-Grad	☐ High Sch	ool Grad	☐ GED/H	ISED
☐ 12 Grade + Some Co	llege □ 2-year – v	oc. or tech. gr	ad 🛮 Advance	d/4-year de	gree	
Work Status						
Military Status:	Veteran ☐ Active	□ N/A □	Disability Status:		□ No □ Yes	
Work Status: □	Full-time		☐ Part-time		☐ Self Employed	
	Unemployed (> 6 mos	s) [☐ Unemployed (<u>< </u> 6	6 mos <u>)</u>	☐ Unemployed (Not in Labor Force)
	Seasonal/Migrant		☐ Job Training or Ir	n School	☐ Retired	
Disconnected Youth						
Not working or not in s	chool (for 14-24 age gr	oup)	☐ Yes	□N	0	
Health Insurance						
□ None	☐ Direct-Pu	rchase	☐ Military		☐ Medic	are
☐ Medicaid	☐ Employm	ent	☐ Other			
Language						
☐ Primary Language:			☐ Seconda	rv Language	:	

HOUSEHOLD INFORMATION

Physical Address	:			City:			
State:	Zi	p		County of Residence:			
If Homeless:	☐ Certif	cation of Homelessne	ess	☐ Self-Certified			
Family Type							
☐ Single Parent/	Female \Box	Single Parent/Male		☐ Two-Parent Ho	usehold		
☐ Multi-Generat	ional 🗆	Extended Family		☐ Non-related Ac	lults w/Children		
☐ Other:	N	umber in Household:		Number in Family	•		
Housing Type							
☐ Rent	□ Ov	/n	□ Hom	eless	☐ Temporary Quarters	☐ Other	
HEAD START CI	HILD APPLICAN	<u>IT</u>					
First Name:		Middle Initial:	L	ast Name:			
Birthdate:		Sex:	F	Relationship to HO	H:		
Race/Ethnicity							
Race:	☐ American Ind	an/Alaska Native		Asian	☐ Black/African America	n	
	☐ Native Hawaii	an/Pacific Islander		White	☐ Biracial/Multi-Racial	☐ Other	
Ethnicity:	city: Hispanic or Latino origin Non-Hispanic or Latino o				atino origin		
Health Insurance	e						
□ None	☐ Direct-Purch	ase \Box	Military				
☐ Medicaid	☐ Employment		Other ad	ditional coverage:	☐ Health ☐ Vision ☐ Den	tal	
Language							
Primary Languag	e:			Secondary	Language:		
Child speaks Eng	lish at home:	☐ Yes [□No				
English speaking	skills:	☐ Very well [⊐ Well	☐ Not well	☐ Not at all		
Services Receive	ed						
☐ Speech/Langu	age Therapy	☐ Birth to Three		☐ Early Childho	ood 🗆 Coun	seling	
Name of Counse	lor (if applicable):						
SECONDARY PA	ARENT/GUARD	<u>IAN</u>					
First Name:		Middle Initial:		Last Name:			
Birthdate:		Sex:		Relationship with	child:		
Secondary Paren	t/Guardian is:	☐ Biological Pa	rent	☐ Foster Parent	☐ Adoptive Parent	☐ Court Ordered	
Secondary Paren	t/Guardian is in Ja	ail/Prison:		☐ Yes	□ No		
Contact Informa	tion						
Cell Phone:			Work P	hone:			
Consent to receiv	ve texts:	□No	Email:				

HOUSEHOLD INFORMATION

Physical Address	:		City:				
State:	Zip:	Zip: County of Residence:					
If Homeless:	☐ Certification of	Homelessness	s □ Self-Certifie	ed			
Family Type:							
☐ Single Parent/	Female ☐ Single Page 1	arent/Male	☐ Two-Parent I	Household			
☐ Multi-Genera	tional 🔲 Extende	d Family	☐ Non-related	Adults w/Ch	ildren		
☐ Other:	Number in	Household:	Number in Fam	ily:			
Housing Type:							
☐ Rent	☐ Own		☐ Homeless				
☐ Temporary Q	uarters Other						
Race/Ethnicity							
Race:	☐ American Indian/Alask	a Native	☐ Asian	☐ Black/	African American		
	☐ Native Hawaiian/Pacifi	c Islander	☐ White	☐ Biracia	al/Multi-Racial	☐ Other	
Ethnicity:	☐ Hispanic or Latino orig	in	☐ Non-Hispanic or				
Education							
□0-8	□ 9 – 12/	Non-Grad	☐ High Scho	ol Grad	☐ GED/H	ISED	
☐ 12 Grade + So	me College 🔲 2-year	– voc. or tech.	grad	/4-year degre	ee		
Work Status							
Military Status:	□N/A □Active	□Veteran	Disability Status:		□ No	☐ Yes	
Work Status:	☐ Full-time		☐ Part-time		☐ Self Employe	d	
	☐ Unemployed (>	6 mos)	☐ Unemployed (<u><</u> 6	mos)	☐ Unemployed	(Not in Labor Force)	
	☐ Seasonal/Migra		☐ Job Training or In		☐ Retired		
Disconnected Yo	outh						
Not working or r	not in school (for 14-24 age	group)	☐ Yes	□No	□ U	nspecified	
Health Insuranc	e						
□ None	☐ Direct-	Purchase	☐ Military		☐ Medic	are	
☐ Medicaid	☐ Employ	ment	☐ Other:				
Language							
☐ Primary Langu	uage:		☐ Secondary	Language:			
ALTERNATE CO	NTACT						
First Name:	<u></u>	L	_ast Name:				
Relationship to c	hild:	F	Phone number:		Language spoke	n:	

OTHER HOUSEHOLD MEMBERS (*CHILDREN* under 18)

First Name:		Middle	! Initial:	Last Name	:			
Birthdate:	Sex:	Relatio	nship to HOI	H:	[Disability Status	:: □ Yes	□ No
Race/Ethnicity								
Race:	☐ American I	ndian/Alaska Na	tive	☐ Asian	☐ Black/A	frican American	1	
	☐ Native Haw	vaiian/Pacific Isla	ınder	☐ White	☐ Biracial/	/Multi-Racial	☐ Oth	er
Ethnicity:	☐ Hispanic or	Latino origin		☐ Non-Hispanic o	or Latino origin			
Education								
□0-8		□ 9 – 12/Non	Grad	☐ High Sch	ool Grad	☐ GED/H	ISED	
Disconnected Yo	outh							
Not working or r	not in school (fo	or 14-24 age grou	ıb)	☐ Yes	□ No			
Health Insuranc	e							
□ None		☐ Direct-Purc	hase	☐ Military				
☐ Medicaid		☐ Employmer	nt	☐ Other Ad	lditional Covera	ge: 🛮 Health	□Vision	□Dental
Language								
☐ Primary Langu	uage:			☐ Secondar	ry Language:			
OTHER HOUSE	LIOLD MENA	DEDC /*ADJUIT	** 10 OD /	OVED)				
	HOLD WEIVI							
First Name:		Middle	! Initial:	Last Name:				
Birthdate:		Sex:		Relationship to	о НОН:			
Phone number:								
Race/Ethnicity								
Race:	☐ American I	ndian/Alaska Na	tive	☐ Asian	☐ Black/A	frican Americar	1	
	☐ Native Haw	vaiian/Pacific Isla	inder	☐ White	☐ Biracial/	/Multi-Racial	☐ Oth	er
Ethnicity:	☐ Hispanic or	Latino origin		☐ Non-Hispanic o	or Latino origin			
Education								
□0-8		☐ 9 – 12/Non	-Grad	☐ High Sch	ool Grad	☐ GED/H	ISED	
☐ 12 Grade + So	me College	☐ 2 or 4 year	College Grad	Grad ☐ Grad of another post-secondary (Vocational/Tech))
Work Status								
Military Status:	□N/A	□Active	□Veteran	Disability Statu	s: 🗆 N	lo □ Yes		
Work Status:		☐ Full-time			Part-time		☐ Self En	nployed
		☐ Unemploy	ed (> 6 mos)		Unemployed (<u><</u>	_6 mos)	□ Unemp	oloyed
		☐ Seasonal/I	Migrant		Job Training or I	In School	☐ Retired	<u> </u>
Disconnected Yo	outh							
Not working or r	not in school (fo	or 14-24 age grou	ıb)	☐ Yes	□No			

Health Insurai	nce					
□ None	☐ Direct-Purchase	☐ Military		☐ Medica	re	
☐ Medicaid	☐ Employment	☐ Other				
Language						
☐ Primary Lar	nguage:	☐ Secondary	Language:			
OTHER HOUS	SEHOLD MEMBERS (* <mark>CHILDREN</mark> * UN	IDER 18)				
First Name:	Middle Initial:	Last Name:				
Birthdate:	Sex:	Relationship to	НОН:	Disability St	atus: 🗆 Yes 🗀 No	
Race/Ethnicity	Y					
Race:	☐ American Indian/Alaska Native	☐ Asian	☐ Black/Africa	n American		
	☐ Native Hawaiian/Pacific Islander	☐ White	☐ Biracial/Mu	lti-Racial □ Other		
Ethnicity:	☐ Hispanic or Latino origin	☐ Non-Hispanic or	Latino origin			
Disconnected	Youth					
Not working o	r not in school (for 14-24 age group)	☐ Yes	□ No			
Health Insura	nce					
☐ None	☐ Direct-Purchase ☐ Mi	litary 🔲 Mo	edicare			
☐ Medicaid	☐ Employment ☐ Ot	her Additional Covera	ge: □Health □Vis	sion □Dent	al	
Language						
☐ Primary Lan	nguage:	☐ Secondary	Language:			
OTHER HOUS	SEHOLD MEMBERS (* <mark>CHILDREN</mark> * UN	IDER 18)				
First Name:	Middle Initial:	Last Name:				
Birthdate:	Sex:	Relationship to	НОН:	Disability st	atus: 🗆 Yes 🗀 No	
Race/Ethnicity	y					
Race:	☐ American Indian/Alaska Native	☐ Asian	☐ Black/Africa	n American		
	☐ Native Hawaiian/Pacific Islander	☐ White	☐ Biracial/Mu	lti-Racial	☐ Other	
Ethnicity:	☐ Hispanic or Latino origin	☐ Non-Hispanic or	Latino origin			
Disconnected	Youth					
Not working o	r not in school (for 14-24 age group)	☐ Yes	□No			
Health Insura	nce					
□ None	☐ Direct-Purchase	☐ Military		☐ Medica	re	
☐ Medicaid	☐ Employment	☐ Other Add	litional Coverage:	□Health [□Vision □Dental	
Language						
☐ Primary Lan	nguage:	☐ Secondary	Language:			