HEAD START ENROLLMENT APPLICATION

School Year:	
Age Verified:	

PROGRAM SELECTION

Head Start Only:	☐ Fond du Lac	☐ North Fond du Lac	☐ Prairie View	□ Ripon
Head Start/4k Collaboration:	☐ Fond du Lac	☐ North Fond du Lac		
Staff conducted interview:	☐ In-person	☐ Phone		
Staff Signature:			Date:	
How did you hear about ADVOCAP	's Head Start Program?			
PRIMARY PARENT/GUARDIAN	<u>I</u>			
First Name:	Middle Initial	: Last Name:		
Birthdate:	Sex:	Relationship with o	hild:	
Legal Guardian is:	al Parent	ent	☐ Court Ordered	i
Primary Parent/Guardian is in Jail/F	Prison:	□ No		
Contact Information				
Cell Phone:	Wo	rk Phone:		
Consent to receive texts: ☐ Yes	□ No Em	ail:		
Race/Ethnicity				
Race:	an/Alaska Native	☐ Asian ☐ Bla	ck/African American	
☐ Native Hawaiia	an/Pacific Islander	☐ White ☐ Bir	acial/Multi-Racial	☐ Other
Ethnicity:	tino origin	☐ Non-Hispanic or Latino o	rigin	
Education				
□0-8	☐ 9 — 12/Non-Grad	☐ High School Grad	☐ GED/H	SED
☐ 12 Grade + Some College ☐	2-year – voc. or tech. gr	ad 🔲 Advanced/4-year d	egree	
Work Status				
Military Status:	□ Active □ N/A [Disability Status:	□ No □ Yes	
Work Status: ☐ Full-time]	☐ Part-time	☐ Self Employed	
☐ Unemploye	ed (> 6 mos)	☐ Unemployed (<u><</u> 6 mos <u>)</u>	☐ Unemployed (N	lot in Labor Force)
☐ Seasonal/N	∕ligrant [☐ Job Training or In School	☐ Retired	
Disconnected Youth				
Not working or not in school (for 14	4-24 age group)	☐ Yes ☐ I	No	
Health Insurance				
□ None □	Direct-Purchase	☐ Military	☐ Medica	re
☐ Medicaid ☐	☐ Employment	☐ Other		
Language				
☐ Primary Language:		☐ Secondary Languag	e:	

HOUSEHOLD INFORMATION

Physical Addres	SS:			City:			
State:		Zip		Count	y of Residence:		
If Homeless:	□ Ce	rtification of Homel	essness	☐ Self-Certific	ed		
Family Type							
☐ Single Paren	t/Female	☐ Single Parent/M	lale	☐ Two-Parent	Household		
☐ Multi-Gener	ational	☐ Extended Famil	У	☐ Non-related	Adults w/Childre	en	
☐ Other:		Number in Househ	old:	Number in Fan	nily:		
Housing Type							
☐ Rent		Own	☐ Hom	neless	☐ Temporary	Quarters E] Other
HEAD START (CHILD APPLIC	<u>ANT</u>					
First Name:		Middle Init	ial:	Last Name:			
Birthdate:		Sex:		Relationship to I	HOH:		
Race/Ethnicity							
Race:	☐ American l	ndian/Alaska Native	· 🗆	Asian	☐ Black/Afri	can Americar	1
	☐ Native Hav	vaiian/Pacific Island	er 🗆	White	☐ Biracial/M	Iulti-Racial	☐ Other
Ethnicity:	☐ Hispanic o	r Latino origin		Non-Hispanic o	r Latino origin		
Health Insuran	ce						
☐ None	☐ Direct-Pu	rchase	☐ Military				
☐ Medicaid	☐ Employm	ent	☐ Other ac	ditional covera	ge: 🗆 Health 🗆 V	/ision □ Dent	al
Language							
Primary Langua	ige:			Seconda	ry Language:		
Child speaks En	glish at home:	☐ Yes	□ No				
English speakin	g skills:	□ Very well	□ Well	□ Not v	vell 🔲 Not	t at all	
Services Receiv	/ed						
☐ Speech/Lang	guage Therapy	☐ Birth to Thr	ee	☐ Early Child	hood	☐ Couns	eling
Name of Couns	elor (if applicab	le):					

SECONDARY PARENT/GUARDIAN

First Name:		Middle Initial:	Last Name:			
Birthdate:		Sex:	Relationship with	n child:		
Secondary Parer	nt/Guardian is:	☐ Biological Parent	☐ Foster Parent	□ Ad	optive Parent	☐ Court Ordered
	nt/Guardian is in Jail/Pr		☐ Yes	□ No		
Scoonaary rare.						
Contact Informa	ation					
Cell Phone:			ork Phone:			
Consent to rece	ive texts:	No Em	nail:			
HOUSEHOLD IN	<u>FORMATION</u>					
Physical Address	s:		City:			
State:	Zip:		County	of Residenc	ce:	
If Homeless:	☐ Certification	on of Homelessness	☐ Self-Certified			
Family Type:						
☐ Single Parent	/Female ☐ Sing	le Parent/Male	☐ Two-Parent Ho	ousehold		
☐ Multi-Genera	tional 🗆 Exte	ended Family	□ Non-related A	dults w/Ch	ildren	
☐ Other:	Numbe	er in Household:	Number in Famil	y:		
Housing Type:						
☐ Rent	□ Own		Homeless			
☐ Temporary Q	uarters					
Race/Ethnicity						
Race:	☐ American Indian/A	laska Native	☐ Asian	☐ Black/	African America	n
	☐ Native Hawaiian/P	acific Islander	☐ White	☐ Biracia	al/Multi-Racial	☐ Other
Ethnicity:	☐ Hispanic or Latino	origin	☐ Non-Hispanic or L	atino origii	า	
Education						
□0-8	□ 9 -	- 12/Non-Grad	☐ High School	Grad	☐ GED/	HSED
☐ 12 Grade + So	ome College 🔲 2-y	vear – voc. or tech. g	rad 🔲 Advanced/4	-year degre	ee	
Work Status						
Military Status:	□N/A	□Veteran	Disability Status:		□ No	☐ Yes
	⊔Active	_ veteran				
Work Status:	☐ Full-time	d (> C mas)	□ Part-time	masl	☐ Self Employe	
	☐ Unemployed		☐ Unemployed (< 6 r		☐ Retired	d (Not in Labor Force)
	☐ Seasonal/M	igidiit	☐ Job Training or In S	0011001	□ retired	
Disconnected Y	outh					
Not working or	not in school (for 14-24	age group)	☐ Yes	□No		Jnspecified

Health Insurance				
□ None	☐ Direct-Purchase		☐ Military	☐ Medicare
☐ Medicaid	☐ Employment		☐ Other:	
Language				
☐ Primary Language:			☐ Secondary Lar	guage:
ALTERNATE CONTACT				
First Name:		Last Nan	ne:	
Relationship to child:		Phone n	umber:	Language spoken:

OTHER HOUSEHOLD MEMBERS (*CHILDREN* under 18)

First Name:		Middle I	nitial:	Last Nan	ne:			
Birthdate:	Sex:	Relation	ship to HOI	1 :	Dis	sability Status	:: □ Yes	□ No
Race/Ethnicity								
Race:		ndian/Alaska Nativ aiian/Pacific Islan		☐ Asian ☐ White	□ Black/Afri □ Biracial/W	can American Iulti-Racial	n 🔲 Oth	ier
Ethnicity:	☐ Hispanic or	Latino origin		☐ Non-Hispani	c or Latino origin			
Education								
□ 0 - 8		☐ 9 – 12/Non G	rad					
Disconnected Yo	outh							
Not working or n	ot in school (fo	r 14-24 age group)	☐ Yes	□No			
Health Insurance	e							
□ None		☐ Direct-Purcha	ise	☐ Militar	у			
☐ Medicaid		☐ Employment		☐ Other <i>i</i>	Additional Coverage	: 🗆 Health	∪Vision	□Dental
Language								
☐ Primary Langu	ıage:			☐ Second	lary Language:			
OTHER HOUSE	HOLD MEME	BERS (* <mark>ADULTS</mark>	* 18 OR (OVER)				
First Name:		Middle I	nitial:	Last Name:				
Birthdate:		Sex:		Relationship	to HOH:			
Phone number:								
Race/Ethnicity								
Race:	☐ American Ir	ndian/Alaska Nativ	/e	☐ Asian	☐ Black/Afri	can American	ı	
	☐ Native Haw	aiian/Pacific Islan	der	☐ White	☐ Biracial/M	Iulti-Racial	☐ Oth	er
Ethnicity:	☐ Hispanic or	Latino origin		☐ Non-Hispani	c or Latino origin			
Education								
□ 0 - 8		□ 9 – 12/Non-G	irad	☐ High So	chool Grad	☐ GED/H	ISED	
☐ 12 Grade + So	me College	☐ 2 or 4 year Co	ollege Grad	☐ Grad o	f another post-seco	ndary (Vocatio	onal/Tech	1)
Work Status								
Military Status:	□N/A	□Active	□Veteran	Disability Sta	tus: □ No	☐ Yes		
Work Status:		☐ Full-time		Ī	☐ Part-time		☐ Self En	nployed
		☐ Unemployed			☐ Unemployed (<u><</u> 6	•	□ Unemp	
		☐ Seasonal/Mi	grant		☐ Job Training or In	School	☐ Retired	<u>k</u>
Disconnected Yo	outh							
Not working or n	ot in school (fo	r 14-24 age group)	☐ Yes	□ No			
Health Insurance	е							
□ None		☐ Direct-Purcha	ise	☐ Militar	у	☐ Medic	are	
☐ Medicaid		☐ Employment		☐ Other				
Language								
☐ Primary Langu	lage:			☐ Second	lary Language:			

OTHER HOUSEHOLD MEMBERS (*CHILDREN* UNDER 18)

							
First Name:	Middle Ir	nitial: La	st Name:				
Birthdate:	Sex:	Re	Relationship to HOH:		Disability St	atus: ☐ Yes	□No
Race/Ethnicity	У						
Race:	☐ American Indian/Alaska Nativ	re 🗆 As	ian	☐ Black/Africa	n American		
	☐ Native Hawaiian/Pacific Island	der 🗆 W	hite	☐ Biracial/Mul	ti-Racial	☐ Other	
Ethnicity:	☐ Hispanic or Latino origin	□ No	n-Hispanic or	Latino origin			
Education							
□0-8	☐ 9 – 12/Non	Grad					
Disconnected	Youth						
Not working o	r not in school (for 14-24 age group)	☐ Yes	□No			
Health Insura	nce						
☐ None	☐ Direct-Purchase	☐ Military	□Ме	edicare			
☐ Medicaid	☐ Employment	☐ Other Addi	tional Coverag	ge: □Health □Vis	sion □Dent	al	
Language							
☐ Primary Lan	nguage:		☐ Secondary	Language:			
OTHER HOUS	SEHOLD MEMBERS (*CHILDRI	N* UNDER 18	3)				
First Name:	Middle Ir		st Name:				
Birthdate:	Sex:	Re	elationship to	НОН:	Disability sta	atus: 🗆 Yes	□No
Race/Ethnicity	У						
Race:	☐ American Indian/Alaska Nativ	re 🗆 As	ian	☐ Black/Africa	n American		
	☐ Native Hawaiian/Pacific Island	der 🗆 W	hite	☐ Biracial/Mul	ti-Racial	☐ Other	
Ethnicity:	☐ Hispanic or Latino origin	□ No	n-Hispanic or	Latino origin			
Education							
□0-8	☐ 9 – 12/Non	Grad					
Disconnected	Youth						
Not working o	r not in school (for 14-24 age group)	☐ Yes	□No			
Health Insura	nce						
□ None	☐ Direct-Purcha	se	☐ Military		☐ Medica	re	
☐ Medicaid	☐ Employment		· ·	itional Coverage:	□Health [□Vision □De	ental
Language							
☐ Primary Lar	odnade.		☐ Secondary	Languago			
- Finitally Lat	iguage.		- Jecondary	Language.			