

**Application for Enrollment**

**Please Provide the Following:**

- Proof of Income
- Immunization Record
- Birth Certificate

**Child Information**

1. Child's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
2. Child's birth date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Sex:  F  M
4. Living Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
a. How long at this address \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. County: \_\_\_\_\_ 7. School District (if known): \_\_\_\_\_
8. Race (optional):  White  American Indian or Alaska Native  Black or African American  
 Asian  Native Hawaiian/Pacific Islander  Other: \_\_\_\_\_
9. Is child of Spanish/Hispanic/Latino ethnicity (optional):  Yes  No *This question is about ethnicity, not race. Please answer question #8 by marking one or more boxes to indicate what you consider child's race to be.*
10. Languages spoken in the home: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_
11. Child has Individual Education Plan (IEP):  Yes  No *School district of IEP:* \_\_\_\_\_  
a. Family has Individualized Family Service Plan (IFSP):  Yes  No  
b. Do you have any concerns for you child:  Yes  No  Speech  Language  Social/Emotional  
*(if "yes" check boxes that apply and explain.)*  Behavior  Learning  Health  Motor  
Please explain: \_\_\_\_\_
12. Was your child previously enrolled in Head Start or other childhood development program?  No  Yes  
a. How many years? \_\_\_\_\_
13. What is your primary source of child care?  
 Receive care at a child care center.  Receive care at a family child care home/daycare.  
 Receive care at home or at another home with a relative or unrelated adult.  Not yet arranged.  
 Other Please explain: \_\_\_\_\_
14. Family receives DSHS Child Care Subsidies for this child:  Yes  No  
a. Would you be interested in child care if offered?  Yes  No
15. Child is homeless according to the McKinney-Vento Act:  Yes  No *The McKinney-Vento Homeless Assistance Act defines "homeless children and youths" as "individuals who lack a fixed, regular, and adequate nighttime residence...;" and "includes children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels/hotels, or campgrounds; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement..."*
16. Child resides with:  
 Single parent/caretaker with legal responsibility for child (*in joint custody cases, use parent that receives child support*)  
 Two parent/caretakers with legal responsibilities for child  
*Parent(s)/caretaker(s) include: biological or adoptive parents, legal stepparents, legal guardians, foster parents, caretaker blood relatives with legal responsibility for child.*

**Legal Parent(s)/Caretaker(s) Information**

17. Name (Last, First, MI):		
18. Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M
19. Relationship to child:	<input type="checkbox"/> Parent (biological/adoptive) <input type="checkbox"/> Parent (legal stepparent) <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Other caretaker relative: _____ <input type="checkbox"/> Other legal guardian	<input type="checkbox"/> Parent (biological/adoptive) <input type="checkbox"/> Parent (legal stepparent) <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Other caretaker relative: _____ <input type="checkbox"/> Other legal guardian
20. Date of Birth	____/____/____	____/____/____
21. Is this person a supporting adult in the child's life?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to question #23	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to question #23
22. Is this person the head of household for this family?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to question #24	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to question #24
23. Does this person reside in the same household with the head of household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

