



Head Start/Early Head Start Enrollment Application

Child Information

First	Middle	Last	Birthday	Gender	
Race <input type="checkbox"/> Asian <input type="checkbox"/> Ameri Indian/Alaska Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Little	Other Language	Other Lang Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Little
Primary Health Coverage	Other Health Coverage	Insurance #	Medicaid <input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially Eligible	Medicaid #	

Family Member Information - Adult 1

First	Middle	Last	Birthday	Gender	
Race <input type="checkbox"/> Asian <input type="checkbox"/> Ameri Indian/Alaska Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Little	Other Language	Other Lang Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Little
Highest Grade Completed <input type="checkbox"/> Associate's <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Master's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Grade 12 <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled	Child's Relationship <input type="checkbox"/> Natural/Adopted/ Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Living Address	Zip	City	State	E-mail Address:	
			IL	Currently in School?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (If different)	Zip	City	State	Occupation:	
			Total # of months employed in the past year: _____		
Phone Numbers					
Home:		Cell/Message:	Note (for example, an extension or best time to call):		
Home:		Cell/Message:	Note (for example, an extension or best time to call):		

Family Member Information - Adult 2*

First	Middle	Last	Birthday	Gender	
Race <input type="checkbox"/> Asian <input type="checkbox"/> Ameri Indian/Alaska Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Little	Other Language	Other Lang Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Little
Highest Grade Completed <input type="checkbox"/> Associate's <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Master's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Grade 12 <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled	Child's Relationship <input type="checkbox"/> Natural/Adopted/ Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Living Address	Zip	City	State	E-mail Address:	
			IL	Currently in School?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (If different)	Zip	City	State	Occupation:	
			Total # of months employed in the past year: _____		
Phone Numbers					
Home:		Cell/Message:	Note (For example, an extension or best time to call):		
Home:		Cell/Message:	Note (For example, an extension or best time to call):		



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* If more space is needed to add additional children, please complete the "Additional Family Members" form.

Additional Child Information (Non-Applicant) *

First	Middle	Last	Birthday	Gender

Race	Hispanic	English Proficiency	Other Language	Other Lang Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Ameri Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Additional Child Information (Non-Applicant) *

First	Middle	Last	Birthday	Gender

Race	Hispanic	English Proficiency	Other Language	Other Lang Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Ameri Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Parental Status (check one)	Primary Language at Home	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contacts

Contact 1	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Zip	City	State
	Phone # 1	Phone # 2	Phone # 3	
Contact 2	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Zip	City	State
Contact 3	Phone # 1	Phone # 2	Phone # 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 3	Address	Zip	City	State
	Phone # 1	Phone # 2	Phone # 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

Doctor/Dentist of Applicant

Physician's Name	Address	Phone ()	
	City	State	Zip
Dentist's Name	Address	Phone ()	
	City	State	Zip

For Expectant Families use only

Is this applicant an Expectant Family? ☐ Yes ☐ No If yes, complete and attach the Pregnancy Data form for Expectant Families.



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*****For Office Use Only*****

Family Eligibility

TANF: ☐ Yes ☐ No ☐ Formerly Supplemental Security Income: ☐ Yes ☐ No Birth Verified?: ☐ Yes ☐ No

Date Verified _____ Verified by _____

Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Notes
	\$		\$			
	\$		\$			
	\$		\$			

Eligibility Casenote (After entering in ChildPlus, print and put note in the child's file):

Program	Program Term	Agency	Site	Classroom
<input type="checkbox"/> EHS <input type="checkbox"/> HS		SIUE Head Start/Early Head Start		

Application Status	Application Date	Waitlisted Date	Accepted Date
<input type="checkbox"/> Complete & Verified <input type="checkbox"/> Incomplete, info not returned <input type="checkbox"/> Incomplete <input type="checkbox"/> Other - specify in notes			

Releases Signed	Date Signed
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Enrollment Casenote (After entering in ChildPlus, print and put note in the child's file):

Eligibility Date	Eligibility Income	Number in Family	Income Status	Participation Year	Eligibility Criteria Total Points	Eligible Sibling Next Year
	\$		<input type="checkbox"/> Eligible (0-100%) <input type="checkbox"/> Over Income <input type="checkbox"/> Foster child <input type="checkbox"/> Public assistance <input type="checkbox"/> Homeless			<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Was child referred to program? ☐ No ☐ Yes If yes, by whom? _____ Why?: _____

Any specific family need or crisis? ☐ No ☐ Yes If yes, describe: _____

Child has special need(s) or an Individualized Education Plan? ☐ No ☐ Suspected ☐ Yes Releases Signed?: ☐ No ☐ Yes Date Signed: _____
Describe (if disability has been diagnosed, give date/source.): _____

CONFIDENTIALITY POLICY

In accordance with the Head Start Performance Standards, all information obtained about children and families is confidential. Files are kept in locked file cabinets and Head Start staff access is controlled on a "need to know" basis. A file control system is used to ensure confidentiality. Parents can make a written request to review their own child(ren)'s file(s) ONLY at any point during the program year. Professionals serving on federal and internal review teams are allowed to review files in their capacity as monitors of federal funding. Other agencies or organizations must obtain written parent/guardian consent to review information in a child/family file.

Certification/Verification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I have read and understand the SIUE Head Start Confidentiality Policy.

Parent/guardian's signature: _____

Date: _____

Verifying Staff Signature: _____

Date: _____

Site Manager's Signature: _____

Date: _____