



# 2021-2022 Head Start/Early Head Start Enrollment Application

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

Family Member Information - Adult 1						
First	Middle	Last	Birthday		Gender	
Race			Hispanic	English Proficiency	Other Language	Other Lang Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> Ameri Indian/Alaska Native	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> None
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	_____	<input type="checkbox"/> No	<input type="checkbox"/> Little	<input type="checkbox"/> Proficient	<input type="checkbox"/> Little
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial					<input type="checkbox"/> Proficient
Highest Grade Completed	Employment Status		Child's Relationship		Custody	Check all that apply:
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted/ Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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			Hispanic	English Proficiency	Other Language	Other Lang Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> Ameri Indian/Alaska Native	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> None
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	_____	<input type="checkbox"/> No	<input type="checkbox"/> Little	<input type="checkbox"/> Proficient	<input type="checkbox"/> Little
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial					<input type="checkbox"/> Proficient
Highest Grade Completed	Employment Status		Child's Relationship		Custody	Check all that apply:
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted/ Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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):				
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\* If more space is needed to add additional children, please complete the "Additional Family Members" form.



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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"/> Ameri Indian/Alaska Native	<input type="checkbox"/> Other: _____	<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
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander							
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial							

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"/> Ameri Indian/Alaska Native	<input type="checkbox"/> Other: _____	<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
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander							
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial							

<b>Parental Status (check one)</b> <input type="checkbox"/> One <input type="checkbox"/> Two	<b>Primary Language at Home</b>	<b>Active Duty Military</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Referred by Child Welfare Agency</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Receiving SNAP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>WIC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>WIC ID (if applicable)</b>
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Emergency Contacts				
<b>Contact 1</b>	<b>Name</b>	<b>Relationship</b>	<b>Emergency Contact</b>	<b>Release To</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Address</b>	<b>Zip</b>	<b>City</b>	<b>State</b>
	<b>Phone # 1</b>	<b>Phone # 2</b>	<b>Phone # 3</b>	
<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
<b>Contact 2</b>	<b>Name</b>	<b>Relationship</b>	<b>Emergency Contact</b>	<b>Release To</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Address</b>	<b>Zip</b>	<b>City</b>	<b>State</b>
	<b>Phone # 1</b>	<b>Phone # 2</b>	<b>Phone # 3</b>	
<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
<b>Contact 3</b>	<b>Name</b>	<b>Relationship</b>	<b>Emergency Contact</b>	<b>Release To</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Address</b>	<b>Zip</b>	<b>City</b>	<b>State</b>
	<b>Phone # 1</b>	<b>Phone # 2</b>	<b>Phone # 3</b>	
<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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete and attach the Pregnancy Data form for Expectant Families.