



# Enrollment Application

**Please make sure that you answer every question completely and thoroughly. Incomplete questions could affect your enrollment status. Applications MUST be returned in Person as an interview is required.**

Federal regulations require verification of family eligibility prior to being considered for enrollment in Head Start. One copied item from the list below must be submitted with the enrollment application. (COPIES ONLY)

## Acceptable forms of eligibility verification – (refer to program regulations below)

- \***Foster Care/Adoption Subsidy** (documentation that child is in foster care)
- \***Supplemental Security Income** (SSI - for anyone in family)
- \***Wisconsin Works** (W-2 program)
- \***Child Care Assistance** (TANF)
- \***Job Access Loans JALS** (TANF)
- \***WI Earned Income Tax Credit (WI tax forms ONLY)** (TANF)
- \***Children First** (TANF)
- \***Caretaker Supplement** (TANF)
- \***Kinship Care** (TANF)
- \***Emergency Assistance** (TANF) or any other **TANF** benefits that the family may receive
- \***Foodshare (WI Supplemental Nutrition Assistance Program** paper documentation (**NO** cards accepted)

*(use one of the following if you do not receive public assistance)*

- \***Most recent WI Income Tax forms AND Federal Tax Forms** (Copy of first 2 pages of Federal and State tax forms)
- \***Most recent W-2 Wage and Tax Statement**
- \***All Payroll Check Stubs for the last 12 months**
- \***Written Wage Statements from Employer within the last 12 months**

## Early Head Start Services

Enrollment in Early Head Start is available. In order to qualify for services, a family must demonstrate a need for child care by either having a diagnosed disability or working or attending school/training. Verification of need, family size, and income must be provided. The agency will then determine your eligibility for Early Head Start services. If you need assistance completing the application, please call (608)785-2070 or bring it to our office.

### Head Start Federal Program Regulations

1305.2: Defines family as all persons living in the same household who are:

- a. supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, and
- b. related to the parent(s) or guardian(s) by blood, marriage, or adoption

1302.12 (i)(1) To verify eligibility based on income, program staff must use tax forms, pay stubs, or other proof of income to determine the family's income for the relevant time period.

1302.12(i)(1)(ii) If the family reports no income for the relevant time period, a program may accept the family's signed declaration to that effect, if the program staff describe efforts made to verify the family's income, and explains how the family's total income was calculated or seeks information from third parties about the family's eligibility.

1302.12 (i)(2) To verify whether a family is eligible for, or in the absence of child care, would be potentially eligible for public assistance, the program must have documentation from either the state, local, or tribal public assistance agency that shows the family either received public assistance or that the family is potentially eligible to receive public assistance.

Eligibility for the Early Head Start or Head Start program is based on public assistance received, gross household income, family size and other determining factors. Enrollment in Early Head Start and Head Start is limited. Head Start serves children 1-5 years old.

**Please make sure that you answer every question completely and thoroughly. Incomplete questions could affect your child's enrollment status.**

Teacher use only: Returning Student from \_\_\_\_\_ Sibling to \_\_\_\_\_

\*\*\*\*\*

Applying for Early Head Start  or Head Start (3-5yrs)

Child's First and Last Name: \_\_\_\_\_ (Nickname) \_\_\_\_\_ Child's Sex:  Male  Female

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Home

Child's Living Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Mailing Address if different than living: \_\_\_\_\_

Bussing depends on many factors. If bussing is available, would your child need transportation?  Yes  No

If yes, pick up from \_\_\_\_\_ and drop off at \_\_\_\_\_  
(Address) (Address)

Provided availability, do you prefer: Center Base (Monday-Thursday)  AM Class  PM Class  Full Day/EHS  
(No Transportation)

If Pre-K eligible, permission to coordinate services with School District?  Yes  No

How did you hear about the Early Head Start or Head Start Program? \_\_\_\_\_

**Child's Ethnicity: (Mark One)**

Hispanic or Latino  Non-Hispanic

**Child's Race: (Mark One)**

American Indian or Alaskan Native  Asian

Bi-Racial/Multi-Racial  White

Black or African American

Native Hawaiian or Other Pacific Islander

Other (must note) \_\_\_\_\_

**Child's Primary Language Spoken in the home:**

English  Hmong

Spanish  Other(list) \_\_\_\_\_

**English Proficiency:**

None  Little

Moderate  Proficient

**Is Interpreter Needed for Child?**

Yes

No

Are you concerned about your child's development, (speech, vision, hearing, etc)?  Yes  No

Please explain: \_\_\_\_\_

Is your child receiving service from a Birth to Three or School for any of the following:

- Birth to Three
- Occupational Therapy Location: \_\_\_\_\_
- Public School Pre-K Location: \_\_\_\_\_
- Speech/Language Therapy Location: \_\_\_\_\_
- Public School Pre-K Location: \_\_\_\_\_
- Other: \_\_\_\_\_
- Early Childhood Location: \_\_\_\_\_

**\*\*Must submit current disability IFSP/IEP with this application\*\***

Does your child have any diagnosed medical conditions or medical needs?  Yes  No

List: \_\_\_\_\_

Does your child have allergies? (Medications, food, other substances, etc.)  Yes  No

List: \_\_\_\_\_

The number of times your family has moved in the last 12 months. \_\_\_\_\_

**Applicant/Family's present living situation: Check all that apply.**

- Own home
- Rent

**If C-G is marked below**, include date this living situation started: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- Applicant waiting for *foster care* placement
- Sharing the housing of others due to loss of housing, economic hardship or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodation
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason

**Family Type:** (check all that apply)

2 Parent  1 Parent  Joint Custody

**Total Number of Family Members in Household you support:**

#Adults  # Children

Female Guardian Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Married  Single

Race: (Mark One)

- American Indian or Alaskan Native  Asian
- Bi-Racial/Multi-Racial  White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other (must note) \_\_\_\_\_

Guardian's Ethnicity  Hispanic or Latino  Non-Hispanic

Teen Parent (at child's birth)  Yes  No

Relationship to Child: \_\_\_\_\_

Custody:  Yes  No

Lives with Child:  Yes  No

Provides Financial Support:  Yes  No

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Employment Status: (please check)

- Full Time (35 hr +)  Employed Part Time
- Seasonal Worker  Job Training
- Unemployed  Retired
- Disabled  Stay at Home Parent
- School  Custodial Parent Incarcerated

Education: (please check highest grade completed)

- Associate's  less than Grade 9
- Bachelor's  Grade 10
- Master's  Grade 11
- GED  Grade 12
- High School Graduate

Primary Language Spoken: \_\_\_\_\_

Is Interpreter Needed for Female Guardian?  Yes  No

Active Duty Military

Male Guardian Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Married  Single

Race: (Mark One)

- American Indian or Alaskan Native  Asian
- Bi-Racial/Multi-Racial  White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other (must note) \_\_\_\_\_

Guardian's Ethnicity  Hispanic or Latino  Non-Hispanic

Teen Parent (at child's birth)  Yes  No

Relationship to Child: \_\_\_\_\_

Custody:  Yes  No

Lives with Child:  Yes  No

Provides Financial Support:  Yes  No

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Employment Status: (please check)

- Full Time (35 hr +)  Employed Part Time
- Seasonal Worker  Job Training
- Unemployed  Retired
- Disabled  Stay at Home Parent
- School  Custodial Parent Incarcerated

Education: (please check highest grade completed)

- Associate's  less than Grade 9
- Bachelor's  Grade 10
- Master's  Grade 11
- Job Training/School  Grade 12
- GED  High School Graduate

Primary Language Spoken: \_\_\_\_\_

Is Interpreter Needed for Male Guardian?  Yes  No

Active Duty Military

Additional Household Members you support.

\*(If additional members-continue back side of this page)

Relationship to Child

Age

Birth Date

Sex (M/F)

Highest Level of Education

(Completed/current grade)

\*\*Is anyone in the household pregnant?

Yes  No

- Public Assistance/TANF/Wisconsin Works (W2)
- Child Care Assistance/Subsidy
- Supplemental Security Income (SSI) child  parent
- SNAP (Supplemental Nutrition Assistance Program)/Food Share
- WI Earned Income Tax Credit

- WIC
  - Grandparent/Guardian raising applicant
  - Medical, Human Services, School District (LEA) Referral
- (\*Documentation must be provided)

I hereby declare the information provided by me on this enrollment application is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return this application and eligibility materials IN PERSON. We are also REQUIRED to do an IN PERSON INTERVIEW with all applicants.**

Office Use Only

Accepted Date: \_\_\_\_\_

Center: \_\_\_\_\_

By: \_\_\_\_\_

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