



**HEAD START
CHILD & FAMILY
DEVELOPMENT CENTERS, INC.**
333 Buchner Place, La Crosse, WI 54603

CENTRAL OFFICE
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HeadStartCouleeRegion.com

Enrollment Application

revised 2/20/2017

Please make sure that you answer every question completely and thoroughly. Incomplete questions could affect your enrollment status. **Applications MUST be returned in Person and go through an Interview.**

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

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

- ***Most recent WI Income Tax forms AND Federal Tax Forms** (1st 2-3 pages only)
- ***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**

If you have any questions please call. Eligibility for the Head Start program is based on public assistance received, gross household income, family size and other determining factors. Enrollment in Head Start is limited. Head Start serves children 3-5 years old.

Head Start Federal Program Regulations

1305.2(e) 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

1305.4 (c) The family income must be verified by the Head Start program before determining that a child is eligible to participate in the program

1305.4 (d) Verification must include examination of any of the following: individual income tax form 1040, W-2 forms, pay stubs, pay envelopes, written statement from employers, **OR** documentation showing current status as recipients of public assistance

1305.4 (e) A signed statement by an employee of the Head Start program, identifying which of these documents was examined and stating that the child is eligible to participate in the program, must be maintained to indicate the income verification has been made

Copies of the documents must be retained. At this time Birth Certificates and Social Security Numbers are not required. Please feel free to black out this information on any documents.

Serving Children & Families in La Crosse, Onalaska, Tomah, Sparta, Westby, & Prairie du Chien
"EQUAL OPPORTUNITY IN PROGRAMMING AND EMPLOYMENT"

Teacher use only: Returning Student from _____ Sibling to _____

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

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

Date of Birth: _____ Phone: _____ Cell or Home Opt in for Test messages
(MM/DD/YYYY)

Child's Living Address: (Street) _____ (City) _____ (Zip) _____

Mailing Address if different than living: _____

Directions to Home: (if rural) _____

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 (no transportation)
Home-Base Program (1 1/2 hr Home Visit in Home and 3 1/2 hr Cluster on Fridays)
(no transportation available for cluster-parent must bring, mileage reimbursed)

How did you hear about the Head Start Program? _____

Child's Ethnicity: (Mark One)
 Hispanic or Latino Non-Hispanic

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

Child's Race: (Mark One)
 American Indian or Alaskan Native
 Asian
 Bi-Racial/Multi-Racial
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other (must note)

Name of Child Care Provider: _____
Address: _____
Phone: _____ Cell: _____
Type of Child Care Full Days Half Days ___AM ___PM

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

Please explain: _____

Is your child receiving services from a school for any of the following:

Public School Pre-K Location: _____ *Physical Therapy Location: _____
 *Early Childhood Location: _____ *Occupational Therapy Location: _____
 *Speech/Language Therapy Location: _____ Other: _____

***Must submit current disability 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.
 A. Own home
 B. Rent
If C-G is marked below, include date this living situation started: ____/____/____
 C. Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
 D. Applicant waiting for foster care placement
 E. Sharing the housing of others due to loss of housing, economic hardship or similar reason
 F. Living in a car, park, campground, abandoned building, or other inadequate accommodation
 G. 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

Female Guardian Information

Full Name: _____

Date of Birth: _____ Married Single

Race: (Mark One)

- American Indian or Alaskan Native
- Asian
- Bi-Racial/Multi-Racial
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Other (must note) _____

Teen Parent (at child's birth) Yes No

Relationship to Child: _____

Custody: Yes No

Lives with Family: 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 +)
- Full Time & Training
- Seasonal Worker
- Unemployed
- Stay at Home Parent
- Custodial Parent Incarcerated
- Custodial Parent Working outside of United States
- Employed Part Time
- Part Time & Training
- Training or School
- Disabled
- Retired

Education: (please check highest grade completed)

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

Primary Language Spoken: _____

Is Interpreter Needed for Female Guardian? Yes No

Active Duty Military

Total Number of Family Members in Household you support:

Adults # Children

Male Guardian Information

Full Name: _____

Date of Birth: _____ Married Single

Race: (Mark One)

- American Indian or Alaskan Native
- Asian
- Bi-Racial/Multi-Racial
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Other (must note) _____

Teen Parent (at child's birth) Yes No

Relationship to Child: _____

Custody: Yes No

Lives with Family: 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 +)
- Full Time & Training
- Seasonal Worker
- Unemployed
- Stay at Home Parent
- Custodial Parent Incarcerated
- Custodial Parent Working outside of United States
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Education: (please check highest grade completed)

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

Primary Language Spoken: _____

Is Interpreter Needed for Male Guardian? Yes No

Active Duty Military

Additional Household Members **Relationship to Child** **Age**
you support (Adults & Children
living in Household)

Additional Household Members you support (Adults & Children living in Household)	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Birth Date **Sex** **Highest Level of Education**
(M/F) (completed/current grade)

Birth Date	Sex (M/F)	Highest Level of Education (completed/current grade)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional members – continue on back side of this page)

- Public Assistance/TANF/Wisconsin Works (W2)
- Child Care Assistance/Subsidy
- Supplemental Security Income (SSI) child parent
- Grandparent/Guardian raising applicant
- No taxes filed in the previous tax year

- WI Earned Income Tax Credit
- WIC
- * Medical, Human Services, School District (LEA) Referral (*Documentation must be provided)
- SNAP (Supplemental Nutrition Assistance Program)/Food Share

\$ _____ Exact Gross Total Income from 1040 Federal Taxes **OR** No taxes filed in the previous tax year

(REQUIRED)

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 revised 1/2017sh
Accepted Date: _____
Center: _____
By: _____